



**Resources**

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General Duties Chart

| **Subject** | **Employers**  ***”Shall Ensure that”*** | **Supervisors**  ***”Shall Ensure that”*** | **Workers**  ***”Shall”*** |
| --- | --- | --- | --- |
| **Protective Devices** | The equipment, materials and protective devices as prescribed are provided, maintained in good condition and used as prescribed. | The worker uses or wears the equipment, protective devices or clothing that his/her employer required to be used or worn. | Use or wear the equipment, protective devices or clothing that the worker’s employer required to be used or worn. |
| **Work Practices** | The measures and procedures prescribed are used in the workplace.  Where so prescribed provide a worker with written instructions as to the measures and procedures to be taken for the protection of the worker. | The worker works in a manner and with the devices, measures and procedures required by this Act and Regulations | Work in compliance with this Act and Regulations |
| **Health and Safety Policy and Program** | Prepare and Review at least annually a written health and safety policy and develop and maintain a program to implement that policy. |  | Work in compliance with the provisions of this Act and the regulations. |
| **Training and Supervision** | Provide information, instruction and supervision to protect the health and safety of a worker.  When appointing a supervisor appoint a competent person.  Carry out training programs for workers, supervisors, HSC members as may be prescribed. | Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker**.** |  |
| **Hazards** | Acquaint a worker or a person in authority over a worker with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or biological, chemical or physical agent. | Advice a worker of the existence of any potential or actual danger to the health and safety of the worker of which the supervisor is aware. | Report to his or her employer or supervisor the absence or, or a defect in any equipment or protective devices of which he or she is aware and which may endanger himself, herself or another worker.  Report to his or her employer or supervisor any contravention of this Act or Regulations or the existence of any hazard of which he or she knows. |
| **General Safety** | Take every precaution reasonable in the circumstances for the protection of the worker. | Take every precaution reasonable in the circumstances for the protection of the worker. | Not use or operate any equipment, machine, device or thing or work in a manner that may endanger himself, herself or any other worker.  Not engage in any prank, contest, feats of strength, unnecessary running or rough and boisterous conduct. |
| **Information** | Post in the workplace a copy of this Act and any explanatory material prepared by the Ministry both in English and the majority language of the workplace.  Advise workers of the results of reports and upon request, make copies of written reports available to them. |  |  |

Cross Reference by Province

| Provinces & Territories | Provincial Acts, Regulations and Guidelines | Provincial Authorities |
| --- | --- | --- |
| **AB** | OHS Act, OHS Reg, OHS Code  Guidelines: Working Alone Safety, Work Safe Alberta Health and Safety Topics | Workplace Health and Safety, Alberta Employment and Immigration  Workers’ Compensation Board of Alberta (WCB) |
| **BC** | Workers’ Compensation Act, OHS Reg, Workers Comp. Board Standards  Guidelines: OHSR Guidelines, WCB Standards | WorkSafe BC |
| **MB** | Workplace Safety and Health Act, Workers Comp. Act, Workplace Safety Reg MR108 Workplace Health Hazard Reg MR53, First Aid MR140, WHMIS MR52, Workers Working Alone MR105, Workplace Safety and Health Committee MR106, Hearing Conservation and Noise Control MR227, Administrative Penalty Regulation 62  Guidelines: Code of Practice for Workers Working Alone, Code of Practice for Workplace Safety and Health Committees, Safety and Health Committee Checklist | Safe Manitoba  Workers’ Compensation Board of Manitoba (WCB) |
| **NB** | OHS Act, First Aid Reg  Guidelines: Code of Practice – Working Alone | WorkSafeNB |
| **NL** | OHS Act, Workplace Health, Safety & Comp. Act  Guidelines: Code of Practice (if ordered) | Occupational Health & Safety Branch, Service Newfoundland  WorkplaceNL formerly Workplace Health, Safety and Comp. Commission of Newfoundland & Labrador (WHSCC) |
| **NS** | OHS Act, Occ. Safety General Regulation, Occ. Health Regulation, WHMIS, OHS First Aid Regulations  Guidelines: Code of Practice (if ordered) | Occupational Health & Safety Division, Nova Scotia Labour and Advanced Education  Workers’ Compensation Board of Nova Scotia (WCB) |
| **ON** | OHS Act, Workplace Safety & Insurance Act, Regulation for Industrial Establishments – Reg. 851, WHMIS Regulation Reg. 860, First Aid Regulation 1101, Ontario Building Code, Regulation of Construction Projects  Guidelines: MOL Guidelines | Occupational Health & Safety Branch, Ministry of Labour (MOL)  Workplace Safety & Insurance Board (WSIB) |
| **PEI** | OHS Act, Workers Comp. Act (WCA), General Regulation under the OHS Act, General Regulation under the WCA, WHMIS, Fall Protection Regulation  Guides available through WCB including: Working Alone, Fall Protection, Cold/Heat Stress, Committees/ Reps, Policy/ Program, Workplace Violence  Code of Practice (if ordered) | Worker’s Compensation Board of PEI (WCB) |
| **PQ** | An Act Respecting Workplace Health and Safety, An Act Respecting Industrial Accidents and Occ. Diseases  Regulation Respecting OHS, First Aid Minimum Standards Regulation, Regulation on Controlled Products, Regulation Respecting Health & Safety Committees, Regulation Respecting Industrial and Commercial Establishments, Regulation Respecting Occ. Diseases  Guidelines: CNESST information, IRSST information | Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) formerly CSST |
| **SK** | OHS Act, Workers’ Comp. Act, OHS Regulations, Workers’ Comp. General Regulations  Guides available through Saskatchewan Labour | Occupational Health and Safety, Ministry of Labour Relations and Workplace Safety  Saskatchewan Workers’ Compensation Board (WCB) |
| **NT and NU** | Safety Act, Worker’s Comp. Act, General Safety Regulation, Workers’ Comp. General Regulation, Safety Forms Regulation, Worksite Hazardous Materials Information System Regulation, Elevating Safety Device Act  Guides available through WCB | Workers’ Safety and Compensation Commission of the Northwest Territories and Nunavut (WSCC) |
| **YT** | OHS Act, Occupational Health & Safety Regulations, Workers’ Compensation Act  Guides / Codes of Practice available through YWCHSB | Yukon Workers’ Compensation Health and Safety Board (YWCHSB) |

| Provinces & Territories | Duties of Employers | Duties of Supervisors | Duties of Workers |
| --- | --- | --- | --- |
| **AB** | OHS Act Section 2, OHS Regulation Sections 13 (general protection clause) and 15 (training) | OHS Regulation Section 13 – general protection of workers – competent supervision | OHS Act Section 2, OHS Regulation Section 14 |
| **BC** | WCA Part 3, Division 3, Section 115 – General Duty of Employers | WCA Part 3, Division 3, Section 117 – General Duty of Supervisors | WCA Part 3, Division 3, Section 116 – General Duty of Workers |
| **MB** | WSH Act, Section 4 – Duties of Employers | WSH Act, Section 4.1 – Duties of Supervisors | WSH Act Section 5 – Duties of Workers |
| **NB** | OHS Act Section 8 and 9 | Same duties as required for employer; definition of Employer includes ‘Supervisor’ | OHS Act Section 12 |
| **NL** | OHS Act – Sections 4 and 5 | OHS Regulations – definition | OHS Act – Sections 6 and 7 |
| **NS** | OHS Act Section 13, OHS Regulations – definition | See Employer Duties | OHS Act Section 17 |
| **ON** | OHS Act Section 25 – Duties of Employers | OHS Act Section 27 – Duties of Supervisors | OHS Act Section 28 – Duties of Workers |
| **PEI** | OHS Act, Section 12 | See Employer Duties | OHS Act, Section 16 |
| **PQ** | An Act Respecting OHS Chapter III Division II Employer Obligations | See Employer Duties | An Act Respecting OHS Chapter III Division I – Worker Obligations |
| **SK** | OHS Act Section 3 – Duties of Employers, OHS Regulations – Section 12 – General Duties of Employers | OHS Regulations Section 17 – Supervision of Work | OHS Act Section 4 – Duties of Workers  OHS Regulations Section 13 – General Duties of Workers |
| **NT and NU** | Safety Act Section 4 | General Safety Regulations Section 10 – instruction of workers | Safety Act Section 5 |
| **YT** | OHS Act Section 3 | OHS Act Section 7 | OHS Act Section 9 |

| Provinces & Territories | Health & Safety Representative | Health & Safety Committee | Training Requirements |
| --- | --- | --- | --- |
| **AB** | Worker Health & Safety Representative, required for 5 – 19 workers. | Joint Worksite Health and Safety Committee, 20 or more workers. At least 4 people, at least half non-management and appointed by workers. OHS Act Sec 31 | 1 day course consists of 2 half day sessions. |
| **BC** | Worker Health & Safety Representative  Rep is required for 9 or more and fewer than 20. | Joint Health & Safety Committees  Division 4 Section 125. When a joint committee is required  An employer must establish and maintain a Joint Health and Safety Committee  in each workplace where 20 or more workers of the employer are regularly employed, and in any other workplace for which a joint committee is required by order. | Committee - 1 day training.  HS Rep - half day training.  Provided by an approved WorkSafeBC vendor. |
| **MB** | Worker Health & Safety Representative  rep is required for 10 or more workers Under the Act, | Workplace Safety and Health Committee  Required if 20 or more workers (Section 40 of the Act) | 2 days of training. Provided for FREE by Safe Work Manitoba. |
| **NB** | Health & Safety Representative  5-19 Health and Safety Rep is required (Section 17) | Joint Health & Safety Committee  OHS Act, 20 or more regularly employed workers (Sections 14-15)  Minimum 2 members S.14(2) | 3 days of training provided for FREE by WorkSafeNB |
| **NL** | Worker Health & Safety Representative  S. 41 WH&S Rep less than 10 employees a H&S rep is required. | OHS Committee, OHS Act S. 37 OH&S Committee, S. 41 WH&S Rep, S. 42.1 WH&S Designate | 2 days training. Provided by approved WorkplaceNL vendor. Renewed every 3 years. |
| **NS** | Health & Safety Representative  5-19 Health & Safety Rep is required | Joint Occupational Health & Safety Committee  20 or more workers | Not required, best practice.  1 day training. Level 1 Certificate. |
| **ON** | Health & Safety Representative  5 – 19 Health and Safety Rep is required | Joint Health & Safety Committee  20 – 49 1 MGMT and 1 worker member  50 or more 2 MGMT and 2 Worker members  1 Worker and 1 Management must be Certified. | 3 days for Part One and 2 days for Part Two. 1 day refresher after 3 years. Provided by an approved MOL vendor.  HS Rep training (1day) voluntary eLearning. |
| **PEI** | Worker Health & Safety Representative, 5-19 OHS Rep. | Joint Occupational Health & Safety Committee, 20 or more workers, | ½ day course provided for FREE by WCB of PEI. |
| **PQ** | None | Occupational Health & Safety Committee  Regulation Respecting Health & Safety Committees  If required under schedule 1 (mostly manufacturing – service sector does not fall under this schedule)  If following best practice:  50 or less employees then you need 2 worker reps and 1 mgmt rep; 3 worker reps from 51 – 150; 5 worker reps 151 – 500; 7 worker reps 501 – 1000; and so on | Not required, best practice. Training provided by the CNESST. |
| **SK** | OHS Representative, less than 10 need a rep OHS Regs Part IV | Occupational Health Committee, 10 or more workers  OHS Regs Part IV | 4 days. Level 1 and 2 training provided for FREE by WCB of Saskatchewan. |
| **NT and NU** | OHS Rep required less than 19 workers. | Joint Occupational Health and Safety Committee  Work Site where 20 or more workers work or likely to work for more than 90 days or  if directed by Chief Safety Officer  OHS Regs Part 4 Section 37 | 1 day training provided by the WSCC. |
| **YT** | Health and Safety Rep. OHS Act Section 13 required when there are:   * five or more workers at a workplace that is classed as an “A” hazard; * 10 or more workers at a workplace that is classed as a “B” hazard; or * 15 or more workers at a workplace that is classed under the regulations as a “C” hazard;   see Table 12 of First Aid Regulations for Hazard Classification of Workplaces | Section 12 of the Occupational Health and Safety Act, Health and Safety Committees are required when there are 20 or more workers | 1 day training provided by Government of Yukon. |

| Provinces & Territories | WHMIS | Chemical & Biological Exposure | PPE | Working Alone |
| --- | --- | --- | --- | --- |
| **AB** | WHMIS 2015 | OHS Code – Part 3 – Chemical Hazards, Biological Hazards and Harmful Substances | OHS Code – Part 18 | OHS Code S. 28 |
| **BC** | WHMIS 2015 | OHS Regulation – Part 5 – Chemical and Biological Substances | Part 8 of the OHS Regulation – if PPE is required for chemical exposure a PPE Program is required | OHS Regulation Part 4 – 4.21 Working Alone or In Isolation |
| **MB** | WHMIS 2015 | WSH Reg. Section 36.3  and WHMIS Regulation | Annual review in consultation with committee | Workers Working Alone MR105  Code of Practice for Workers Working Alone |
| **NB** | WHMIS 2015 | Toxic Substances Section 42 – OHS Act  General Regulation – Part III, Air Quality – Air Contaminants (Sections 24-25) | General Regulation -Part VII, Protective Equipment | Code of Practice – Working Alone |
| **NL** | WHMIS 2015 | Ventilation – OHS Regulation Section 11, Chemical Substances –Section 25 | OHS Regulation – Section 52 - 60 | Working Alone Safely Guidelines for Employers and Employees |
| **NS** | WHMIS 2015 | Occ. Health Regulations | Occ. Safety General Regulations, Part 3 – PPE | OHS Act – take every precaution reasonable |
| **ON** | WHMIS 2015 | Regulation 833 – Control of Exposure to Biological and Chemical Agents | Protective Equipment -Regulation 851 Sections 79 – 85 | OHS Act  Take every precaution reasonable |
| **PEI** | WHMIS 2015 | OHS Act – Toxic Substances S. 32, General Regulation, Part 11 - Ventilation | General Regulation – Part 45 - PPE | General OHS  Regulations Part 53 |
| **PQ** | WHMIS 2015  Regulation on Hazardous Products | Occ. Health and Safety Regulation Division V  —  Air Quality Section 41 – 45 and Schedule 1 | Occ. Health and Safety Regulation Division VI  —  Individual Protective Respiratory Equipment Section 45 - 48  Division XXX  —  Means and Equipment for Individual and Group Protection Section 338 | Occ. Health and Safety Regulation Division XXVIII -Other High Risk Tasks Section 322 |
| **SK** | WHMIS 2015 | Part XXI – Chemical and Biological Subst. | Part VII, OHS Regs | Section 35 of the OHS Regs |
| **NT and NU** | WHMIS 2015 | General Safety Regulations – Ventilation S. 52 – 54; Respiratory Protection Section 55 – 56; Occ. Exposure Limits set out in Schedule A Table 2 and 3 | General Safety Regulation Section 38 - 59 | General Safety Regulations Section 14 |
| **YT** | WHMIS 2015 | Occ. Health Regs | OHS Regs Part 1 – General Sections 1.08 – 1.43 | OHS Act Section 3(2)(d) – Employer Duties – check well-being of  worker who might not be able to secure assistance |

