**SC Plan from July ’21 to June ’22**

**Factory Name: No of Safety Committee Members: Male- Female-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Event/Activity*** | ***Jul ‘21***  | ***Aug ‘21*** | ***Sep ‘21*** | ***Oct ‘21***  | ***Nov ‘21*** | ***Dec ‘21*** | ***Jan ‘22***  | ***Feb ‘22***  | ***Mar ‘22***  | ***Apr ‘22*** | ***May ‘22***  | ***Jun ‘22*** |
| **Fix a safety goal** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Root cause analysis (Immediately after accident)**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Policy Review** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Accident/Injury** **Register** |  |  |  |  |  |  |  |  |  |  |  |  |
| **New Hazard Identification**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Safe System of Work (Routine work)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Permit to Work (Non-routine work)** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Risk Assessment**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Walkthrough (Documentation/Physical Check/ Worker Consultation)**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Awareness & Training**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SC Meeting**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Training Needs Assessment (TNA)**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PPE Monitoring (For each section)**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Monitor Welfare Issues**  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Health & Safety Poster** |  |  |  |  |  |  |  |  |  |  |  |  |