CAPTIVE PROGRAM NAME

**GOAL # \_\_\_\_\_**

# *An ACTION PLAN for LOSS CONTROL*

# Policy Year 2023 - 2024

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER** |  | **PLAN APPROVED BY BOARD MEMBER** | **YES** **NO** |
| **LOCATION** |  | **BOARD MEMBER** |  |
| **CONTACT** |  | **DATE APPROVED** |  |
| **CONSULTANT** |  | **LP ALLOCATION** | **$** |

Based on observations made and information provided the following action steps and recommendations are provided for your consideration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GOAL & MEASUREMENT** | **ACTION STEPS** | **TEAM** | **PROJECTED**  **DATE** | **DATE**  **COMPLETE** |
| Achieve xxx  **Leading indicators:**   * xxx | 1. (Use action words: Develop, Identify, Create, Establish, Train, Deliver, etc.) | xxx  xxx  Consultant – xxx |  |  |
|  |  |  |  |
| 1. xxx |  |  |  |
| 1. xxx |  |  |  |