| Provinces & Territories | Return to Work | First Aid Required | Contractors | Work Refusal |
| --- | --- | --- | --- | --- |
| **AB** | Worker’s Report of Injury or Occupational Disease (Form C060)  Employer’s Report of Injury or Occupational Disease (Form C040) | Yes | WCB Clearance Certificate | OHS Regs Part 1 – General Sections 1.08 – 1.43 |
| **BC** | Application for Compensation and Report of Injury or Occupational Disease (Form 6)  Employer’s Report of Injury or Occupational Disease (Form 7) | Yes | Clearance Letter through WorksafeBC | Refusal of Unsafe Work  OHS Regulation Part 3 – 3.12 Procedure for Refusal |
| **MB** | Worker’s Incident Report (Form 3)  Employer’s Incident Report (Form 2) | Yes | Letter of Clearance through WCB | Right to Refuse Dangerous Work  Workplace Safety & Health Act Section 43 |
| **NB** | Report of Accident or Occupational Disease (Form 67) | Yes | Clearance Certificate through WHSCC  Contractor who has 3 or more workers must be registered | Right to Refuse  OHS Act Sections 19-22 |
| **NL** | Worker’s Report of Injury (Form 6)  Employer’s Report of Injury (Form 7) | Yes | Clearance Letter through WorkplaceNL | Right to Refuse OHS Act Section 45 and OHS Regulation Section 22 |
| **NS** | WCB Injury Report | Yes | WCB Certificate of Clearance | Right to Refuse  OHS Act S. 43 |
| **ON** | Worker’s Report of Injury/Disease (Form 6)  Employer’s Report of Injury/Disease (Form 7)  Functional Abilities Form (Form 2647) | Yes | WSIB Clearance Certificate | Work Refusal  OHS Act S. 43 |
| **PEI** | Worker’s Report (Form 6)  Employer’s Report (Form 7) | Yes | WCB Letter of Clearance | OHS Act Section 28 |
| **PQ** | Worker’s Claim (Form 1939)  Employer’s Report and Reimbursement Claim (Form 1940)  Temporary Work Assignment (Form 2001) | Yes | Certificate of Insurance | Right of Refusal  An Act Respecting Occ. Health and Safety - Section 12 |
| **SK** | Worker’s Initial Report of Injury (Form W1)  Employer’s Initial Report of Injury (Form E1) | Yes | Letter of Clearance through WCB | Right to Refuse Dangerous Work Part IV of the OHS Act |
| **NT and NU** | Worker’s Claim of Injury  Employer’s Claim of Injury | Yes | Letter of Good Standing through WCB | Right to refuse unsafe work Safety Act, Section 13 |
| **YT** | Worker’s Report of Injury/Illness  Employer’s Report of Injury/Illness | Yes | Clearance Letter from the YWCHSB | Hazardous Work – Refusal by employee OHS Act Section 15 |

| Provinces & Territories | Ergonomic Standards | Ladders | Noise |
| --- | --- | --- | --- |
| **AB** | Work Safe Alberta – Six Part Series on MSIs | OHS Code Part 8 | 85dBA  140dBA – peak |
| **BC** | OHS Regulation Part 4  Preventing MSl Injury - WCB Guide for employers and joint committees  Understanding the Risks of MSI – WCB Guide for Workers | OHS Regs Part 13 | 85dBA daily  140dBC – peak  (if levels exceed 82dBA then exposure monitoring needs to be done) and duty to inform workers of the hazard  Part 7, Occ. Health and Safety |
| **MB** | Ergonomics - A Guide to Program Development and Implementation  Workplace Safety and Health Act Section 4(1) General duties of employers and Section 5 (1) General duties of workers | Construction Industry Regulation, Part III (Sections 77-86) | Workplace Safety and Health Regulation Part 12  Hearing Conservation and Noise Control Noise exposure assessment required if exposure is likely to exceed 80dBA |
| **NB** | OHS Act – take every reasonable precaution. Ergonomic services available through the WHSCC | General Regulation – Part XI, Section 122 | General Regulation – Part V, Noise and Vibration 85dBA (8hrs)  140dBA - peak |
| **NL** | OHS Act – take every reasonable precaution. Ergonomic assistance available through the WHSCC Ergonomist | OHS Regulation – Section 43 | OHS Regulation Section 50 – ACGIH TLVs 85dBA (8hrs) and 140dBA peak |
| **NS** | OHS Act – take every reasonable precaution. Ergonomic assistance available through the OHS Division Ergonomist | Occ. Safety General Regulation, Part 13, Sections 147-152 | Occ. Health Regulations  ACGIH TLVs 85dBA (8hrs) and 140dBA peak |
| **ON** | OHSA – take every precaution reasonable  Sec. 25(2)(h) | Regulation 851 Section 73 | Regulation 381/15  85 dBA time weighted average |
| **PEI** | OHS Act – take every precaution reasonable | General Regulation – Part 23 | General Regulation, Part 8 – Noise  85dBA (8hrs) and 115dBA (peak) |
| **PQ** | Regulation Respecting OHS Division XX – Special Ergonomic Measures | Regulation Respecting OHS Section 25 | Regulation Respecting OHS Section 25 |
| **SK** | OHS Regulations Section 81 – Musculo-skeletal Injuries  A Code of Practice for Video Display Terminals | Section 252 OHS Reg. | OHS Regs – S.113 reduce noise exposure below 85dBA, reduce Noise Level below 90dBA ,  If noise level exceeds 80dBA measurement must be done  Advise worker of levels between 80 and 85dBA & provide hearing protection |
| **NT and NU** | Information available through WCB | General Safety Regulations Section 246 - 259 | General Safety Regulations Section 30 (Table 1, Schedule A) 85dBa for 8 hours |
| **YT** | OHS Act Section 3 – Employer Duties – ensure work techniques and procedures are adopted and used that will prevent or reduce the risk of occupational illness and injury | OHS Regs Part 10 Sections 10.21 – 10.29 | Occ. Health Regs  Sections 4 -6 |

Health & Safety Policy Quiz

Did you learn the key elements?

It is a *DQOJ Franchise* policy that (circle all that apply):

1. All workplace parties work together to support the health and safety program
2. Crew members must follow all company safe work practices
3. Customer service comes before crew member safety
4. Health and safety is a proactive process
5. Legislative compliance is the minimum standard

In your own words describe *DQOJ Franchise* commitment to their crew members:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

Refusal to Work Quiz

Did you learn the key elements?

1. *True or False:* An employee has the right to refuse work if they believe their own or someone else’s health or safety is in danger.
2. Which refusal to work process is more effective?
3. Workplace parties work together to repair the unsafe situation and the worker returns to work.
4. The Provincial Authority is called in to determine if the task is unsafe and needs repair.
5. Order the steps in the event of work refusal (not involving the Ministry of Labour):

|  |  |  |  |
| --- | --- | --- | --- |
|  | The worker remains safely on site. | | |
|  | The supervisor communicates the results of the investigation to the refusing worker. | | |
|  | A worker reports an issue to a manager, stating this is a “work refusal” situation. | | |
|  | The work refusal situation is documented. | | |
|  | A supervisor investigates the situation with the worker and a representative present. | | |
|  | | |  |  |
| Participant Name | | |  | Signature |
|  | | |  |  |
| Date | | |  | Name of Trainer |
|  | | |  |  |

Performance Review - Employee

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Last Name | First Name | Middle | Date of Review |
| Position | Department | Appraisal Period | |

| Performance Review Categories | Development Needed | | Meets Expectations | Exceeds Expectations | Comments, specific examples or observations to support rating | |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity of Work –** volume, speed and consistency of output |  | |  |  |  | |
| **Quality of Work –** Consider thoroughness, accuracy, timeliness, neatness, and compliance with and use of safe work practices |  | |  |  |  | |
| **Attitude -** General positive outlook toward the company, including policies, supervisors, customers, overall safety attitude, etc. |  | |  |  |  | |
| **Initiative –** Extent to which employee is a self-starter in attaining objectives |  | |  |  |  | |
| **Dependability -** Extent to which employee can plan and organize work and be relied upon to complete assignments |  | |  |  |  | |
| **Job Knowledge -** Extent of job knowledge and understanding possessed by employee |  | |  |  |  | |
| **Ability to Work with Others -** Extent to which employee effectively interacts with others and works as a team player, including controlling hazards |  | |  |  |  | |
| **Application –** Consider the attention paid to work and the degree of concentration maintained on the job |  | |  |  |  | |
| **Job Cooperation -** Extent to which employee can accept and follow established policies and procedures and can demonstrate a constructive response to criticism |  | |  |  |  | |
| **Attendance –** Consider the number of times employee is absent, late, etc. |  | |  |  |  | |
| **Leadership (Management positions only) -** Extent to which employee gains the support and cooperation of employees and others |  | |  |  |  | |
| **Health and Safety Responsibilities –** Consider the employees understanding of and compliance with health and safety responsibilities and work practices |  | |  |  |  | |
| **Overall Performance** |  | |  |  |  | |
| Manager Comments: (Include specific achievements, specific areas requiring improvement and goals and objectives, including overall safety performance for the next review period) | | | | | |
|  | | | | | |
| Employee Comments: (Please comment on your evaluation. Include examples of your performance, specific goals and your own ideas for improvement) | | | | | |
|  | | | | | |
| Senior Management Comments: | | | | | |
|  | | | | | |
| Manager Signature | | Employee Signature\* | | | |
| Senior Manager Signature | | \* Signature indicates Employee Performance Review with manager has occurred, not necessarily agreement with all ratings, comments, etc. | | | |

Performance Review - Supervisor/Manager

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Last Name | First Name | Middle | Date of Review |
| Position | Department | Appraisal Period | |

| Performance Review Categories | Development Needed | | Meets Expectations | Exceeds Expectations | Comments, specific examples or observations to support rating | |
| --- | --- | --- | --- | --- | --- | --- |
| **Quantity of Work –** volume, speed and consistency of output |  | |  |  |  | |
| **Quality of Work –** Consider thoroughness, accuracy, timeliness, neatness, and compliance with and use of safe work practices |  | |  |  |  | |
| **Attitude -** General positive outlook toward the company, including policies, supervisors, customers, overall safety attitude, etc. |  | |  |  |  | |
| **Initiative –** Extent to which employee is a self-starter in attaining objectives |  | |  |  |  | |
| **Dependability -** Extent to which employee can plan and organize work and be relied upon to complete assignments |  | |  |  |  | |
| **Job Knowledge -** Extent of job knowledge and understanding possessed by employee |  | |  |  |  | |
| **Ability to Work with Others** - Extent to which employee effectively interacts with others and works as a team player, including controlling hazards |  | |  |  |  | |
| **Application –** Consider the attention paid to work and the degree of concentration maintained on the job |  | |  |  |  | |
| **Job Cooperation -** Extent to which employee can accept and follow established policies and procedures and can demonstrate a constructive response to criticism |  | |  |  |  | |
| **Attendance –** Consider the number of times employee is absent, late, etc. |  | |  |  |  | |
| **Leadership (Supervisor positions only) -** Extent to which employee gains the support and cooperation of employees and others:   * Holds info sessions for employees on H & S issues * Shows interest in the company’s H & S performance * Upholds safety rules, and supports enforcement, including discipline, if necessary * Demonstrates support for H&S Rep. * Performs informal workplace inspections daily, and formal inspections quarterly * Works to resolve H & S concerns * Ensures employees trained in safe work practices * Provides written instruction related to safety, if necessary * Holds regular meetings and includes safety * Corrects substandard or unsafe acts or conditions * Reports, investigates, documents all injuries and incidents * Ensures maintenance program for equipment is enacted * Understands and can implement Emergency Response * Informs superiors of H&S concerns * Regularly evaluates employee H&S performance by completing observations, giving feedback * Commends employees for exemplary H&S performance |  | |  |  |  | |
| **Health and Safety Responsibilities –** Consider the employees understanding of and compliance with health and safety responsibilities and work practices |  | |  |  |  | |
| **Overall Performance** |  | |  |  |  | |
| Manager Comments: (Include specific achievements, specific areas requiring improvement and goals and objectives, including overall safety performance for the next review period) | | | | | |
|  | | | | | |
| Employee Comments: (Please comment on your evaluation. Include examples of your performance, specific goals and your own ideas for improvement) | | | | | |
|  | | | | | |
| Senior Management Comments: | | | | | |
|  | | | | | |
| Manager Signature | | Employee Signature\* | | | |
| Senior Manager Signature | | \* Signature indicates Employee Performance Review with manager has occurred, not necessarily agreement with all ratings, comments, etc. | | | |

Visitor Sign-In Log Template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Name (please print) | Company | Employee/Dept Visiting | Time In | Time Out |
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Posted Material Requirements by Province

| Province | Posting Requirement | Legislation |
| --- | --- | --- |
| **ALBERTA** | An order made under the OHS Act that’s relevant to the worksite | Occupational Health and Safety (OHS) Regulation, Sec.9(1)(a) |
| A health and safety notice prepared by or for a Director concerning conditions or procedures at the worksite | OHS Regulation, Sec.9(1)(b) |
| A copy or record of an acceptance that applies at a work site | OHS Regulation, Sec.10(2)(a) |
| Any notices the Board requires to be posted. | Workers' Compensation Act, Sec.145 |
| Descriptions of the signal system used to control the movement of a material hoist (at each floor or level and at the operator’s station) | Occupational Health and Safety (OHS) Code, Sec.85(1)(a) |
| A code used in a communication system in an underground shaft hoist (at every landing in the shaft and at the operator’s controls) | OHS Code, Sec.108(4) |
| Copies of the minutes of each meeting of the JHSC | OHS Code, Sec.202(c) |
| **Poster** “When an Injury Happens” | Workers' Compensation Act, Sec.145 |
| **BRITISH COLUMBIA** | A notice telling workers where a copy of the Act and the regulations are available for review | Worker’s Compensation Act, Sec.115(2)(f) |
| Names and work locations of the joint health and safety (JHSC) members, the reports of the three most recent JHSC meetings and copies of any applicable orders for the preceding 12 months | Worker’s Compensation Act, Sec.138 |
| An occupational health and safety information summary from the Workers’ Compensation Board (WCB) | Worker’s Compensation Act, Sec.155(4) |
| An application for a variance under the Act | Worker’s Compensation Act, Sec.(167(1)(a) |
| The Workers’ Compensation Board’s decision on the variance | Worker’s Compensation Act, Sec.169(3) |
| A corrective action report following an incident investigation | Worker’s Compensation Act, Sec.176(2)(b) |
| An inspection report | Worker’s Compensation Act, Sec.183(a) |
| Notice of a variation or cancellation of an order | Worker’s Compensation Act, Sec.189(2) |
| A compliance report and any follow-up reports | Worker’s Compensation Act, Sec.194(4)(a) |

