

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	Person(s) Responsible	Resources Required *	Start Date – Date of Completion												Evaluation	
				J	F	M	A	M	J	J	A	S	O	N	D		

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