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.)
 | xxxxxxConsultant – xxx |  |  |
|  |  |  |  |
| 1. xxx
 |  |  |  |
| 1. xxx
 |  |  |  |