GuardingMinds @ WORK

GM@W Evaluation 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: ____/____/____

SIGNIFICANT CONCERNS	MODERATE CONCERNS	MINIMAL CONCERNS	RELATIVE CONCERNS

PF13 GM@W Organizational Review Results

PF13 GM@W Organizational Review Score: _____ (5 to 20) Date administered: ____/____/____

SIGNIFICANT CONCERNS	MODERATE CONCERNS	MINIMAL CONCERNS	RELATIVE CONCERNS

Significant Concerns = 5 to 9 Moderate 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.

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	Specific Action(s) (What exactly did you do?)	Purpose of Action (Why did you choose this action?)	Evaluation Team (Who is it important to involve in the evaluation?)	Objectives (What changes are you trying to make?)	Successes (What worked well?)	Challenges (What difficulties did you encounter?)	Next Steps
Action Priority 1: Date Started: ___/___/___ Date Ended: ___/___/___ Date of Evaluation: ___/___/___				**Short-Term Outcomes:** **Long-Term Outcomes:**			
Action Priority 2: *(if applicable)* Date Started: ___/___/___ Date Ended: ___/___/___ Date of Evaluation: ___/___/___				**Short-Term Outcomes:** **Long-Term Outcomes:**			
Action Priority 3: *(if applicable)* Date Started: ___/___/___ Date Ended: ___/___/___ Date of Evaluation: ___/___/___				**Short-Term Outcomes:** **Long-Term Outcomes:**			

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