

GM@W Action Planning Worksheet

Name: _____

Position: _____ Date: ____/____/____

PF13: PROTECTION OF PHYSICAL SAFETY

OBJECTIVE: A work environment where management takes appropriate action to protect the physical safety of employees.

PF13 GM@W Survey Results

PF13 GM@W Survey Score: _____ (5 to 20)

Date administered: ____/____/____

SERIOUS CONCERNS	SIGNIFICANT CONCERNS	MINIMAL CONCERNS	RELATIVE STRENGTHS
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PF13 GM@W Organizational Review Results

PF13 GM@W Organizational Review Score: _____ (5 to 20)

Date administered: ____/____/____

SERIOUS CONCERNS	SIGNIFICANT CONCERNS	MINIMAL CONCERNS	RELATIVE STRENGTHS
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Serious Concerns = 5 to 9 Significant Concerns = 10 to 13 Minimal Concerns* = 14 to 16 Relative Strengths** = 17 to 20

* Although this is a Minimal Concern, it is important to attend to it and review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

** Although this is a Relative Strength, it is important to review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

	Selected Action(s) (What exactly are you planning to do?)	Starting Date (What is a realistic date to begin?)	End Date (Is the action ongoing or will it end? If so, when?)	Action Team (Who is involved? Be specific.)	Indicator(s) (What changes do you expect to result from this Action?)	Evaluation Date (When will you determine if the Action was successful?)
Action Priority 1:						
Action Priority 2: <i>(if applicable)</i>						
Action Priority 3: <i>(if applicable)</i>						