

SAFETY ACTION PLAN for Authority

Member: _____	Time Period: _____
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Loss Trend Analysis – Top Office by Loss Type by % of Claims Dollars

#1 Focus Office: _____		
#	Loss Type (Cause)	% of Claims Dollars
1		
2		
3		

#2 Focus Office : _____		
#	Loss Type (Cause)	% of Claims Dollars
1		
2		
3		

Action Items

#1 Focus Office : _____				
Loss Types Focus				
Risk Reduction Goal				
#	Action Item	Owner's Name	Target Date	Status
1				
2				
3				

#2 Focus Office : _____				
Loss Types Focus				
Risk Reduction Goal				
#	Action Item	Owner's Name	Target Date	Status
1				
2				
3				

	Print Name	Signature	Date
Executive Director (or top Director)			
Leader of #1			
Leader of #2			

