Appendix 6: Workplace action plan template

Healthy Workplace Steering Committee members:	Position:	Telephone numbers:	Email address:

Service Providers:	Organization Name:	Contact Name:	Telephone numbers:	Email address:

Goal:			

Objective	Activities					Start Date – Date of Completion										Evaluation
	Responsible	Responsible Required *	J	F		A	M	J	J	A	S	0	N	D		

^{*} Resources Required: budget, space, materials/items, staff time, external service providers/consultants

Health Options at Work – A Guide to Creating a Healthy Workplace – March 2008 | Toronto Public Health http://www.torocto.ca/healthopiousatwork/