

Individual Signatures

I acknowledge by my signature that I have been informed about the identified health, safety, or welfare concern(s) and the possible consequences if the risk(s) continue.

- I agree to all the recommendations listed above
- I decline some or all the recommendations listed above. I have placed an asterisk on those I decline.

Signature of Individual	Date
Signature of Authorized Representative <i>(if applicable)</i>	Date

Staff Attestation

- I have fully informed the individual, _____, (and/or authorized representative) about the concern(s) listed in this Health and Safety Action Plan and recommendations to remedy risks to the health, safety and welfare of the individual.
- I attempted to inform the individual, _____, (and/or authorized representative) about the concern(s) listed in this Health and Safety Action Plan however, the individual did not engage in this conversation. I provided a copy of this plan to the individual and will follow up on _____ *(date)* to discuss the Health and Safety Action Plan. This check box should not be used for unsuccessful contact attempts.

Signature of Staff		Date
Signature of Supervisor <i>(optional)</i>		Date
Signature	Relationship	Date
Signature	Relationship	Date
Signature	Relationship	Date

Health and Safety Action Plan Addendum

If the initial Health and Safety Action Plan needs updated, we can work together to update the plan using this addendum.

Name of Individual		
Staff Name	Title	
Creation Date	PIMS ID	MMIS ID
Comments		

Signature of Individual	Date	
Signature of Authorized Representative <i>(if applicable)</i>	Date	
Signature of Staff	Date	
Signature of Supervisor <i>(optional)</i>	Date	
Signature	Relationship	Date
Signature	Relationship	Date
Signature	Relationship	Date