



ACTION PLAN FORM

JOB TITLE: _____ **NUMBER OF DRIVERS:** _____

TYPE OF OPERATION (EX: BUS, DRY VAN/ENCLOSED BOX, REEFER, ETC.): _____

OBJECTIVE: To identify a feasible Action Plan that addresses substance use safety and compliance within your fleet.

STEP 1 Identify a specific activity you would like to implement over the next 3-6 months.

STEP 2 Identify company members and other stakeholders to include in an initial meeting.

STEP 3 Select tentative date for the meeting.

STEP 4 Identify potential resources and internal/external support needed.

STEP 5 What challenges do you anticipate? Identify potential solutions.

CHALLENGES	SOLUTIONS

STEP 6 Identify a tentative start date for planned activity.

STEP 7 How will you notify drivers about the plan?

STEP 8 How will you evaluate the success of the plan?

When you return to your company, feel free to contact TREDs at treds@ucsd.edu should you have any questions.