

30/60/90 Day Plan

BSW

Guidelines for Use:

- Template to be used as a starting point <u>only</u>. To be customized for each individual employee prior to first day of employment.
- Blue shaded areas are mandatory and are to be completed on the first day of employment.
- Meetings between the employee and supervisor to be scheduled and signed off at 30 days, 60 days, and 90 days.
- Once fully completed and signed off, the Physical Plant Director signs off with Employee and Supervisor at 90 days.

Employee's Name:	Date of Hire:

		COMPLETED
FOCUS/OBJECTIVE	ASSISTED BY	(YES OR NO)
INDUCTION PACKAGE	Hiring Manager	☐ Yes
Review Employee Handbook		☐ No
Employment Policies & Standards ManualUnion Contract		
☐ Welcome to Brandon University		
Overview of Brandon University		
☐ Brandon University ID Card		
☐ Uniform		
SAFETY ORIENTATION	Safety Advisor	☐ Yes
☐ Campus Safety Webpage		☐ No
☐ Company Safety Manual		
☐ Health & Safety Program		
Emergency Procedures (general)		
☐ WSH Hazard and Incident Reporting		
Hazard Assessment		
PPE – Personal Protective Equipment		
■ WSH Rights and Responsibilities■ WSH Refusal to Work		
WHMIS / SDS		
☐ Bluelight Emergency Phones		
☐ Safe work procedure review		
INTRODUCTIONS AND POSITION OVERVIEW	Hiring Manager	☐ Yes
☐ Presentation/Review of the 30/60/90 Day Plan		☐ No
☐ Team Structure		
☐ Department Communication (Email / Radio)		
☐ Organizational Charts/Contact Lists		
☐ Sick calls		
☐ Vacation requests		
☐ Key SOPs and Company Policies		
Computer and Network Acceptable Use Policy		
Key and Security Access Card Management		



EMP CENTER	Team lead – admin	☐ Yes
☐ Hours worked	support	☐ No
☐ Vacation / Personal		
☐ Payroll Cycle		
☐ Pay stub		
Expenses		
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BRANDON UNIVERSITY SPECIFIC		
IT OFFICE SET UP	Team lead – admin	☐ Yes
☐ Review IT contact information for resolving computer issues.	support	☐ No
☐ General introduction to computer set-up i.e. logging on,		
email, etc.		
☐ Passwords		
POSITION PRACTICES & PROCEDURES	peer	☐ Yes
☐ Caretaking Safe Work Practices		☐ No
☐ Caretaking cleaning procedures/techniques		
☐ Green Cleaning Initiatives		
☐ Emergency clean up procedures		
 Cleaning chemical dispensing techniques 		
Review of equipment		
☐ Vacuum		
Auto scrubber		
☐ Carpet cleaner		
☐ Swing machine		
ADMINISTRATIVE PROCESSES	peer	Yes
☐ Caretaking Daily Logs / Snow Logs		☐ No
Campus waste disposal centers		
☐ Campus loading docks		
☐ Building task list		
CARETAKING	Peer	☐ Yes
Operations Caretaking Tasks vs. Extra Work Tasks vs. Client-		No
requested Tasks		
☐ Extra Work Caretaking Tasks		
 Ordering supplies 		
o FAMIS work requests		
☐ Equipment Repair and Purchase		
 Inspect equipment 		
Take equipment in for repairs when required		
Quality Assurance		
Review Quality Expectations		
Review deficiencies		
o Feedback		
MEETINGS	Team lead – admin	☐ Yes
☐ Internal Operations/Safety Meetings	support	☐ No
☐ Ensure regular attendance		



CLIENT CA		Supervisor	☐ Yes
	ey Contact list:		□ No
	For Emergencies		
	For Client Concerns		
Go above	and beyond everyday service		
	Have staff offering "Good Mornings" and "How are		
_	you?" - clients like to hear this		
	Have staff know what they need to be accomplishing		
_	that day, and how they can assist co-workers when		
	required		
	required		
Honesty a	nd integrity in daily work.		
	Be consistent with service		
	Only offer services you can do. If the task is not able to		
	be done let the requestor know, or when it can be done		
	at another time. A "No" or "Can't" answer is NOT in		
	Physical Plant strategy.		
	Offer solutions		
	Ask for help		
_			
	cation is an important part of customer service.		
Ensure yo			
	Check if requestor is satisfied with job prior to leaving		
	the area		
	Always inform the requestor if there is going to be a		
	delay or an issue with the job they have requested		



DIRECTOR PHYSICAL PLANT SIGN-OFF

Completed 30/60/90 Day Plan Received Director Physical Plant Signature:

30 DAY PERFORMANCE FEEDBACK MEETING Hiring Supervisor's Name: Hiring Supervisor's Signature: Supervisor's Name: Supervisor's Signature: Employee's Name: Employee's Signature: Date Completed: **60 DAY PERFORMANCE FEEDBACK MEETING** Hiring Supervisor's Name: Hiring Supervisor's Signature: Supervisor's Name: Supervisor's Signature: Employee's Name: Employee's Signature: Date Completed: 90 DAY PERFORMANCE FEEDBACK MEETING - 30/60/90 DAY PLAN FULLY COMPLETED Hiring Supervisor's Name: Hiring Supervisor's Signature: Supervisor's Name: Supervisor's Signature: Employee's Name: Employee's Signature: Date Completed: