

# SAFETY ACTION PLAN

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

<b>#1 Focus Office / Department:</b>		
#	Loss Type (Cause)	% of Claims Dollars
1		
2		
3		

<b>#2 Focus Office / Department:</b>		
#	Loss Type (Cause)	% of Claims Dollars
1		
2		
3		

## Action Items

<b>#1 Focus Office / Department</b>				
Loss Types Focus				
Risk Reduction Goal				
#	Action Item	Owner's Name	Target Date	Status
1				
2				
3				

<b>#2 Focus Office / Department</b>				
Loss Types Focus				
Risk Reduction Goal				
#	Action Item	Owner's Name	Target Date	Status
1				
2				
3				

Print Name

Signature

Date

Top Elected Official / Administrator / Manager			
Leader of #1			
Leader of #2			