# 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 testsSurvey staff to find out healthy preferences before and after | Wellness CoordinatorManagerWellness Champion | Staff | Yes |
| 1. | 1a.1b.1c. |  |  |  |  |  |
| 2. | 2a.2b.2c. |  |  |  |  |  |
| 3. | 3a.3b.3c. |  |  |  |  |  |
| 4. | 4a.4b.4c. |  |  |  |  |  |