**Fiscal Year 2026**

**MnSAFE Annual Workplace Safety Management Plan**

**Completing the plan**

Agencies submit one plan for the entire organization. If desired, agencies can attach multiple goal summaries and tables (e.g. by division, program, region, or district). Your MnSAFE Annual Workplace Safety Management Plan is **due August 28th, 2025.**

Agency: Indicate the agency name.

Achievements: Please list any recent safety management achievements. If recent achievements are available in different formats or separate plans, please attach the achievements to the plan.

Goals and Objectives:

* Provide an update on your past year’s goals.
  + For goals and objectives not achieved, please describe what prevented you from achieving the goal or objective.
* Identify your current goals written in a **S**pecific, **M**easurable**, A**chievable, **R**ealistic**,** **T***ime****-related*** format. We have provided a Goals and Objectives template.
* Include goals that:
  + Focuses on your agency’s safety perception survey results and injury data.
  + Address trends identified from your agency’s work comp snapshot data.
  + Addresses agency-specific issues identified by employees.
  + Addresses employee workplace safety engagement.

Metrics: Insert base rate, annual goal, and Year to Date FY 2025 MnSAFE results for your agency from the [MnSAFE website](http://mn.gov/mnsafe/results.html).

Agency Head Name and Signature: The plan must be reviewed and signed by the Agency Commissioner/Director.

**Submitting the plan**

Due Date: The plan is due **August 28th, 2025.**

Format: Your plan can be submitted in any format that is convenient for you. Electronic formats (Microsoft Word, PDF) are preferred.

Where to Submit: Submit your plan to:

Kemal Munn, State Safety Coordinator, Risk Management Division, Dept. of Administration

Email: [kemal.munn@state.mn.us](mailto:kemal.munn@state.mn.us)

Questions: Please contact Kemal Munn at (651)-201-3011 or [kemal.munn@state.mn.us](mailto:kemal.munn@state.mn.us) with any questions regarding MnSAFE or your Annual Workplace Safety Management Plan.

**Review and Updates**

* Risk Management will review your submitted plan and may provide feedback and recommendations on your goals and objectives.
* You will be asked to submit a mid-year update on your progress by **January 30th, 2026.**

**Fiscal Year 2026**

**MnSAFE Annual Workplace Safety Management Plan**

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commitment**

The (Agency) is committed to creating safe and healthy workplaces as outlined in MnSAFE workplace safety initiative. Under my leadership and direction, we will:

* Reduce the incidence of workplace injuries by 5% annually.
* Integrate safety and loss control into our daily operations.
* Communicate our safety commitment to our employees and partners.
* Establish annual safety and loss control goals and objectives.
* Identify and assign resources to support our safety and loss control goals.
* Incorporate safety metrics into how we measure our effectiveness.
* Review our progress towards our goals quarterly.

**Review and Updates**

* We will review and update the progress on goals and objectives quarterly.
* We will submit an updated plan, indicating the status and progress of goals and objectives, to Risk Management by **January** **30, 2026.**

**Achievements**

Our commitment is evident in the following recent safety management achievements (please summarize achievements from the past calendar or fiscal year):



**Goals and Objectives**

The \_\_\_(Agency)\_\_\_ continues to establish targeted annual safety and loss control goals intended to reduce the frequency and severity of injuries. We have attached last year’s goals and objectives and provided a status update. For those goals or objectives not achieved, we have described what prevented us from achieving them.

We have also attached a copy of our new safety and loss control goals, including the statewide efforts to:

* Reduce workplace injuries by addressing trends identified in the workers' compensation data.
* Utilize safety perception survey and injury data to reduce injuries.
* Address agency-specific issues identified by employees.
* Address employee workplace safety engagement.

We have identified specific objectives, responsible entities, and timelines to achieve these goals.

Our FY26 safety goals have been shared with our employees.

**Metrics**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Base Workers’ Compensation Claim Incident Rate | Base Workers’ Compensation Claim Severity Rate | FY 2026 Claim Incident Rate Goal | | FY 2026 Claim Severity Rate Goal | Latest Incident Rate  (YTD FY 2025) | Latest Severity Rate  (YTD. FY 2025) |
| Your agency data | Your agency data | Your agency data | | Your agency data | Your agency data | Your agency data |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Agency Head Signature | | | Agency Head Name & Title | | | | |

**Fiscal Year 2026**

**MnSAFE Workplace Safety Goals and Objectives (Template)**

**SMART Goals (S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-related)

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended Goals and Objectives**

Each agency should consider developing goals and objectives that:

* Utilize past agency injury data, such as the work comp snapshot provided by Risk Management.
* Focus on reducing slips, trips, and falls.
* Align with their agency’s identified safety risks and improvement opportunities.
* Focus on safety engagement in the workplace.
* Continue to utilize the safety perception survey data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Focus: Work Comp Snapshots | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 1. Analyze your work comp snapshot and identify at least one area for improvement. |  |  |  |  |  |
| Focus: Safety Engagement | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Data | End Date | Status |
| 2. Create or improve your agency’s safety training program process to onboard new employees and develop opportunities to engage current employees as they return to the workplace. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Focus: Safety Engagement | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 3. Host an agency-wide safety summit. Lead a forum where leadership and employees discuss challenges, share insights, and collaborate on innovative safety solutions. |  |  |  |  |  |
| Focus: Safety Perception Survey | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 4. Analyze your agency’s 2023 workplace safety perception survey data to identify at least one key area for improvement. Develop and implement a strategic plan with measurable actions to enhance safety in this area. |  |  |  |  |  |
| Focus: Slips, trips, and falls | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 5. Develop an agency FY26 slip, trip, and fall plan. |  |  |  |  |  |
| Focus: Agency-specific improvement | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 6. Other Agency-Specific Goal |  |  |  |  |  |
| Focus: Agency-specific improvement | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 7. Other Agency Specific Goal |  |  |  |  |  |
| Focus: Agency-specific improvement | | | | | |
| Goal | Objectives/Activities | Responsible Party | Start Date | End Date | Status |
| 8. Other Agency Specific Goal |  |  |  |  |  |

**\*\*These are the minimum goals. Add additional agency-specific goals.**

Developed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency Head Name and Title)