# Action Plan

Business Name: Date:

| **Goal**  What do we want to accomplish? | **Action Steps**  What activities need to happen? | **Timeline**  Start dates | **Measurement**  How is progress measured? | **Lead Person** | **Stakeholders**  Who will be involved and/or impacted? | **Complete?** |
| --- | --- | --- | --- | --- | --- | --- |
| **Example:**  Offer healthy food option and water at all staff functions. | 1. Discuss at wellness committee level. 2. Get buy-in from leadership. 3. Provide list of what constitutes healthy to responsible staff. | . | Taste tests  Survey staff to find out healthy preferences before and after | Wellness Coordinator  Manager  Wellness Champion | Staff | Yes |
| 1. | 1a.  1b.  1c. |  |  |  |  |  |
| 2. | 2a.  2b.  2c. |  |  |  |  |  |
| 3. | 3a.  3b.  3c. |  |  |  |  |  |
| 4. | 4a.  4b.  4c. |  |  |  |  |  |