| Province | Posting Requirement | Legislation |
| --- | --- | --- |
| **BRITISH COLUMBIA (continued)** | A request for review of an administrative penalty | Worker’s Compensation Act, Sec.196(4)(a) |
| An inspection Report | Occupational Health and Safety (OHS) Regulation, Sec.2.5(1) |
| Notification of compliance | OHS Regulation, Sec.2.6(a) |
| Any placard issued by the WCB entitled “Notice to Workers” | OHS Regulation, Sec.2.7 |
| Written first aid procedures | OHS Regulation, Sec.3.17(2) |
| Worker instructions under a radiation exposure control plan | OHS Regulation, Sec.7.20(2) |
| An entry permit for a confined space (at each designated entry point to a confined space) | OHS Regulation, Sec.9.13(2) |
| Confined space atmosphere test results (at all points of entry to the confined space) | OHS Regulation, Sec.9.26(4) |
| Written group lockout procedures (at the place where system is in use) | OHS Regulation, Sec.10.9(7) |
| **MANITOBA** | Compliance reports with improvement orders, if there is no workplace safety and health committee (WSHC) or a worker safety and health representative for the workplace | Workplace Health and Safety Act, Sec.35(1)(d) |
| Names of the WSHC members | Workplace Health and Safety Act, Sec.40(9) |
| Name of the health and safety representative | Workplace Health and Safety Act, Sec.41(3) |
| Names of each WSHC member and date each member’s term of office expires | Workplace Safety and Health Regulation, Sec.3.11(2)(a)(i) |
| Scheduled dates of WSHC meetings, agenda for each meeting and copies of the meeting minutes | Workplace Safety and Health Regulation, Sec.3.11 (2)(a)(ii-iv) |
| If a representative has been designated, the representative’s name, scheduled dates of meetings and the agenda for each meeting | Workplace Safety and Health Regulation, Sec.3.11(2)(b) |
| Any improvement order, report or other documentation applicable to the workplace, issued by or recommended to be posted by a safety and health officer | Workplace Safety and Health Regulation, Sec.3.11(2)(c) |
| Any order made by the director under Sec.21 or 40 of the Act | Workplace Safety and Health Regulation, Sec.3.11(2)(d) |
| A list of the names and work locations of each first aider | Workplace Safety and Health Regulation, Sec.5.5(4)(b)(ii) |
| Working alone safe work procedures | Workplace Safety and Health Regulation, Sec.9.3(3) |
| Province | Posting Requirement | Legislation |
| **MANITOBA (continued)** | Harassment prevention policy | Workplace Safety and Health Regulation, Sec.10.3 |
| Violence prevention policy | Workplace Safety and Health Regulation, Sec.11.5(1)(a) |
| A written report on a noise exposure assessment | Workplace Safety and Health Regulation, Sec.12.2 |
| **NEW BRUNSWICK** | Names of the Joint Health and Safety Committee (JHSC) members and minutes of the most recent committee meeting | Occupational Health and Safety (OHS) Act, Sec.14(9) |
| Name of the elected health and safety representative | OHS Act, Sec.17(4) |
| A copy of the Act, the regulations and any notice which an officer considers advisable to enable employees to become acquainted with their rights, liabilities and duties under the Act and regulations | OHS Act, Sec.44(1)(a)-(b) |
| A code of practice | OHS Act, Sec.50 (4) |
| The emergency communication procedure employees are to use to summon assistance in the event of an illness or accident | First Aid Regulation, Sec.5(2)(d) |
| Names of the first aid providers | First Aid Regulation, Sec.7(2) |
| The location of first aid kits | First Aid Regulation, Sec.13(2) |
| Sketches of permanent anchor points | General Regulation, Sec.43(2)(c) and 145.2(2)(c) |
| Emergency procedures if a worker may fall into water or any other liquid | General Regulation, Sec.51(8) |
| **NEWFOUNDLAND & LABRADOR** | A code of practice | Occupational Health and Safety (OHS) Act, Sec.36(3) |
| A health and safety policy if the workplace has fewer than 10 workers | OHS Act, Sec.36.2(2) |
| Names of the Occupational Health and Safety Committee (OHSC) members | OHS Act, Sec.38(7) |
| The name of the worker health and safety representative or workplace health and safety designate | OHS Act, Sec.43 |
| A written notice outlining the policy and procedure for reporting injuries | Occupational Health and Safety (OHS) First Aid Regulations, Sec.4(2) |
| A notice containing the name of the person in charge of the first aid kit or room | OHS First Aid Regulations, Sec.7(a) |
| Name and qualifications of each person trained to administer first aid | OHS First Aid Regulations, Sec.7(b) |

| Province | Posting Requirement | Legislation |
| --- | --- | --- |
| **NEWFOUNDLAND & LABRADOR (continued)** | An emergency procedure and telephone list or other instructions for reaching the nearest police, ambulance, fire station, hospital or physician | OHS First Aid Regulations, Sec.7(c) |
| Signs showing the location of the first aid supplies and services | OHS First Aid Regulations, Sec.11(2) |
| Stop work orders | Occupational Health and Safety (OHS) Regulation, Sec.6(1)(a) |
| The minutes of all regular and special OHSC meetings | OHS Regulation, Sec.25(2) |
| Information about escape routes | OHS Regulation, Sec.38(4) |
| Signs for high noise levels in excess of the threshold limit | OHS Regulation, Sec.68(5) |
| For work area or enclosure where hazardous materials are handled or used: Signs or placards warning workers of the hazards within the identified restricted access area and stating the precautions for entry into the area | OHS Regulation, Sec.69(4) |
| Where a large number of workers are working on machinery or equipment or a large number of energy isolating devices are to be locked out: A checklist that identifies the machinery or equipment components covered by the lockout. | OHS Regulation, Sec.134(c) |
| Written group lockout procedures | OHS Regulation, Sec.134(7) |
| Existence of and dangers of hazards of a confined space | OHS Regulation, Sec.511(4) |
| Completed confined space entry permit | OHS Regulation, Sec.512(17) |
| Warning signs indicating that automatic start of a conveyor | OHS Regulation, Sec.532(2) |
| Mine rescue emergency procedure (on the surface and underground) | OHS Regulation, Sec.541(b) |
| The procedures for firefighting underground and a plan showing the ventilation system and routes to the escape exits | OHS Regulation, Sec.566(k) |
| **NOVA SCOTIA** | Current names of the Joint Occupational Health and Safety Committee (JOHSC) members or the health and safety representative, the means of contacting them | Occupational Health and Safety (OHS) Act, Sec.37(a) |
| The minutes of the most recent JOHSC meeting | OHS Act, Sec.37(b) |
| A current copy of the Act | OHS Act, Sec.38(b)(i) |
| A code of practice required by the Act or regulations | OHS Act, Sec.38(b)(ii) |
| A current phone number for reporting occupational health and safety concerns to the Division | OHS Act, Sec.38(b)(iii) |
| Where one is required, an occupational health and safety policy | OHS Act, Sec.38(b)(iv) |

| Province | Posting Requirement | Legislation |
| --- | --- | --- |
| **NOVA SCOTIA (continued)** | An order, compliance notice, notice of appeal or decision and an edited order | OHS Act, Sec.39(1)(d) and Sec.39(3) |
| An application for an appeal  and notice of appeal | OHS Act, Sec.67(2)] and Sec.69(4) |
| An application for a deviation from the regulations | OHS Act, Sec.83(4)(b) |
| A copy of the decision on such application | OHS Act, Sec.83(11)(a)(i) |
| The location of the first aid supplies and the location or phone number of the first aid attendant | The Occupational Health and Safety First Aid Regulations, Sec.9(2) |
| Emergency telephone numbers (in the first aid room) | The Occupational Health and Safety First Aid Regulations, Sec.17(2)(d) |
| Currently valid certification of confined space conditions | Occupational Safety General Regulation, Sec.131(3) |
| **ONTARIO** | **Posters**   1. “Health & Safety at Work: Prevention Starts Here” 2. “In Case of Injury” (Form 82) 3. “Employment Standards in Ontario” | 1. Occupational Health and Safety (OHS) Act 2. Workplace Safety and Insurance Act (WSIA), 1997, Sec.3 3. Employment Standards Act (ESA), 2000 |
| A copy of the Occupational Health and Safety Act and any explanatory material from the Ministry outlining the rights, responsibilities and duties of workers [Sec.25(2)(i)] (explanatory material may be posted as part of the poster required under Sec.2 of the *Employment Standards Act 2000* [Sec.25(3.1)]) | OHS Act, Sec.25(2)(i) |
| The occupational health and safety policy | OHS Act, Sec.25(2)(k) |
| Accurate records of the levels of biological, chemical or physical agents in the workplace | OHS Act, Sec.26(1)(f) |
| Names and work locations of the JHSC members | OHS Act, Sec 9(32) |
| Annual Workplace Safety and Insurance Board (WSIB) summary | OHS Act, Sec.12(2) |
| Workplace violence and workplace harassment policies (not required for 5 or fewer employees) | OHS Act, Sec.32.0.1 (2) |
| An order regarding the use of biological, chemical or physical agents in the workplace | OHS Act, Sec.33(3) |
| Any order | OHS Act, Sec.57(10)(a) |
| A notice of compliance with an order | OHS Act, Sec.59(3) |
| Results of monitoring of airborne concentrations of a designated substance and worker exposure to airborne concentrations of a designated substance | Designated Substances Regulation, Sec.25(a) |
| **PRINCE EDWARD ISLAND** | Compliance orders by an Officer | Occupational Health and Safety (OHS) Act, Sec.8(7)(a) |
| Province | Posting Requirement | Legislation |
| **PRINCE EDWARD ISLAND (continued)** | Names of the current Joint Occupational Health and Safety Committee (JOHSC) members or the health and safety representative and the means of contacting them | OHS Act, Sec.27(7)(a) |
| The minutes of the most recent JOHSC meeting | OHS Act, Sec.27(7)(b) |
| A code of practice required by the Act or regulations | OHS Act, Sec.27(8)(b)(i) |
| A current phone number for reporting occupational health or safety concerns to WCB | OHS Act, Sec.27(8)(b)(ii) |
| Where required, an occupational health and safety policy (5 or more workers) | OHS Act, Sec.27(8)(b)(iii) |
| Occupational Health and Safety Act | OHS Act, Sec.45(a) |
| Names and phone numbers of first aid providers | OHS General Regulations, Sec.9.5(2) |
| Signs indicating where first aid kits are located | OHS General Regulations, Sec.9.13(1) |
| Emergency telephone numbers | OHS General Regulations, Sec.9.14(2)(d) |
| Workplace where explosives are to be used: Names of all persons designated to handle, transport, prepare or use dynamite or other high explosives ( post in the field office and or in the magazines) | OHS General Regulations, Sec.26.2(b) |
| Construction workplaces where traffic is impeded:  Warning signs for impeded traffic flow | OHS General Regulations, Sec.12.12(2) |
| Workplaces where signalers are used on roadways: Road sign indicating signalers are ahead during restricted traffic flow | OHS General Regulations, Sec.50.17 |
| Workplaces with excessive noise Areas: Warning signs for noise | OHS General Regulations, Sec. 8.7(1)(c) |
| Workplaces where blasting operations are used: Warning signs restricting radio transmitter use | OHS General Regulations, Sec. 26.64 |
| Workplaces using a hoisting apparatus: Sign on hoist indicating safe load carrying capacity | OHS General Regulations, Sec 34.3(2) |
| Workplaces with oxygen deficient atmosphere or air contaminants: Signs indicating the required respirator and locations of hazardous areas | OHS General Regulations, Sec.45.20(1) |
| Workplaces where asbestos handling is taking place: Sign indicating restricted personnel in asbestos areas | OHS General Regulations, Sec.49(21)(f) |
| Workplaces providing a power operated elevating work platform: Rated capacity and direction of machine movement for operating controls of work platform | Scaffolding Regulations, Sec.19(6) |
| Compliance Orders by an Officer | Smoke Free Places Act, Sec.16(4)(a) |
| Province | Posting Requirement | Legislation |
| **PRINCE EDWARD ISLAND (continued)** | Signs indicating where smoking is and is not permitted | Smoke Free Places Act, Sec.12 |
| **QUÉBEC** | Names of the members of the employer’s personnel to be responsible for health and safety matters | An Act respecting Occupational Health and Safety,  Sec.51(2) |
| All information transmitted by the Commission, the agency and the physician in charge | An Act respecting Occupational Health and Safety, Sec.51(10) |
| Names of the members of the health and safety committee (HSC) | An Act respecting Occupational Health and Safety, Sec.80 |
| Any remedial orders issued to the company | An Act respecting Occupational Health and Safety, Sec.183 |
| Stipulates thatadequate signs must indicate how to find easily and rapidly the first-aid kits and the communications system prescribed in this Regulation as well as any other first-aid equipment | First-aid Minimum Standards Regulation, Sec.13 |
| Thework location, the job, the family name and given name of the first-aider or first-aiders working in the establishment must also be printed on a sign placed in a conspicuous place accessible to all workers | First-aid Minimum Standards Regulation, Sec.14 |
| **SASKATCHEWAN** | Notice of the change to work schedule | The Saskatchewan Employment Act, Sec.2-11(4)(d) |
| Notice of the written authorization re overtime | The Saskatchewan Employment Act, Sec.2-20(5)(c) |
| Notice of the cancellation of the authorization re overtime | The Saskatchewan Employment Act, Sec.2-20(12)(b) |
| All or portion of the Act, regulations made under the Act, or other documentation considered appropriate | The Saskatchewan Employment Act, Sec.2-91(1) |
| Any prescribed notice | The Saskatchewan Employment Act, Sec.3-12(b) |
| Names of the Occupational Health Committee (OHC) members or the health and safety representative | The Saskatchewan Employment Act, Sec.3-25(1) and (2) |
| Compliance undertaking or notice of contravention | The Saskatchewan Employment Act, Sec.3-42(b) |
| A written report on the progress made towards remedying a contravention of the Act or regulations | The Saskatchewan Employment Act, Sec.3-43(a)(ii) |
| Occupationally related injury and illness statistics for the place of employment | The Saskatchewan Employment Act, Sec.3-64(5) |
| Province | Posting Requirement | Legislation |
| **SASKATCHEWAN** | Notices of exemptions granted by the director | The Saskatchewan Employment Act, Sec.3-76(1)(a) |
| Decision by the director and written reasons for it | The Saskatchewan Employment Act, Sec.3-76(1)(b) |
| Notice of any stay by the director or an adjudicator of all or any portion of a decision pursuant to Sec.3‑57 | The Saskatchewan Employment Act, Sec.3-76(1)(c) |
| A copy of the Act | The Occupational Health and Safety Regulations, Sec.15(b) |
| A copy of the harassment policy | The Occupational Health and Safety Regulations, Sec.36 (2)(b) |
| Copy of the OHC meeting minutes | The Occupational Health and Safety Regulations, Sec.42(1)(c) |
| Signs indicating smoking is prohibited in every enclosed place of employment | The Occupational Health and Safety Regulations, Sec.77(8)(a) |
| Sign setting out the harmful characteristics of the substance and the precautions to be taken for storage | The Occupational Health and Safety Regulations, Sec.314(b) |
| Placard indicating the presence and location of the asbestos containing materials (in a conspicuous location as close as possible to the asbestos-containing materials) | The Occupational Health and Safety Regulations, Sec.335(1)(b) |
| The fire safety plan | The Occupational Health and Safety Regulations, Sec.360(3)(b) |
| Where high voltage switchgear or transformers are housed, a warning sign that: (a) indicates the highest voltage in use; and (b) states that access is restricted to authorized persons only | The Occupational Health and Safety Regulations, Sec.462(2) |

Source: CCOHS Posting Requirements - updated January 17, 2017

Employee Training Checklist Template

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | |  | |
| Employee Number: | |  | |
| Work Start Date: | |  | |
| Position: | |  | |
| Training | Date Completed | Employee Signature | Manager Signature |
| DQOJ History and Expectations |  |  |  |
| Site Tour, HR Policies |  |  |  |
| Customer Service Training |  |  |  |
| DQ Soft Serve Cone Prep |  |  |  |
| Basic Occupational Health & Safety Awareness Training |  |  |  |
| Health & Safety Legislation |  |  |  |
| Employee Orientation |  |  |  |
| Safe Operating Procedures for Equipment  Blizzard Machine  Fryer |  |  |  |
| Safe Work Practices |  |  |  |
| Personal Protective Equipment |  |  |  |
| Emergency Preparedness and Response |  |  |  |
| Confined Space |  |  |  |
| Manual Material Handling |  |  |  |
| WHMIS, WHMIS Quiz |  |  |  |
| Annual WHMIS Review |  |  |  |
| Violence & Harassment Prevention |  |  |  |
| Driver’s License |  |  |  |
| *Training below applies only to* Health & Safety *Committee/*H&S Rep*s & Managers* | | | |
| Health & Safety Committee/ H&S Reps Orientation |  |  |  |
| Planned Health and Safety Inspections |  |  |  |
| Injury/Incident Investigation |  |  |  |

Training Attendance Record Template

[Insert Training Topic] Attendance Record

[Insert Date]

|  |  |  |
| --- | --- | --- |
| Name | Signature | Job Title |
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## Contractor Safe Practices Letter

Dear Contractor/Sub-Contractor:

This document has been put together as a guide to all contractors who have an agreement to perform certain contract work at *DQOJ Franchise*.

