

Ontario Transportation & Construction Compliance Follow-Through Worksheet

Download, type into it, or print it and fill it in by hand.

Use this worksheet whenever you notice a new requirement, enforcement focus, guidance update, inspection concern, or internal compliance issue that may need follow-through. It is a practical organizational tool, not legal advice.

1. Worksheet details

Business / Team _____ _____	Date _____ _____	Prepared by _____ _____	Review period _____ _____
Industry _____ _____	Next review date _____ _____	Location / Branch _____ _____	Version / Notes _____ _____

2. What changed?

Record the update in plain language before deciding what to do.

Source / link	_____ _____
Date noticed	_____ _____
Short description of the change	_____ _____ _____
Why it caught your attention	_____ _____ _____

3. Does it apply to us?

Tick one box, then note the reason.

<input type="checkbox"/> Yes - clearly applies	Reason / note:
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<input type="checkbox"/> Maybe - needs review	Reason / note: _____
<input type="checkbox"/> No - does not apply	Reason / note: _____
<input type="checkbox"/> Unsure - ask advisor / manager	Reason / note: _____

4. What action is needed?

Use this section to turn the update into a clear action list.

Action item	Priority	Owner / due date
_____ _____	<input type="checkbox"/> Now <input type="checkbox"/> Soon <input type="checkbox"/> Monitor	_____
_____ _____	<input type="checkbox"/> Now <input type="checkbox"/> Soon <input type="checkbox"/> Monitor	_____
_____ _____	<input type="checkbox"/> Now <input type="checkbox"/> Soon <input type="checkbox"/> Monitor	_____
_____ _____	<input type="checkbox"/> Now <input type="checkbox"/> Soon <input type="checkbox"/> Monitor	_____

5. Who needs to know?

Record who should be informed or involved.

Person / team	Need to know?	How shared	Notes
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Email <input type="checkbox"/> Meeting <input type="checkbox"/> Other	_____

6. Documentation / records to review or update

Document / record / process	Update needed?	Owner / target date
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

7. Final review

Overall status	<input type="checkbox"/> Action completed <input type="checkbox"/> In progress <input type="checkbox"/> Monitoring
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	<input type="checkbox"/> Escalated
Next checkpoint date	_____ _____
Final notes	_____ _____ _____ _____
Reviewed by	_____ _____