

# Safety Communication Plan

## Plan Information

Site / Location\*: \_\_\_\_\_  
 Department / Team: \_\_\_\_\_  
 Plan Start Date\*: \_\_\_\_\_  
 Plan End Date: \_\_\_\_\_  
 Objectives: \_\_\_\_\_  
 \_\_\_\_\_

## Communication Arrangements

Communication Methods:

Channel	Frequency	Responsible Person	Target Audience	Notes

*Options for 'Channel': Toolbox Talk, Safety Bulletin, Email, Notice Board, SMS, Other*  
*Options for 'Frequency': Daily, Weekly, Monthly, Quarterly, Ad Hoc, Other*

## Roles & Responsibilities

Roles and Responsibilities:

Name	Role	Responsibility Description

## Review & Approval

Review Date\*: \_\_\_\_\_  
 Review Summary / Outcomes: \_\_\_\_\_  
 \_\_\_\_\_

Next Scheduled Review Date: \_\_\_\_\_

Prepared By\*: \_\_\_\_\_