In all cases, and at all times, the contractor will be in compliance with the applicable provincial *Occupational Health & Safety Act* and Regulations. Under these requirements, the duties and responsibilities of the contractor, employees, supervisors, workers, owners and suppliers are well defined.

Contractors are expected to know, understand and carry out these responsibilities while working at *DQOJ Franchise*.

In addition to meeting legal requirements, it is expected and required that contractors abide by the specific programs that have been established for the operation at our facility. It is understood that these requirements cannot possibly cover all situations; therefore it is essential that co-operation is strong between the contractor, our Health & Safety Coordinator, and operations personnel. Specific questions should be directed to the person and department who has arranged for the contractor. Contracting firm supervisors/managers will ensure that their workers are made aware of the rules for departments in which they are working, and ensure enforcement of these rules at all times.

In conclusion, we hope your project with us is pleasant and safe.

All our employees are proactive in health and safety and may demonstrate their concerns as you perform your obligations.

The following Contractor Health & Safety Policy requirements have been set out in the interest of the safety of everyone working within the facility and may be amended as seen fit.

Thank you for your cooperation.

*DQOJ Franchise*

## 

## Health & Safety Policy for Contractors and Subcontractors

Dear Contractor/Sub-Contractor:

*DQOJ Franchise* believes that the health and safety of our employees and contractors/ subcontractors is of great importance. Whenever contractors and sub-contractors are on our property, we require compliance with all our health and safety rules and regulations.

Responsibilities

* All contractors, their subcontractors and their employees must comply with all federal, provincial, and local legislation if and as it applies.
* The contractor will ensure the health and safety of its workers, its subcontractors and our employees.
* A certificate or letter of clearance from the applicable provincial WCB must be provided in a timely fashion.
* A confirmation of liability insurance must also be provided, with a minimum of $1,000,000 liability coverage.
* The contractor will provide qualified workers.
* The contractor, its subcontractors and its employees:
* Will use or wear personal protective clothing and equipment as required.
* Will ensure that their equipment is in a safe condition.
* Will report any incident or property damage to *DQOJ Franchise*.
* Will investigate, along with *DQOJ Franchise*, any incident and/or property damage.
* Will not start work on any project until management has given authorization.
* Will leave the work place in a clean, safe, and orderly condition, with all garbage and debris removed or properly disposed of.
* Will not use any tools, equipment or machinery belonging to Ely’s Glass without managerial permission.
* Have received all required health and safety training (e.g. WHMIS, Forklift Training, Confined Space Entry, etc.).
* Will not bring hazardous materials on site without prior approval of management.
* Contractor/subcontractor will follow our lock-out procedures. If contractor/ subcontractor has their own lock-out procedures, these must be approved by our management.

I hereby acknowledge receipt of this letter and will obey all rules pertaining to health and safety. Failure to meet these requirements may result in immediate termination of the contract.

|  |  |
| --- | --- |
| Company Name: | Date: |
| Contractor Name: | Position |

## Contractor General Safety Work Permit

|  |  |
| --- | --- |
| Contractor Name |  |
| Purchase Order Number |  |
| Contractor Manager |  |
| Contractor Manager Phone Number |  |
| Contractor Supervisor: |  |
| Contractor Supervisor Phone Number |  |
| Contractor Provincial WCB Account Number |  |
| Contractor Certificate of Insurance Received |  |
| Scope of Work |  |
| Work Requested by: |  |
| Project Coordinator: |  |
| Department Work Performed at: |  |
| Foreman: |  |

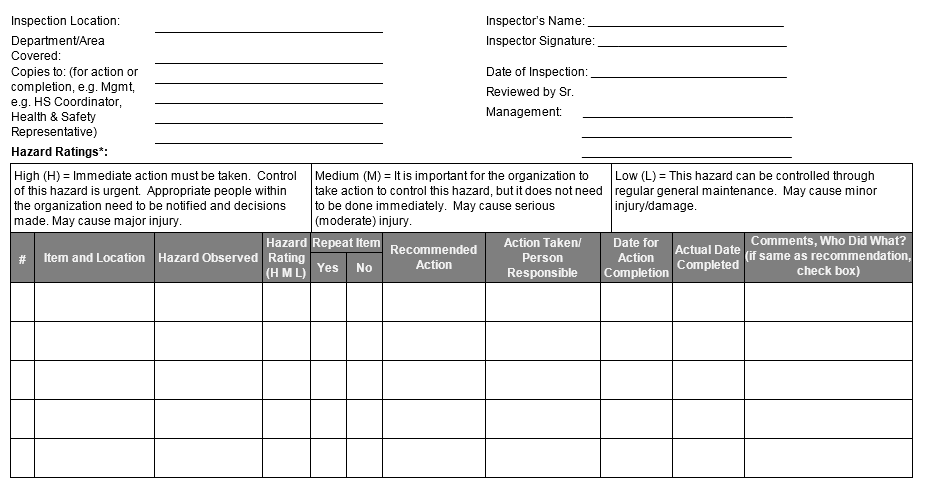
A meeting has been held with the contractor’s representatives and the *DQOJ Franchise* Project Manager in which the safety requirements of the contractor, including relevant Emergency Response Procedures, were reviewed. The contractor confirms that his or her workers and supervisory staff will comply with the safety regulations of *DQOJ Franchise* and all federal, provincial and local legislation if and as it applies. It is the sole responsibility of the contractor to ensure compliance with these requirements. Please attach a copy of the certificate of insurance ($1,000,000.00 and applicable WCB “Certificate of Clearance”).

|  |  |
| --- | --- |
| Meeting Date: | Work Start Date: |

Signatures:

|  |  |
| --- | --- |
| Contractor Representative Name: | Contractor Representative Signature: |
| Project Coordinator Name: | Project Coordinator Signature: |

Workplace Inspection Report Template



# Health & Safety Committee Membership List

|  |  |  |
| --- | --- | --- |
|  | Name | Department/Location |
| Worker Co-Chair |  |  |
| Management Co-Chair |  |  |
|  |  |  |
| Worker Members |  |  |
|  |  |  |
|  |  |  |
| Management Members |  |  |
|  |  |  |
|  |  |  |
|  | \* indicates a certified member |  |

Meetings are held: Monthly Bi-Monthly Quarterly

Location:

For more information contact:

## Health & Safety Committee Minutes of Meeting Template

|  |  |  |
| --- | --- | --- |
| Date: | Location: | Time: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participating Members | | | | | | | Present | | Absent |
| Worker Members |  | | | | | |  | |  |
|  | | | | | |  | |  |
|  | | | | | |  | |  |
| Management Members |  | | | | | |  | |  |
|  | | | | | |  | |  |
|  | | | | | |  | |  |
| Secretary |  | | | | | |  | |  |
| Guests |  | | | | | |  | |  |
| Incidents | | | *List all incidents and first aid incidents that have occurred since the last meeting, or attach Incident Reports to this record.* | | | | | | |
|  | | | This Period | | Year to Date | | | Last Year to Date | |
| # of Incidents | | |  | |  | | |  | |
| # of First Aid Incidents | | |  | |  | | |  | |
| # of WCB/WSIB Claims | | |  | |  | | |  | |
| Results of Monthly Inspection | | | | *List all hazards in the table below, or attach a copy of the Workplace Inspection Report with this record.* | | | | | |
| Hazard | | Location | | Recommended Action | | Person Responsible | | Date to Complete | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
|  | |  | |  | |  | |  | |
| Item | | | Discussion | | | | | | Action by |
| Review of Previous Minutes | | |  | | | | | |  |
| Issues Arising from Minutes | | |  | | | | | |  |
| Regular Report | | |  | | | | | |  |
| Program Updates | | |  | | | | | |  |
| New Business | | |  | | | | | |  |
| Other Business | | |  | | | | | |  |

|  |  |  |
| --- | --- | --- |
| Next Meeting Date: | Location: | Time: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Signed: |  |  |  |
|  | Worker Co-Chair |  | Management Co-Chair |

Health & Safety Committee Inspection Schedule Template

Planned Monthly Inspection Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Date** | **HSC Worker Member** | **Inspection Partner** |
| January |  |  |  |
| February |  |  |  |
| March |  |  |  |
| April |  |  |  |
| May |  |  |  |
| June |  |  |  |
| July |  |  |  |
| August |  |  |  |
| September |  |  |  |
| October |  |  |  |
| November |  |  |  |
| December |  |  |  |

## Health & Safety Committee Recommendation Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Problem Statement:** Define the issue. Write a brief statement describing the issue. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Information, Facts and Evidence (information may be attached):** A more detailed description of issue. What are the contributing factors? Document any history (prior HSC recommendations, incident or first aid records, inspection findings, Provincial Authority inspections, audits and work orders, hazard alerts, industry risk information, equipment/machinery maintenance reports, etc.) Include any information or exact reference to the Provincial Health and Safety Act, relevant Regulations and company policies that support the recommendation. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Recommendation:** State the recommendation. Give reasons for the recommendation. Describe the intended immediate and long term outcomes. Identify options to the recommendation. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Intended Outcomes – Immediate:** | | | | | | | **Intended Impact – Long term:** | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| As per the *Provincial Health and Safety Act*, a response within 21 days is due | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Worker Co-Chair Signature Management Co-Chair Signature | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | |
| (Date) | | | | | | | | | | | | | | | |
| **Management Response** | | | | | | | | | | | | | | | |
| 🞏 Management agrees and will implement the recommendation(s).  🞏 Management proposes an alternative response (attached). | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | |  | | | |
| Response Prepared By: |  |  | | | | | |  | |  | | |  | |  |
|  | | | | (Signature) | | | |  | (Position/Title) | | | | | (Date) | |

Health & Safety Representative Inspection Schedule Template

|  |  |  |
| --- | --- | --- |
| Name | Department | Phone Extension |
|  |  |  |
|  |  |  |
| Planned Monthly Workplace Inspections | | |
| January |  | |
| February |  | |
| March |  | |
| April |  | |
| May |  | |
| June |  | |
| July |  | |
| August |  | |
| September |  | |
| October |  | |
| November |  | |
| December |  | |

Health & Safety Representative Recommendation Template

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Problem Statement:** Define the issue. Write a brief statement describing the issue. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Information, Facts and Evidence (information may be attached):** A more detailed description of issue. What are the contributing factors? Document any history (prior HSC recommendations, incident or first aid records, inspection findings, MOL/WSIB inspections, audits and work orders, hazard alerts, industry risk information, equipment/machinery maintenance reports, etc.) Include any information or exact reference to the Occupational Health and Safety Act, relevant Regulations and company policies that support the recommendation. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Recommendation:** State the recommendation. Give reasons for the recommendation. Describe the intended immediate and long term outcomes. Identify options to the recommendation. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Intended Outcomes – Immediate:** | | | | **Intended Impact – Long term:** | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |
| As per the Occupational Health and Safety Act, a response within 21 days is due | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | |  | | | |  | | | | | | |
| H&S Representative Signature | | | | | | | Date | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Management Response** | | | | | | | | | | | | | | | |
| 🞏 Management agrees and will implement the recommendation(s).  🞏 Management proposes an alternative response (attached). | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | |  | | | |
| Response Prepared By: |  |  | | | | | |  | | |  | |  | |  |
|  | | | (Signature) | | | | |  | | (Position/Title) | | | | (Date) | |

Dealing with Identified High Risk Situations

|  |  |
| --- | --- |
| Overview | The following risk factors were identified as high risk:   * Dealing with aggressive customers or coworkers, e.g. potentially violent person, abusive phone calls * Handling cash, e.g. robbery * Working alone or in isolation * Mobile workplaces/securing and transporting valuable goods |

|  |  |
| --- | --- |
| Dealing with Aggressive Customers or Coworkers | The public has direct contact with employees in our conference and event centre. Employees are could be exposed to verbal abuse, physical assault, and theft.  **Potentially Violent Person**  **Identifying**  Signs a person is potentially violent may include, but are not limited to:   * Their face is turning red or white. * Their expression is angry, sneering or glaring. * They are pacing, making nervous, repetitive, or violent movements, shaking, clenching jaw or fists, approaching too near, or perspiring heavily. * They are using a loud voice and/or abusive language. * Their breathing is shallow or rapid.   If you notice these signs, take action. Get help from your supervisor immediately.  **Communicating**   * Remain calm and use a calm manner. * Speak slowly and clearly in a sure tone. * Ask the person to talk and pay close attention. * Use silence to placate the person. * DO NOT attempt complicated explanations during a tense situation. * DO NOT confront the person by glaring or staring at them. * DO NOT advise the person to relax or be calm. * DO NOT defy, criticize, insult, interrupt or patronize. * DO NOT crowd the person. Allow them about 2-4 feet of space. * DO NOT fight with the person. Leave the situation and if necessary, get help from the police.   **Problem Solving**   * Try to see the situation from the person’s point of view in order to figure out how to fix the problem. * Direct the person’s attention to the issue. * Ask the person how to fix the problem. * Be positive about criticism. If you agree with it, admit this. If you disagree, try to discuss the situation. * Make minor requests, such as taking the discussion to a quiet area. * Divide the problem into smaller chunks and deal with them one at a time. * Be clear about the consequences of violence and provide other options. * DO NOT discuss discipline (if the person is an employee) until the situation is more stable. * DO NOT lie or make unreasonable commitments. * DO NOT take the situation lightly. * DO NOT immediately turn down the person`s request. * DO NOT try to negotiate with someone who is making threats. End the conversation calmly and, if necessary, get assistance.   **Abusive Phone Call**   * Interrupt in a courteous but firm tone. * Make it clear abusive behavior is not acceptable and that you will end the conversation if they don`t stop. * Halt the call in a courteous but firm tone. * Report the abusive call to your supervisor. * If the abusive person calls again:   + - * Put the caller on hold       * Forward the caller to your supervisor. |

