

STRATEGIC OBJECTIVES AND DIRECTION

Examples are in Red

Integration, Operational Development and Capacity	
Direction	
<ul style="list-style-type: none"> Integrate our business structure to deliver on our vision of being a market leader in product and service delivery. Attract the right operational personnel with the skills to suit our current and targeted projects. 	
Strategic Objective	Actions
Integrate our business structure and organization to deliver optimal operational performance.	Define the structure, functions and identify opportunities with the integration of our safety, environment and quality systems, to enable seamless implementation and execution.
Secure the key resources for our current and new markets.	Identify the critical resources for the resource requirements and set targets for these resources to ensure maximum value.
Increase our brand and culture focus.	Develop marketing and business culture and prioritize activities with business plans.
Develop and Promote Leadership and Accountability within our Business	
Direction	
<ul style="list-style-type: none"> Develop and promote leadership, management and accountability levels within the business to optimize business performance. 	
Strategic Objective	Actions
Strengthen the leadership and accountability to ensure optimal performance.	<ul style="list-style-type: none"> Encourage creativity and intellectual stimulation, aimed at achieving performance excellence. Provide support mechanisms and guidance for leadership challenges.
Promote discipline and accountability throughout the delivery of our products and services.	Provide training on our business culture and promote workforce accountabilities with an emphasis on effective leadership principles.



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Build on management's capabilities.	Provide training on effective leadership principles and capabilities.
Establish high-performing teams across the business.	Identify motivational prospects and encourage the workforce, to improve teamwork, and competencies and increase performance.
Build Successful Relationships	
Direction	
<ul style="list-style-type: none"> Use our relationships as a business driver to secure work and deliver win-win outcomes. 	
Strategic Objective	Actions
Strengthen existing client relationships and strategically position ourselves with new clients.	Provide education on business development and frequently advise personnel to use business development strategies. Explore opportunities for client meetings and regional events or activities.
Maximize Work Winning Success	
Direction	
<ul style="list-style-type: none"> Deliver work-winning performance that allows us to build on the work we have on hand and ensure sustainability. 	
Strategic Objective	Actions
Seek to drive a competitive cost base.	Review current cost base and analyze any opportunities to reduce outgoings, without jeopardizing quality.
Focus on a strategy to win new clients, with an emphasis on targeting higher margin clients.	Seek opportunities to expand our products and services, in areas offering higher margins on returns.
Ensure work-winning personnel are adequately trained to deliver on growth aspirations.	Complete a review to verify if work-winning personnel is adequately trained and competent to deliver on growth aspirations. Verify with work-winning teams that they have the resources needed to deliver on desired business growth outcomes.

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Optimize Project, Product and Service Delivery Performance	
Direction	
<ul style="list-style-type: none"> To deliver reliable, safe, profitable, quality products and services that are well planned, organized and controlled, enhance relationships and reputation and meet the requirements of all stakeholders and Interested Parties. 	
Strategic Objective	Actions
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Diversify and Grow a Sustainable Business	
Direction	
<ul style="list-style-type: none"> Sustain and develop existing integrated business offerings and identify new market opportunities to diversify into new revenue streams. 	
Strategic Objective	Actions
Financial Performance	
Direction	
<ul style="list-style-type: none"> Clearly establish key financial performance 	
Strategic Objective	Actions
Work in hand	≥ 50% of target annual turnover
Return on projects	≥ 10% return on projects
Earnings before interest	
Facilities	Available facility ≥ 100% of targeted work
% of overheads	Overheads ≤ 5%
Unapproved revenue	Unapproved revenue ≤ 10% forecast turnover
Total turnover	Total turnover ≥ \$xyz

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MANAGEMENT REVIEW MEETING RECORD

Management Review Meeting Minutes			
Date:		Time:	
Attendees / Representatives Present:			
Apologies:			
Guests:			
Minutes Recorded By:			
Copies Shall be Given To:			
Acceptance of Previous Minutes:	Reviewed By:		By:
Notes of Action from the Previous Meeting			

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Health and Safety / Environment / Property Damage Incidents

Discussion:

Conclusion:

Action items	None	<input type="checkbox"/>	Responsible	Due Date

Safety Issues / Hazards

Discussion:

Conclusion:

	None	<input type="checkbox"/>	Person Responsible	Due Date



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Changes in External and Internal Issues. Changes in Compliance Obligations, Needs and Expectations

SAFETY INSPECTION CHECKLIST

Work Site:	Inspected By:	Date:
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Checklist	Compliance	Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
General Safety				
Are the risk control measures outlined in risk assessments implemented and followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the workplace health and safety management plan available to all personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Are emergency and evacuation procedures available and are workers aware of these procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Are safety meetings / pre-start talks / toolbox talks taking place and are records kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Have any amendments to the Workplace Health and Safety Management or S... been noted, communicated and off upon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Have all site inductions been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is the level of training appropriate for all workers and apprentices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Do all workers have the required qualifications and competencies for their tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Is there a record of worker qualifications and competencies on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
	Have all workers received adequate information and training to perform their tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Have all contractors submitted the required safety documentation (SWMSs, JSAs, risk assessments, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Are all 'at risk activities' being performed in compliance with a current SWMS and risk assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Have all workers signed off on their relevant SWMSs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Have all the required permits (hot-work, confined space, excavation, etc.) been completed and are they available for inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Are all entry and exit paths clear of construction and slip, trip or fall hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Unauthorized access to work areas is prevented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Is there appropriate signage and barriers in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Is there appropriate signage and barriers in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Are work areas tidy and is rubbish disposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Are lighting levels appropriate for work tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			

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Checklist		Compliance			Actions Required / Comments	Actions Required By (Responsible Person)	Date Required
	Are amenities maintained and kept in a hygienic state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Has the required capacity of bins for general and recyclable waste been provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Is there appropriate PPE available and is it being used correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Are workers using good manual handling techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Is the designated smoking area sign posted and being complied with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Are first aid personnel and equipment available and is there adequate signage showing the locations of first aid equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Is there access to potable water and a toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
Electrical Safety							
	Are electrical leads and electrically powered tools tested and tagged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Is the register for electrical equipment complete and up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			
	Safety/isolation devices available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A			

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