|  |  |
| --- | --- |
| Handling Cash | Bank deposits will be performed by the Owner or Manager on a regular basis. If you are required to go to the bank, ensure you have received appropriate training.  Staff should ensure their personal belongings are kept in an area not visible to customers.  **Robbery**   * Stay calm. * Listen. * DO NOT argue. * DO NOT follow or attempt to capture the thief – this places you and others in great danger. * DO NOT surprise the thief or move unexpectedly. * Try to be observant and remember details:   + - * What is he/she wearing?       * What does he/she look like?       * Height?       * Hair colour?       * Any unique characteristics such as tattoos or piercings?       * Describe the weapon, if applicable. * After he/she leaves:   + - * Try to avoid touching anything the thief has touched. Note the items that were touched.       * If you can do so safely, record the license plate and make and model of the vehicle used.       * Notify the police immediately by calling 911 and provide them with as much information as possible including the route the thief took when leaving.       * Record all information observed about the thief.       * Lock all doors and do not let anyone enter.       * Ask all witnesses to remain until police arrive.       * Contact your supervisor.       * Do not discuss the robbery with media or bystanders.       * Cooperate fully with the police.       * Report the incident following proper incident reporting procedures immediately. |

|  |  |
| --- | --- |
| Working Alone or in Isolation | Employees working alone or in isolation are at increased risk due to their limited ability to summon assistance in the event of an emergency. Employees without access to a cell phone should have a personal security device such as a personal alarm or two-way radio, when working alone. Other preventive measures include:   * Develop a program for employees working alone, including after hours and on weekends. * Installation of an emergency communication system. * Install a closed circuit camera system to monitor front door, or another secure means of entry such as a card reader or doorbell system. * Designate front parking spots for staff who will be working after hours. * Train employees in safety routines for parking, leaving and returning to their vehicles. * Ensure reception area is visible to other employees and the public. * Monitor potential hiding places. * Be selective who is admitted after hours. * Establish a code word to indicate help is needed.   When working after hours or in a remote location employees are expected to:   * Maintain regular communication with their supervisor, with established contact times. * Notify their supervisor of expected work times. * Undertake all personal security measures, e.g. lock doors, walk in well-lit areas, carry a cell phone, request security personnel escort if available.   When traveling in isolation employees are expected to:   * Provide information regarding their proposed location and expected time of return to their supervisor. * Call their supervisor if there are any delays in their expected return time. |

Employee Risk Assessment Questionnaire

|  |  |
| --- | --- |
| Date: | Department: |
| Supervisor: | Name (optional): |

1. Have you experienced verbal abuse (swearing, insults, or degrading language) while employed with this organization? ☐ Y ☐ N

a) If yes, did you report the incident(s) ☐ verbally ☐ in writing ☐ have not experienced

b) What was the relationship of the abuser to you? ☐ co-worker ☐ member of the public ☐ other

2. Have you experienced verbal or written threats while employed with this organization? ☐ Y ☐ N

a) If yes, did you report the incident(s) ☐ verbally ☐ in writing ☐ have not experienced

b) What was the relationship of the abuser to you? ☐ co-worker ☐ member of the public ☐ other

3. Have you been threatened with physical harm while employed with this organization? ☐ Y ☐ N

a) If yes, did you report the incident(s) ☐ verbally ☐ in writing ☐ have not been threatened

b) What was the relationship of the abuser to you? ☐ co-worker ☐ member of the public ☐ other

4. Have you experienced a physical assault or attack while employed here? ☐ Y ☐ N

a) If yes, did you report the incident(s) ☐ verbally ☐ in writing ☐ have not experienced

b) What was the relationship of the abuser to you? ☐ co-worker ☐ member of the public ☐ other

5. Do you ever:

a) Work alone ☐ Y ☐ N

b) Work with small numbers of co-workers ☐ Y ☐ N

c) Work in a community-based setting ☐ Y ☐ N

d) Work late at night ☐ Y ☐ N

e) Work early in the morning ☐ Y ☐ N

f) Go to client’s homes or businesses ☐ Y ☐ N

g) Handle cash or prescription medications ☐ Y ☐ N

h) Work in a restaurant or bar that serves alcohol ☐ Y ☐ N

i) Drive on work-related business ☐ Y ☐ N

6. Do you think that workplace violence is a risk in this workplace? ☐ Y ☐ N

Violence Inspection Checklist

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |  | Inspected By: |  |  |

|  | YES | NO |
| --- | --- | --- |
| Parking Lots |  |  |
| Are the entrances and exits well marked? |  |  |
| Does the lot have signs with security reminders (e.g. “lock your car”, “security patrolled”)? |  |  |
| Is there enough lighting? |  |  |
| Are alarms clearly marked? |  |  |
| Do pass cards control access to the lot? |  |  |
| Are vehicles parked on site after hours?  If yes, is there a secured parking lot for vehicles after hours? |  |  |
| Have there been vehicle thefts from the parking lot? |  |  |
| Have any vehicles been broken into? |  |  |
| Around the Outside of the Building (Perimeter) |  |  |
| Is the workplace near any buildings or businesses that are at risk from violent crime (e.g. bars, banks)? |  |  |
| Are there procedures in place to prevent violent, criminal, drugged, or drunk persons from coming into your building? |  |  |
| Is the building in a low crime area? |  |  |
| Is the building free of any signs of vandalism or graffiti? |  |  |
| Is the building located away from dense manufacturing? |  |  |
| Are there other buildings in close proximity? |  |  |
| Is the building entrance well lit? |  |  |
| Are the outside lights checked before dark? |  |  |
| Are garbage areas, external areas, or equipment that employees use:  In an area with good visibility?  Close to the main building with no possibility of hiding places? |  |  |
| Is the building shared with other businesses?  If yes, is there entry control to your area? |  |  |
| Is there a system to alert employees if intruders enter? |  |  |
| Are offices designed so that public and private spaces are clearly identified? |  |  |
| Are there coded cards or keys to control access to the building, or to certain areas within the building? |  |  |
| Is there a system in place to limit the number of keys/entry cards given out? |  |  |
| Are codes/locks changed immediately if keys/cards are lost? |  |  |
| Security System |  |  |
| Does the business have a security system?  If yes, is the system tested on a regular basis (e.g. monthly)? |  |  |
| Is the security system adequate? |  |  |
| Are there security guards/safety walking services available at your location? |  |  |
| Are signs posted stating there is a security system in use? |  |  |
| Reception |  |  |
| Is the reception area easily seen and easy to get to? |  |  |
| Can the receptionist clearly see incoming visitors/customers? |  |  |
| Is this area staffed at all times? |  |  |
| Is the reception visible to fellow employees or members of the public? |  |  |
| Can outsiders enter the building when there is no one present at the desk? |  |  |
| Is the reception the first stop for visitors?  If yes, is there a policy for receiving, escorting and identifying visitors? |  |  |
| Does the receptionist ever work alone? |  |  |
| Is there an emergency call button at the reception area?  If yes, have response procedures been established? |  |  |
| Are there objects in this area that could be used as a weapon? Or thrown? |  |  |
| Signs |  |  |
| When you enter the building, are there signs to identify where you are? |  |  |
| Are the hours of operation clearly posted? |  |  |
| Impression of overall signage - very poor / poor / satisfactory / good / very good |  |  |
| Are there signs outside of the building to show where to get emergency assistance if needed?  If no, what signs are needed and where? |  |  |
| Are posted signs easily seen by all?  If no, where are these signs located?  Are visitor areas and private areas clearly marked? |  |  |
| Are rules for visitors clearly posted? |  |  |
| Work Practices |  |  |
| Are there established work practices for those employees that:  Work with the public?  Handle money, valuables, or prescription drugs?  Carry out inspection or enforcement duties?  Provide service, care, advice, or education?  Work with unstable or violent persons?  Work where alcohol is served?  Work alone or in small numbers?  Work in community-based settings?  Drive a vehicle as part of the job?  Visit clients at their home or site of work?  Work late hours during the evening or early hours of the morning?  Use public transit during the workday?  Travel to other cities/countries?  Stay in hotels? |  |  |
| Lighting |  |  |
| List any areas where lighting was a concern during the inspection (e.g. too dark, too bright) |  |  |
| Is lighting evenly spaced?  Are all lights working properly? If no, where are they located? |  |  |
| Can you easily access the main light control switches? |  |  |
| Stairwells |  |  |
| Are exit doors clearly marked? |  |  |
| Is there enough bright light in the stairwell? |  |  |
| Can lights be turned off in the stairwell? |  |  |
| Do stairwells lock the door behind you? |  |  |
| Can you get away using all exit routes from the stairwell?  If no, where? |  |  |
| Is there more than one exit route out of the stairs? |  |  |
| During regular hours of operation? |  |  |
| After regular hours of operation? |  |  |
| Possible Areas for Attack |  |  |
| Are there rooms in the facility that should be locked at all times or areas where access should be restricted?  If yes, where? |  |  |
| Places to Hide |  |  |
| Are there small areas where someone could hide such as:  recessed doorways  unlocked storage areas/empty rooms  stairwells  elevators  If yes, where? (These items will need to be addressed) |  |  |
| Would it make it easier to see someone if there were:  mirrors  transparent materials like glass  windows on doors  angled corners  less shrubbery  other:  If yes, where? (These items will need to be addressed) |  |  |
| Do members of the public enter from the front of the building only? |  |  |
| Working Alone |  |  |
| At the time of inspection, were there people in all areas? If no, which areas felt isolated? |  |  |
| In these areas that felt isolated, is there a telephone, or a sign directing you to some assistance? |  |  |
| In these areas, how far away is the nearest person who could hear calls for help? \_\_\_\_\_\_ ft./m |  |  |
| Are alarms or panic buttons installed? |  |  |
| Are alarms or panic buttons easily accessible? |  |  |
| Do you periodically check that the alarms or panic buttons are functional? |  |  |
| How many people were around you at the time of inspection? |  |  |
| Is it easy to predict when people will be around? |  |  |
| Elevators |  |  |
| Are you able to see if the elevator is occupied before entering it? |  |  |
| Is there an emergency phone or emergency call button in each elevator? |  |  |
| Is there a response procedure for elevator emergencies? |  |  |
| Washrooms |  |  |
| Can the public use the same washrooms as staff? |  |  |
| Are the lights in the bathroom controlled by an automatic switch that cannot be turned off by visitors, clients or other staff? |  |  |
| Are washrooms checked before building is vacated? |  |  |
| Interview and Meeting Rooms |  |  |
| Are there separate interview/meeting rooms?  If yes, can employees see inside? |  |  |
| Is there an alarm system in this room? |  |  |
| Is the furniture arranged to allow for emergency exits? |  |  |
| Individual Offices |  |  |
| Are any employees at risk because of their offices are isolated from other staff members? |  |  |
| Is the furniture in offices arranged to allow for quick exit from the office? |  |  |
| Is the furniture arranged to allow for a minimum distance (4-6 feet) between employees and clients? |  |  |
| Have the number of objects that can be thrown or used as a weapon been reduced? |  |  |
| Do these offices have good visibility through shatterproof glass in walls/doors? |  |  |
| Emergency Assistance |  |  |
| Has emergency contact information been established for regular and after hour operation? |  |  |
| Are emergency numbers posted on telephones? |  |  |
| Are emergency phones accessible in all areas? If no, where are they needed? |  |  |
| Does this room have a telephone and a door that can be locked from the inside? |  |  |
| Is there a designated “safe” room that employees can go to during an emergency? |  |  |

Violence & Harassment Reporting Form Template

|  |  |  |
| --- | --- | --- |
| Employee | | |
| Name: | Date of Report: | |
| Work Address: | Date of Incident: | |
| Job/Position: | Day of Week of Incident: | |
| Department/Section: | Time of Incident: | |
| Age: | 🞎 Male 🞎 Female | |
| What were you doing at the time of the incident? | | |
| Offender(s) | | |
| Name(s): | Name(s): | |
| Address(es): | Address(es): | |
| Age: 🞎 Male 🞎 Female | Age: 🞎 Male 🞎 Female | |
| Description of Incident: | | |
| Relationship between employee and offender (if any): co-worker 🞎 patient 🞎 client  🞎 student 🞎 member of public 🞎 other (specify) | | |
| Other details (e.g. use of drugs or alcohol, possession of a weapon): | | |
| Apparent motive: | | |
| Witness(es) | | |
| Name: | Name: | |
| Address: | Address: | |
| Relevant Documents/Evidence | | |
|  | | |
| Signature: | | Date: |

Violence & Harassment Investigation Template

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Investigator: | | Date of Investigation: | |
|  | |  | |
| Background Information | | | |
| Who are the people involved? Are they employees as defined by OHSA? Who reported and when? | | | |
| 1. Name of person who reported workplace incident: | | | |
| 1. If not the same person as above, name of person who allegedly experience workplace violence or harassment | | | |
| 1. Date complaint/concern raised and how | | | |
| 1. Position/Department of employee(s) complaining or possibly exposed to workplace violence or harassment | | | |
| 1. Name of respondent(s) (alleged perpetrator):   Position/Department:  If not an employee, provide details: | | | |
| Investigation Plan | | | |
| Plan and conduct the investigation: | | | |
| 1. Obtain the employee(s) concerns of harassment/violence in writing, if possible. Assistance must be provided in completing the form where necessary. | | | |
| 1. An investigator needs to interview the employee who allegedly experience the workplace violence or harassment and the alleged perpetrator (if an employee). If the alleged harasser is not an employee, the investigator should try to interview him/her. | | | |
| 1. Make a list of possible relevant witnesses. Ask the employee who allegedly experienced workplace violence or harassment and the alleged perpetrator for names of any relevant witnesses. | | | |
| 1. Interview relevant witnesses. Ask specific questions about what they have observed, are aware of, or have personally experienced. | | | |
| 1. Collect and review relevant documents from the employee, alleged perpetrator, witnesses and employer. | | | |
| 1. Take detailed notes. | | | |
| 1. Keep the investigation confidential. Instruct the employee who allegedly experienced the violence or harassment, the alleged perpetrator, and witnesses not to talk to others about the investigation unless it is necessary, for instance, to obtain legal advice, counselling, to protect workers, or otherwise meet their reporting and other obligations under the OHSA. | | | |
| Worker’s Concerns / Allegations | | | |
|  | | | |
| When did incident(s) occur? Confirm date of first incident and any subsequent behaviours or conduct. Note that recalling events of harassment can be stressful for the complainant. | | | |
| Date of first incident: | Date of last incident: | | Date of other incidents: |
| Alleged Perpetrator’s Response | | | |
| The alleged perpetrator will likely need details of the allegation to be able to respond. | | | |
|  | | | |
| Interview Relevant Witnesses | | | |
| List witnesses. Interview relevant witnesses and make notes. | | | |
|  | | | |
| Collect Documentation | | | |
| List the documents collected for the investigation and how or from whom they were obtained. | | | |
|  | | | |
| Investigation Results | | | |
| The investigator’s summary report should set out who was interviewed, what evidence was obtained and an analysis of the evidence to determine whether workplace violence or harassment occurred. | | | |
|  | | | |
| Recommended Next Steps | | | |
|  | | | |
| Attach more pages as necessary.  This report was provided to: | | | |

Emergency Preparedness Quiz

Did you learn the key elements?

1. In the event of an emergency evacuation, the head count location is:
2. I would evacuate the building in the following situations (circle all that apply):

|  |  |  |
| --- | --- | --- |
| 1. Tornado | 1. Bomb threat | 1. Fire |
| 1. Chemical spill | 1. Severe weather | 1. Biological threat |

1. Order the steps in the event of an emergency evacuation:

|  |  |
| --- | --- |
|  | The Supervisor on Duty ensures all employees and customers are out of their area. |
|  | A fire is observed, the emergency alarm is pulled. |
|  | Remain calm and exit the building |
|  | Be present for a head count |
|  | Proceed to head count area |

1. Symptoms of Carbon Monoxide over exposure include (circle all that apply):

|  |  |  |
| --- | --- | --- |
| 1. Nausea | 1. Headaches | 1. Chest pain |
| 1. Confusion | 1. Dizziness | 1. Muscle aches |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

## First Aid Treatment Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time (am/pm) | Name of injured | Nature of Injury | Location | Witness Names | Treatment | Reviewed |
|  |  |  |  |  |  |  | 🞎 |
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Injury/Incident Reporting Form Template

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| INJURY/INCIDENT REPORTING FORM | | | | | | |
| The following information is collected for purposes of incident reporting and analysis. The information is confidential and will only be shared with parties who need it to complete the required reporting documentation. | | | | | | |
| **My involvement in the event was:** | | | | | | |
| Witness to event 🞎 | Injured in event 🞎 | | Administered First Aid 🞎 | | | Took control of scene 🞎 |
| Other 🞎 (please describe): | | | | | | |
| **My relationship to the business is:** | | | | | | |
| Employee 🞎 | | Contractor 🞎 | | | Client/Guest 🞎 | |
| Other 🞎 (please describe): | | | | | | |
| **To the best of your knowledge, when did the event occur?** | | | | | | |
| Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy) | | | | Time: \_\_\_\_ / \_\_\_\_\_\_ AM □ PM □ | | |
| **Please describe what happened, starting with the first thing that you noticed that was different from usual (e.g. worker slipped).** Please consider everything that was involved, including the people, equipment/material, tools, job tasks, environment, etc. Include a description of any objects that were involved. Make a sketch if you think it will help describe what happened. | | | | | | |
| **What do you think could be done to prevent this type of event from happening again?** | | | | | | |
| I agree that the above represents my recollection of what happened.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

Injury/Illness Action Plan Template

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Action Plan Step (Task/Activity) | Responsible Person/Group | Begin Date | End Date | Estimated Hours | Cost |
|  |  |  |  |  |  |
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|  |  |  | TOTALS | hours | $ |

Injury/Incident Investigation Report Template

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFYING INFORMATION** | COMPANY | | | | | | | | | | | DEPARTMENT | | | | | | | | | | | | | | | | |
| LOCATION OF INCIDENT | | | | | | | | | | | DATE | | | | | TIME AM  PM | | | | | | REPORT DATE | | | | | |
| **INJURY OR ILLNESS** | | | | **PROPERTY DAMAGE** | | | | | | | | | | | | **OTHER INCIDENTS** | | | | | | | | | | | |
| INJURED’S NAME | | | | PROPERTY DAMAGE | | | | | | | | | | | | NATURE OF INCIDENT | | | | | | | | | | | |
| PART OF BODY | | DAYS LOST | | NATURE OF DAMAGE | | | | | | | | | | | | INCIDENT COST (IF APPLICABLE0 | | | | | | | | | | | |
| NATURE OF INJURY OR ILLNESS | | | | COST | | | | | | | ESTIMATED  ACTUAL | | | | | PERSON REPORTING INCIDENT | | | | | | | | | | | |
| OCCUPATION | | TIME ON TASK | | SUPERVISOR / MANAGER | | | | | | | | | | | | OBJECT/EQUIPMENT/SUBSTANCE INFLICTING HARM | | | | | | | | | | | |
| **TYPE OF CONTACT (PLEASE CIRCLE)** | | | | | | | | | | | **CONTACT WITH (PLEASE CIRCLE)** | | | | | | | | | | | | | | | | |
| -STRUCK AGAINST  -STRUCK BY  -CAUGHT IN | | -CAUGHT ON  -CAUGHT BETWEEN  -SLIP | | -FALL ON SAME LEVEL  -FALL TO LOWER LEVEL  -OVEREXERTION | | | | | | | -ELECTRICITY  -HEAT  -COLD  -RADIATION | | | | | | | | | -CAUSTICS  -NOISE  -TOXIC OR NOXIOUS SUBSTANCES | | | | | | | |
| **RISK** | EVALUATION OF LOSS POTENTIAL IF NOT CORRECTED (PLEASE CIRCLE) | | | **LOSS SEVERITY POTENTIAL** | | | | | | | | | | | | **PROBABILITY OF REOCCURRENCE** | | | | | | | | | | | | |
| SEVERE | | | | | | SEROUS | | | | MINIMAL | | HIGH | | | | | | MEDIUM | | | | LOW | | |
| **CAUSE ANALYSIS** | IMMEDIATE CAUSES, WHAT SUBSTANDARD ACTIONS AND CONDITIONS CAUSED OR COULD CAUSE THE EVENT? EXPLAIN HERE. | | | | | | | | | | | BASIC CAUSES, WHAT SPECIFIC PERSONAL OR JOB FACTORS CAUSED OR COULD CAUSE THIS EVENT? EXPLAIN HERE. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **INCIDENT NEEDS** | **IMMEDIATE CAUSES (CIRCLE ALL THAT APPLY)** | | | | | | | | | | | | | | | | | **BASIC CAUSES (CIRCLE ALL THAT APPLY)** | | | | | | | | | | |
| SUBSTANDARD ACTIONS  -Operating equipment without authority  -Failure to warn  -Failure to secure  -Operating at improper speed  -Making safety devices inoperable  -Removing safety devices  -Using defective equipment  -Using equipment improperly  -Failing to use personal protective equipment properly  -Improper loading  -Improper placement  -Improper lifting  -Improper position for task  -Servicing equipment in operation  -Horseplay  -Under influence of alcohol and/or other drugs | | | | | SUBSTANDARD CONDITIONS  -Operating equipment without authority  -Inadequate or improper protective equipment  -Defective tools, equipment or materials  -Congestion or restricted action  -Inadequate warning system  -Fire and explosion hazards  -Poor housekeeping/disorder  -Hazardous environmental conditions: gases, dusts, smoke, fumes, vapours  -Noise exposure  -Radiation exposure  -High or low temperature exposure  -Inadequate or excess illumination  -Inadequate ventilation | | | | | | | | | | | | PERSONAL FACTORS  -Inadequate capability  -Lack of knowledge  -Lack of skill  -Stress  -Improper motivation  JOB FACTORS  -Inadequate leadership/supervision  -Inadequate engineering  -Inadequate purchasing  -Inadequate maintenance  -Inadequate tools/equipment/materials  -Inadequate work standards  -Wear and tear  -Abuse and misuse | | | | | | | | | | |
| **CONTROLS** | | **MANAGEMENT CONTROL (SELECT ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROGRAM ELEMENTS** | | | | | **P** | | **S** | | **C** | |  | | | | | | | | | | | **P** | | | **S** | **C** |
| Leadership and administration | | | | |  | |  | |  | | Personal protective equipment | | | | | | | | | | |  | | |  |  |
| Leadership training | | | | |  | |  | |  | | Health and hygiene control | | | | | | | | | | |  | | |  |  |
| Planned inspections and maintenance | | | | |  | |  | |  | | System evaluation | | | | | | | | | | |  | | |  |  |
| Critical task analysis and procedures | | | | |  | |  | |  | | Engineering and change management | | | | | | | | | | |  | | |  |  |
| Incident investigation | | | | |  | |  | |  | | Personal communications | | | | | | | | | | |  | | |  |  |
| Task observation | | | | |  | |  | |  | | Group communications | | | | | | | | | | |  | | |  |  |
| Emergency preparedness | | | | |  | |  | |  | | General promotion | | | | | | | | | | |  | | |  |  |
| Rules and work permits | | | | |  | |  | |  | | Hiring and placement | | | | | | | | | | |  | | |  |  |
| Incident analysis | | | | |  | |  | |  | | Materials and services management | | | | | | | | | | |  | | |  |  |
| Knowledge and skill training | | | | |  | |  | |  | | Off-the-job safety | | | | | | | | | | |  | | |  |  |
| LEGEND  P – Program element implementation need S – Standard(s) inadequate C – Compliance with standard(s) inadequate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTION PLAN** | **REMEDIAL ACTIONS, WHAT HAS AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED?** | | | | | | | | | | | | | | **DEADLINE** | | | | | **BY WHOM** | | | | | **COMPLETE** | | | |
|  | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |
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|  | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |
| SIGNATURE OF INVESTIGATOR | | | | | | | | | | | | | | DATE | | | | | | | | | | | | | |
| SIGNATURE OF REVIEWER | | | | | | | | | | | | | | DATE | | | | | | | | | | | | | |
|  | REVIEWER’S REACTIONS TO THE INVESTIGATOR’S ANALYSIS OF THE BASIC CAUSES AND REMEDIAL ACTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | TITLE | | | | | | | | | | | DATE | | | | | | | | | |

**Download Form –** [Workplace Safety & Prevention Services (Investigation Report)](http://www.wsps.ca/WSPS/media/Site/Resources/Downloads/Investigation_Report_Final_ext.pdf?ext=.pdf)

Injury/Incident Quiz

Did you learn the key elements?

1. *True or False:* All injuries requiring first aid must be report and recorded in the first aid log and the Injury/Incident Reporting Form.
2. Place the following steps in order:

|  |  |
| --- | --- |
|  | First aid is administered/crew member is transported for medical assistance |
|  | Incident investigation takes place |
|  | Crew member is injured |
|  | Crew member returns to work |
|  | Crew member reports injury to supervisor |
|  | Employer finds an appropriate job for employee (if needed) |
|  | Crew member has doctor complete Functional Abilities form |

1. is responsible for completing the Injury/Incident Analysis.
2. Order the steps of an injury/incident investigation:

|  |  |
| --- | --- |
|  | Report critical injuries to Provincial Authority |
|  | Record the incident scene using photos or sketches. Include locations, sizes, and distances of objects and people. |
|  | Identify witnesses and ask their opinion of what caused the incident. |
|  | Inform JHSC member/H&S Rep of the incident. |
|  | Secure the accident area so that no one else is injured and evidence is preserved. |
|  | Look for factors that may have caused or contributed to the incident. |
|  | Assess the site of the incident. |

1. The following are examples of when an incident should be investigated (circle all that apply):

|  |  |  |
| --- | --- | --- |
| 1. Fatalities or critical injuries | 1. Lost time injuries | 1. Minor cuts or bruises |
| 1. Fire or environmental release | 1. Occupational illness | 1. Property damage |

1. If a crew member is off work due to an injury it is their responsibility to:

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

Notice of Accident Template

Critical Injury/Fatality

**IMPORTANT:** This report must be sent to the Ministry of Labour within 48 hours of the critical injury/fatality

|  |  |
| --- | --- |
| Name and Address of Employer |  |
| Nature and the Circumstances of the Occurrence and the Bodily Injury Sustained |  |
| Description of Machinery or Equipment Involved |  |
| Time and Place of Occurrence |  |
| Name and Address of the Person Killed or Critically Injured |  |
| Name(s) and Address(es) of all Witness(es) |  |
| Name and Address of any Physician or Surgeon who attended the person’s injuries |  |

Notice of Incident Template

Incident, Explosion, Fire or Incident of Workplace Violence or Occupational Illness

**IMPORTANT:** This report must be sent to the Ministry of Labour within 4 days of the accident, explosion, fire or incident of Workplace Violence which disables a person from performing their regular duties. In the case of an Occupational Illness, the Franchise Owner must submit the report within 4 days of being advised of the illness.

|  |  |
| --- | --- |
| Name and Address of Employer |  |
| Type of Business of Employer |  |
| Nature and the Circumstances of the Occurrence and the Bodily Injury or Illness Sustained |  |
| Description of Machinery or Equipment Involved |  |
| Time and Place of Occurrence |  |
| Name and Address of the Person Suffering from the Injury or Illness |  |
| Name(s) and Address(es) of all Witness(es) to the Occurrence |  |
| Name and Address of any Physician or Surgeon who Attended or is Attending the Person’s Injury or Illness |  |
| Steps Taken to Prevent Recurrence |  |

Injury/Incident Reporting Quiz

Did you learn the key elements?

1. In the event of an injury requiring medical attention, place the following steps in order:

|  |  |
| --- | --- |
|  | A WSIB Employer’s Report is completed and submitted |
|  | The supervisor contains the accident area to prevent further injury or damage |
|  | First aid treatment is given and/or emergency response/ambulance is called |
|  | Accident investigation is completed |
|  | Supervisor follows up with the employee regarding their return to work |

1. Injuries classified as “critical injuries” according to Regulation 851 include (circle all that apply):

|  |  |
| --- | --- |
| 1. Carpal tunnel syndrome | 1. Loss of sight in an eye |
| 1. Fracture of a leg or arm | 1. Amputation of an arm |
| 1. Severe burns to a major portion of the body | 1. Stress induced heart attack or stroke |
| 1. Unconsciousness | 1. Cut involving 3 or more stitches |
| 1. Fracture of a finger or toe |  |

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

Modified Work Offer Sample

[*Date*]   
  
[*Worker name and mailing address*]   
  
Re: Offer of Suitable Employment   
  
Dear [*Worker name*]:   
  
This letter is to confirm our discussion on [*date*] regarding your plan for return to work. I have attached a copy of the Return to Work Plan with this letter.

As we agreed, your tasks will be assigned consistent with your functional abilities, skills and knowledge. If any training or skills renewal is required to do your tasks, it will be provided upon your return to work.

To summarize our agreement:

|  |  |  |
| --- | --- | --- |
| Job Title: |  | |
| Location/Department: |  | |
| Duration of Assignment: | From: | To: |
| Work Hours: | From: | To: |
| Wages: | [*per hour/week/month*] | |
| Supervisor: |  | |

Please sign the bottom of this letter and return one copy to my attention within five workdays. A prepared envelope has been included for you. I will send a copy of this letter and our Return to Work Plan to your WCB Case Manager within the next five days for ongoing claims monitoring.

We look forward to your return. If you have any questions, please contact me.

Sincerely,

[*Title*]

Enclosures:

Return to Work Plan

Copy of the letter for worker’s file & prepared envelope

Modified Work Progress Schedule Template

To be submitted to HS Coordinator every week.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Date: | Date: | Date: | Date: | Date: |
| Scheduled:  Worked: | Scheduled:  Worked: | Scheduled:  Worked: | Scheduled:  Worked: | Scheduled:  Worked: | Scheduled:  Worked: |
| Duties/Time: | Duties/Time: | Duties/Time: | Duties/Time: | Duties/Time: | Duties/Time: |
| Employee Comments: | Employee Comments: | Employee Comments: | Employee Comments: | Employee Comments: | Employee Comments: |
| Supervisor /Manager  Comments: | Supervisor /Manager Comments: | Supervisor  /Manager  Comments: | Supervisor  /Manager  Comments: | Supervisor  /Manager  Comments: | Supervisor  /Manager  Comments: |

|  |  |
| --- | --- |
| Employee Signature: | Date: |
| Supervisor/Manager Signature: | Date: |

## Return to Work Plan Closure / Evaluation Report

This report is to be completed by both the manager and worker, independently, once the final outcome is achieved. Send completed forms to the Health & Safety Coordinator.

|  |
| --- |
| Date: |
| Name: |

What is the duration of Return to Work (RTW) Plan (from injury/illness report to final RTW)?

What was the final outcome? (check all that apply).

|  |  |
| --- | --- |
| **Anticipated outcome?** | **Actual outcome?** |
| * Pre-injury job * Pre-injury Accommodated * Comparable Work * Alternate Work * Other | * Pre-injury job * Pre-injury Accommodated * Comparable Work * Alternate Work * Work Reintegration Program * Other |
| **Comments:** | |

What worked well in the return to work process?

What are the opportunities for improvement? (For example: what would you change about the process if you could?)

Completed by:

Thank you for completing this form. Confidentiality of this information will be assured. If you have any questions, please contact your Health & Safety Coordinator.

Letter to Employee Sample

|  |  |
| --- | --- |
| To: | All Employees |
| From: | Health & Safety Coordinator |
| Date: |  |
| Re: | Return to Work and Injury/Incident Reporting |

All employees must read the enclosed material. If you have been injured at work or require medical attention you are requested to follow the procedures outlined in this memo. We need your participation and co-operation in order to help you return to work safely.

Once a workplace injury or incident has been reported, a meeting will be scheduled with all parties concerned (the injured employee, their Manager, and the Health & Safety Coordinator) to prepare a Return to Work (RTW) plan. The RTW plan will be based on the functional abilities as indicated by the treating physician. By working together we will be able to prepare a Return to Work plan that is in the best interest of all involved.

Our objective is to reduce all lost time claims, thereby protecting both *DQOJ Franchise* and the employee from financial loss. In order to control lost time incidents, we must become actively involved within minutes of an incident.

We must all work together to continuously address health and safety concerns and reduce employee incidents. Please be sure to review the enclosed carefully.

In case of injury the employee will:

* Promptly obtain first aid.
* Notify their Supervisor. Obtain a Return to Work package to take to your family doctor, clinic, or hospital.
* Choose a doctor or other qualified practitioner. Give the doctor the required documentation for them to complete, which includes the functional abilities section.
* Complete and promptly return all forms as directed by your manager on the same or next day, depending on the severity of the incident.
* An employee who fails to co-operate with the RTW program will be subject to reduced or suspended benefits according to legislation.

This Return to Work Package includes the following:

* This cover memo explaining contents
* Letter for treating health care practitioner
* Applicable WCB form to be completed by treating health care practitioner
* Employee Incident Report (to be completed by injured employee)
* Injured Employee Roles & Responsibilities

Hazard Reporting Form

Please complete this form and provide copies to the following people:

* Manager
* Health & Safety Committee/Health & Safety Representative
* Franchise Owner

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date: | | |
| Name of Manager: | Location of Hazard: | | |
| Description of Hazard: | | | |
| Rate Hazard: | High | Medium | Low |
| Factors Contributing to Hazard (PEMEP): | | | |
| People (training, coaching, communication, education, hygiene practices, etc.): |  | | |
| Equipment (protective equipment, repair and maintenance, adequate clearance): |  | | |
| Materials (correct use, adequate supply, repair and maintenance, proper storage) |  | | |
| Environment (noise, temperature, air quality, lighting, physical layout and structure, housekeeping): |  | | |
| Process (work design, flow, reporting requirements, work practices policies and procedures): |  | | |
| Other Information: | | | |

Hazard Response Form

|  |  |  |  |
| --- | --- | --- | --- |
| Section 1 (To be completed by Manager or Employer) | | | |
| Name: | | Date: | |
| Signature: | | Department: | |
| Comments: | | | |
| Action recommended/taken: | | | |
| Section 2 (To be completed by the Health & Safety Committee/H&S Rep) | | | |
| Name: | Department: | | Signature: |
| Date received: | | Date completed: | |
| Comments/further recommendations: | | | |

Hazard Reporting Quiz

Did you learn the key elements?

1. Place the following hazard reporting steps in order:

|  |  |
| --- | --- |
|  | Crew member fills in the hazard reporting form |
|  | Crew member observes an unsafe act or condition |
|  | Supervisor/Employer uses the hazard response form to indicate the solution to the hazard |
|  | If possible, supervisor/employee corrects hazardous situation |

1. It is the duty of (circle all that apply):

|  |
| --- |
| 1. Employers to respond to reported hazards within 21 days using the Hazard Response Form |
| 1. The JHSC/H&S Representative to investigate all hazards reported |
| 1. Supervisors to correct all hazards observed immediately |
| 1. Crew members to report potentially hazardous conditions using the Hazard Report Form |

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

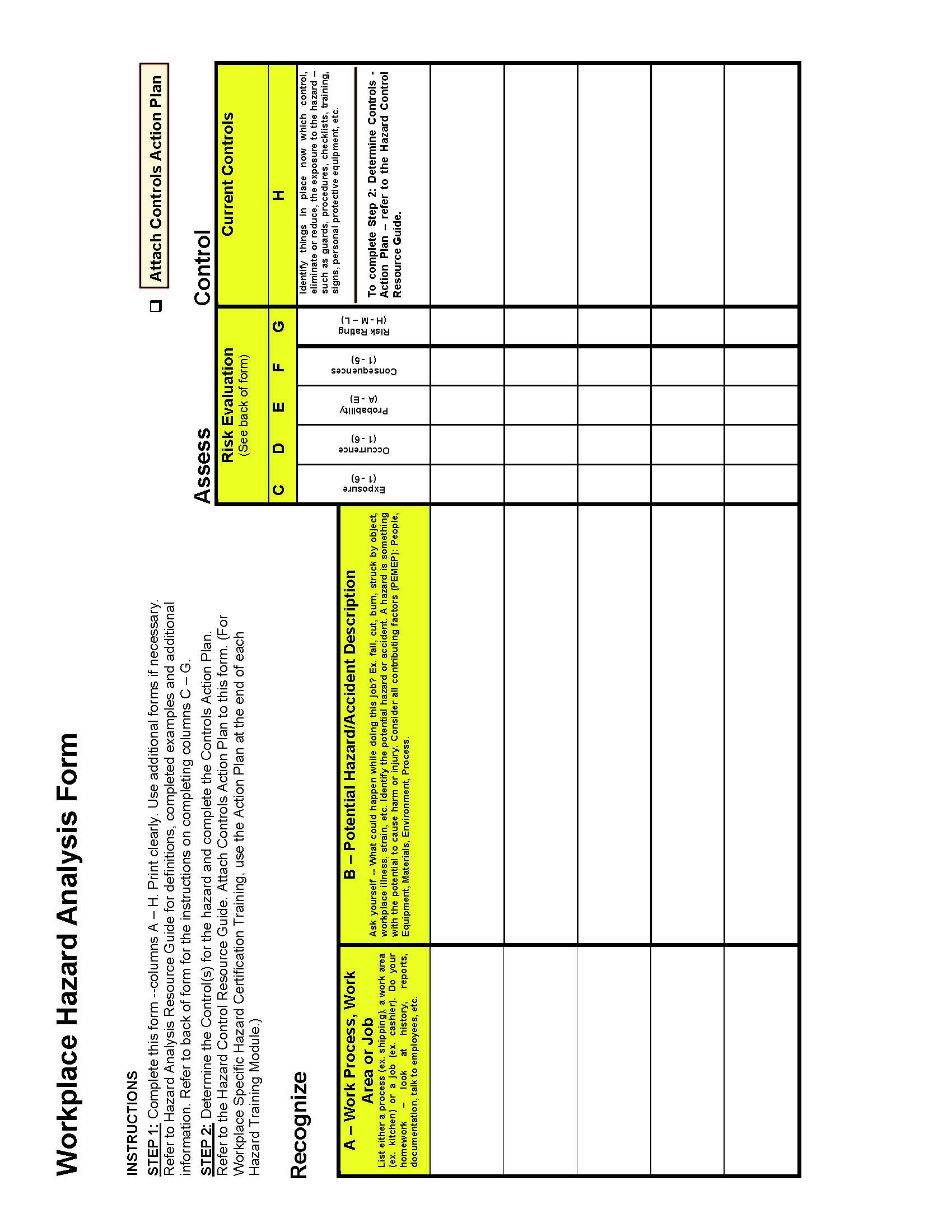
Hazard Recognition and Assessment Quiz

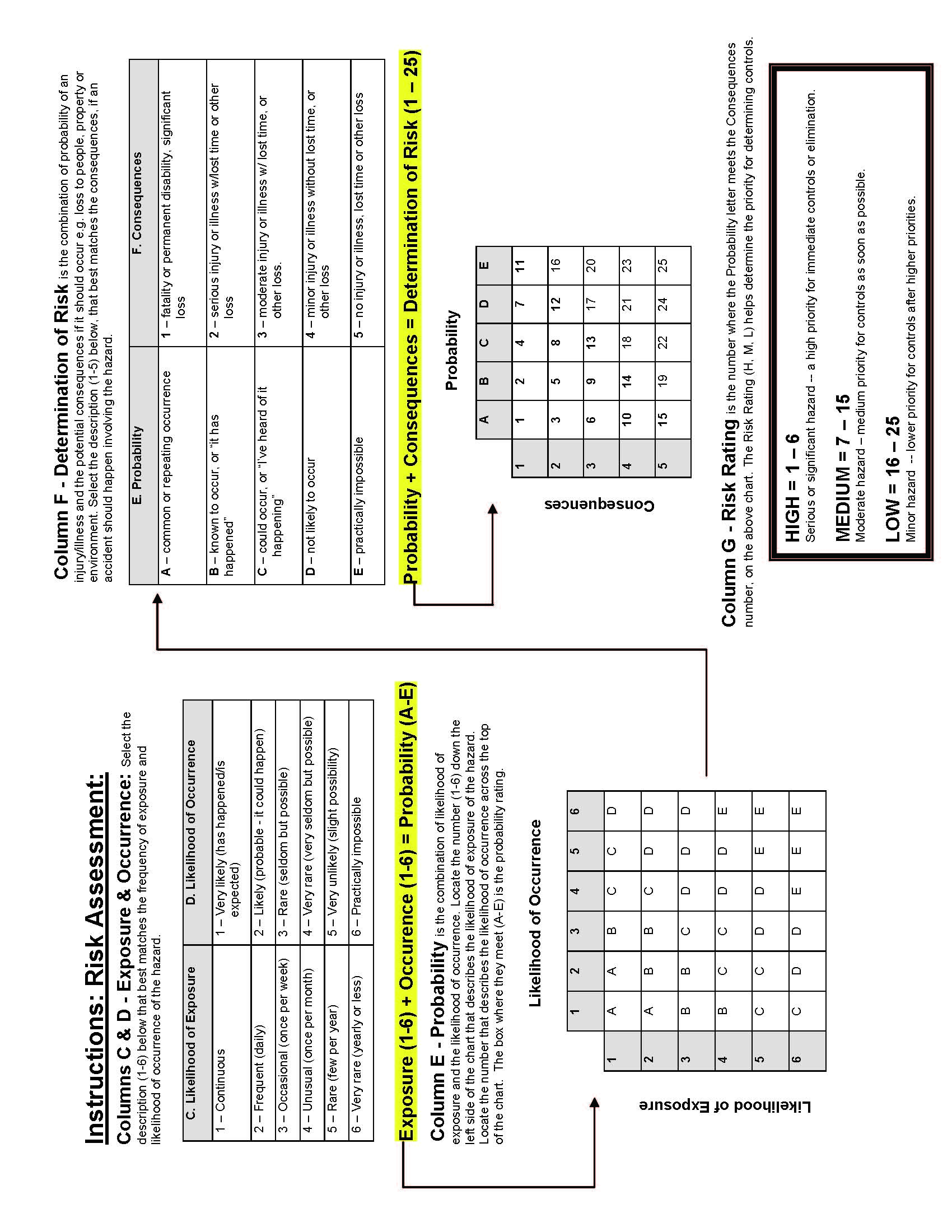
Did you learn the key elements?

1. Using your own words, describe why recognizing, assessing and controlling hazards is important.
2. Circle all the correct statements:

|  |
| --- |
| 1. It is the employer’s responsibility to inform crew members of the hazards with which they work |
| 1. Crew members must be involved in the assessment and control of all hazards in the workplace |
| 1. Supervisors will determine if hazards need to be controlled |
| 1. Hazards will be recognized by looking at previous incidents, observing the work, interviews with employees and/or similar industry hazards |
| 1. Hazards will be assessed based on probability of an accident, consequence of an accident, and frequency of employee exposure |

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |





Workplace Inspection Sample Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Inspected By: |  |

|  | YES | NO | N/A |
| --- | --- | --- | --- |
| **Office** |  |  |  |
| Are indoor floors and walkways free of debris, water, ice and snow? |  |  |  |
| If supplies or materials are stored on the floor, are they away from doors and aisles? |  |  |  |
| Is garbage collected, stored and disposed of properly? |  |  |  |
| Are carpets or tiles in good condition, free of loose or lifting carpeting or tiles? |  |  |  |
| Are stair handrails fastened to the wall securely and in good condition? |  |  |  |
| Are door locks and latches working? |  |  |  |
| Are stairs and stairwells sufficiently lit? |  |  |  |
| Are lighting levels in work areas adequate? |  |  |  |
| Are work areas free of glare or excessive contrast? |  |  |  |
| Is task lighting used in areas of high glare or low light? |  |  |  |
| Are windows covered with blinds, drapes or other means of controlling light? |  |  |  |
| **ACTION** |  |  |  |
| **Computer Use** |  |  |  |
| Are employee chairs in good condition and properly adjusted? (i.e.: keyboard elbow angle) |  |  |  |
| Is the keyboard positioned properly for the employee? |  |  |  |
| Is the mouse within a comfortable reaching distance and properly positioned beside the keyboard? |  |  |  |
| Are phone and other frequently used materials within a comfortable reaching distance? |  |  |  |
| Do employees vary work activities to reduce the risk of MSIs? |  |  |  |
| Are employees able to keep their posture as relaxed and natural as possible while working at the computer and driving? |  |  |  |
| If needed, are footrests, document holders and/or other devices used to avoid awkward postures? |  |  |  |
| Do desk and file cabinet drawers close properly? |  |  |  |
| Is material stored in file cabinet properly to avoid overloading and tipping? |  |  |  |
| **ACTION** |  |  |  |
| **Fire Safety and Security** |  |  |  |
| Is a fire extinguisher readily available? |  |  |  |
| Are fire extinguishers the right types for area use? |  |  |  |
| Have fire extinguishers been inspected monthly within the last year? Are they charged, pin in place, secured? |  |  |  |
| Are emergency exit signs illuminated? |  |  |  |
| Are emergency lights operational? |  |  |  |
| Do you have an appropriate first aid kit? Is it properly stocked? |  |  |  |
| Is the eye wash station operational and maintained? |  |  |  |
| Are Emergency numbers posted by the telephone? |  |  |  |
| **ACTION** |  |  |  |
| **General Safety** |  |  |  |
| Do workers report all incidents and those hazards they are not able to control to the supervisor using the appropriate forms? |  |  |  |
| Are supplies and materials stored properly to avoid clutter? |  |  |  |
| Is the floor area clear of items that could cause slips or falls? |  |  |  |
| Are bookcases in good condition, appropriately anchored, and suitable for the load? |  |  |  |
| Is a cart used to move heavy items? |  |  |  |
| Do you ensure that all persons visiting you sign in and out at the front desk upon arrival and departure? |  |  |  |
|  |  |  |  |
| **Miscellaneous / Department** |  |  |  |
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|  |  |  |  |
| **ACTION** |  |  |  |

**Safety Observation:**

|  |  |
| --- | --- |
| Employee Observed: |  |
| Date: |  |
| Task Observed: |  |
| Was the task performed properly? (Y/N) |  |
| Action Taken: |  |
| Follow-Up Required: |  |
| Commendation of exemplary conditions & practices: |  |
| Employee Contacts & their comments: |  |

Restaurant Inspection Sample Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Inspected By: |  |

|  | YES | NO | N/A |
| --- | --- | --- | --- |
| **Equipment** |  |  |  |
| Tables and chairs are clean. Check for broken rungs, backs, seats. |  |  |  |
| High chairs and booster seats are clean and maintained.  Safety straps are in good working order. |  |  |  |
| Are buffet table, counters and tables clean? Is floor free of spilled items that cause tripping hazard? Does staff clean a spill immediately and put hazard cones in place when floor is wet or slippery. |  |  |  |
| Does wait staff carry appropriate weight loads especially when handling hot beverages? |  |  |  |
| Inspect all electrical cords for fraying or damage. |  |  |  |
| **ACTION** |  |  |  |
| **Fire Safety and Security** |  |  |  |
| Is a fire extinguisher readily available? |  |  |  |
| Are fire extinguishers the right types for area use? |  |  |  |
| Have fire extinguishers been inspected within the last year? |  |  |  |
| Are emergency exit signs illuminated? |  |  |  |
| Are emergency lights operational? |  |  |  |
| Do you have an appropriate first aid kit? Is it properly stocked? |  |  |  |
| Is the eye wash station operational? |  |  |  |
| **ACTION** |  |  |  |
| **Front of House** |  |  |  |
| Are the floors in good repair and free of water or other fluids? |  |  |  |
| Is staff wearing appropriate footwear (i.e. a non-slip sole)? |  |  |  |
| Is hair pulled back or covered where applicable?  Is the jewelry minimal?  Are fingernails trimmed and clean? |  |  |  |
| Employees are observed washing hands before handling food and utensils and after using washroom or touching face or nose, garbage, chemicals, raw food?  Employee shows no sign of illness. |  |  |  |
| Are employees stocking materials using a cart or buddy system for heavier articles? |  |  |  |
| Are floors slippery when wet signs used if a spill occurs?  Check that all loose mats and rugs are flat and not a tripping hazard.  Is entrance area free of slipping hazards such as water from footwear?  Is outside entrance free of ice? |  |  |  |
| Is staff wearing the appropriate PPE? |  |  |  |
| Is staff using knives properly? (i.e.: cut away from body, fingers way from blades, etc.) |  |  |  |
| Are cleaning chemicals being used properly? |  |  |  |
| Are uniforms clean? |  |  |  |
| Is staff using proper safety procedures when cleaning broken glass?  Is it being disposed of correctly to avoid injury to Employee responsible for the garbage clean up? |  |  |  |
| Are departmental safe guidelines being followed? |  |  |  |
| **ACTION** |  |  |  |

**Safety Observation Check:**

|  |  |
| --- | --- |
| Employee Observed: |  |
| Date: |  |
| Task Observed: |  |
| Was the task performed properly? (Y/N) |  |
| Action Taken: |  |
| Follow-Up Required: |  |
| Commendation of exemplary conditions & practices: |  |
| Employee Contacts & their comments: |  |

Kitchen Inspection Sample Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Inspected By: |  |

|  | YES | NO | N/A |
| --- | --- | --- | --- |
| **Equipment** |  |  |  |
| Are ovens in good condition? Clean and well maintained. |  |  |  |
| Refrigerators, freezers and coolers are clean, well maintained and well organized.  Panic bar and lock are in good working condition. Condensers, fan guards and grilles are clean and in good condition.  Doors and floor seals are clean and in good condition.  Is stock stored on shelves safely? |  |  |  |
| Are all electrical cords in good condition? (i.e.: no exposed wiring) |  |  |  |
| Is dishwasher in good working condition, without leaks (seals are in good condition)? |  |  |  |
| Are all hand tools in good condition? (i.e.: not broken or damaged) |  |  |  |
| Are all racks clean and in good condition? (i.e.: not broken or damaged) |  |  |  |
| Are heat resistant gloves clean and in good condition? |  |  |  |
| Is fan guard and door gaskets are clean and in good condition. Mobile racks are clean and in good condition. Trolley ramp and area below are clean. |  |  |  |
| Are pizza pans clean and well stacked? |  |  |  |
| Dough Roller – are scales and rollers clean and well maintained. ON/OFF switches are operable. Table is level and secure.  Employees unplug Dough Roller when cleaning, maintaining or machine is not in use.  All safety mechanisms are operating |  |  |  |
| **ACTION** |  |  |  |
| **Fire Safety and Security** |  |  |  |
| Is a fire extinguisher readily available? |  |  |  |
| Are fire extinguishers the right types for area use? |  |  |  |
| Have fire extinguishers been inspected within the last year? |  |  |  |
| Are emergency exit signs illuminated? |  |  |  |
| Are emergency lights operational? |  |  |  |
| Is there an appropriate first aid kit? Is it properly stocked? |  |  |  |
| Is the eye wash station operational? |  |  |  |
| Are Emergency numbers posted by the telephone? |  |  |  |
| Lighting fixtures work and are shielded and/or shatterproof |  |  |  |
| **ACTION** |  |  |  |
| **Kitchen** |  |  |  |
| Are the floors in good repair and free of water or other fluids? |  |  |  |
| Is staff wearing appropriate footwear (i.e., a non-slip sole)? |  |  |  |
| Are tasks varied to avoid continued awkward hand use? |  |  |  |
| Is product stored properly in the kitchen?  Racks, trolleys, floors, and ceilings are clean, odour free, and in good condition. |  |  |  |
| Are employees stocking materials using a cart or buddy system for heavier articles? |  |  |  |
| Are floors slippery when wet signs used if a spill occurs? |  |  |  |
| Is staff wearing the appropriate PPE? |  |  |  |
| Are cleaning chemicals being used properly? (i.e.: away from food) |  |  |  |
| Are hygiene procedures being followed? |  |  |  |
| Are precautions for working with heat being taken? (i.e.: clothing type) |  |  |  |
| **ACTION** |  |  |  |

**Safety Observation Check:**

|  |  |
| --- | --- |
| Employee Observed: |  |
| Date: |  |
| Task Observed: |  |
| Was the task performed properly? (Y/N) |  |
| Action Taken: |  |
| Follow-Up Required: |  |
| Commendation of exemplary conditions & practices: |  |
| Employee Contacts & their comments: |  |

Storage Room Inspection Sample Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Inspected By: |  |

|  | YES | NO | N/A |
| --- | --- | --- | --- |
| **Storage/Shipping Area** |  |  |  |
| Are employees equipped with reflective vests when outdoors? |  |  |  |
| Are wheel chocks in place on trucks being loaded in the area? |  |  |  |
| Are the overhead doors been inspected and are in good condition? |  |  |  |
| Are the computer workstations operating properly and adequately adjusted to users? |  |  |  |
| Are cleaning materials stored properly and labeled appropriately? |  |  |  |
| Are aisles and workstations clear and free from obstructions? |  |  |  |
| Is all the equipment in good condition and proper working order? |  |  |  |
| Is the equipment checked prior to the start of use? |  |  |  |
| Is the racking structure properly anchored and braced to prevent collapse? |  |  |  |
| Is the racking in good repair and are materials properly stored on them? |  |  |  |
| Are the load limits on the racking system clearly identified? |  |  |  |
| Are there any dents, bent support arms or other defects on the racking system? |  |  |  |
| Are the electrical panels closed and properly locked? Is there appropriate clearance in front of the panels (3 feet/1 metre)? |  |  |  |
| Are the ladders in good condition, rubber feet intact and no bends in support arms? Have any defective ladders been placed in a quarantine area to prevent use by other employees? |  |  |  |
| Have empty pallets been stored appropriately and do not pose a tipping/falling hazard? Are the stacks of empty pallets an appropriate height? |  |  |  |
| Is their safe clearance for all equipment through aisles and doors? |  |  |  |
| Are light fixtures in good condition? Is proper lighting available in all work areas? |  |  |  |
| Are tools kept in their proper place? |  |  |  |
| Are floors free of products and other spills? |  |  |  |
| Are lockout procedures followed when performing maintenance with guards removed? |  |  |  |
| Is required PPE equipment provided, maintained and used? |  |  |  |
| Is charging batteries performed only in designated areas? |  |  |  |
| **ACTION** |  |  |  |
| **Fire Safety and Security** |  |  |  |
| Are fire extinguishers readily available? |  |  |  |
| Are fire extinguishers the right types for area use? |  |  |  |
| Have fire extinguishers been inspected within the last year? |  |  |  |
| Are you trained to use fire extinguishers? |  |  |  |
| Are flammable materials stored properly away from heat sources? |  |  |  |
| Are flammables in the chemical cabinet properly secured and the cabinet away from heat sources? |  |  |  |
| Are smoke, fire, carbon monoxide and burglar alarms in good working order? |  |  |  |
| Are electrical outlets, cords and switches in good condition? |  |  |  |
| Is a first aid kit? Is it properly stocked? |  |  |  |
| Are the eyewash stations working properly? |  |  |  |
| **ACTION** |  |  |  |

**Safety Observation Check:**

|  |  |
| --- | --- |
| Employee Observed: |  |
| Date: |  |
| Task Observed: |  |
| Was the task performed properly? (Y/N) |  |
| Action Taken: |  |
| Follow-Up Required: |  |
| Commendation of exemplary conditions & practices: |  |
| Employee Contacts & their comments: |  |

Personal Protective Equipment Quiz

Did you learn the key elements?

1. *True or False:* Employees must wear the personal protective equipment that DQOJ feels is appropriate.
2. List all departments where steel toe footwear is required:
3. The following are examples of when personal protective equipment are required (circle all that apply):

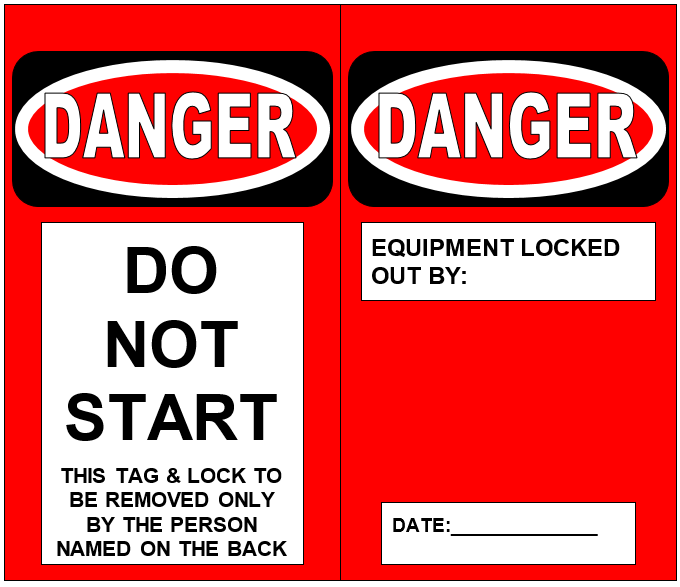
|  |
| --- |
| 1. Apron and gloves are required when using parts washer. |
| 1. Glasses or goggles are required when working with chemicals that may be airborne or splashed into one’s eyes. |
| 1. Respirators are required when rust proofing. 2. Gloves are required at all times in the service area. |

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

LOTO Master List Template

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment Name | Isolation Location | Isolation Device | Authorized Contractors |
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LOTO Tag Form Sample



Lock Out/Tag Out Quiz

Did you learn the key elements?

1. The Lock Out/Tag Out procedure is followed when (circle all that apply):

|  |
| --- |
| 1. Equipment is damaged/maintained. |
| 1. Before equipment is installed |
| 1. At a shift change. |
| 1. Whenever an employee sees fit. |

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for locking equipment and maintaining the key while work is completed on equipment
2. *True or False:* Only the person supervising the work is required to place their lock/tag on the equipment while work is being performed.
3. All equipment isolation must be verified by (circle all that apply):

|  |
| --- |
| 1. Making sure that all dangers are clear of personnel. |
| 1. Ensuring the main disconnect switch or circuit breaker can’t be moved to the ON position. |
| 1. Visually checking equipment to see if the lock is attached. |
| 1. Pressing all start buttons and other activating devices on the equipment itself. |
| 1. Shutting off all machine controls when testing is finished. |
| 1. Using a volt meter or other equipment to check the switch. |

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

Ergonomics Quiz

Did you learn the key elements?

1. Ergonomics can be defined as:

|  |
| --- |
| 1. The science concerning the design of jobs/workstations for human use, or the approach which fits systems to people. |
| 1. The science concerning fitting the worker to the work station. |
| 1. The study of work process for the purposes of improving efficiency. |
| 1. A fancy word that creates more work for the Health & Safety Committee/Health & Safety Representative. |

1. List some ergonomic stressors associated with your position:
2. List some common things a crew member can do to reduce their chance of MSD:

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

Working Alone Quiz

Did you learn the key elements?

It is a *DQOJ Franchise* policy that (circle all that apply):

1. Crew members inform management if they will be working in isolation
2. Crew members required to travel for work purposes will be supplied with an effective means of communication
3. Crew members are never to work alone
4. Crew members must check in with management every hour when working in isolation

In your own words describe *DQOJ Franchise* commitment to their crew members:

|  |
| --- |
|  |

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| --- | --- | --- |
|  |  |  |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

Employer WHMIS Compliance Checklist Sample

|  |  |  |  |
| --- | --- | --- | --- |
|  | GENERAL | Yes | No |
| 1. | Do you know which materials in your workplace are controlled products? |  |  |
| 2. | Have you evaluated all biological and chemical agents produced in-house for your own use against the criteria in the *Hazardous Products Regulation* to see which ones are controlled products? |  |  |
| 3. | Have you made a copy available of this evaluation to employees and the JHSC? |  |  |
|  |  |  |  |
|  | LABELLING AND IDENTIFICATION |  |  |
| 1. | Do all containers of controlled products received from a supplier have a supplier label? |  |  |
| 2. | Do all containers of controlled products produced for internal use have workplace labels? |  |  |
| 3. | Do you have workplace labels on controlled products that have been decanted from the original supplier container into another container? |  |  |
| 4. | Have you applied either a supplier or workplace label to the containers of controlled products received as bulk shipments? |  |  |
| 5. | Have you posted a placard with workplace label information for any controlled product not in a container? |  |  |
| 6. | Have you identified all controlled products (except intermediate) that are in pipes, process or reaction vessels, tank cars, etc. |  |  |
| 7. | Is all hazardous waste that is generated and stored on-site identified? |  |  |
|  |  |  |  |
|  | SDS |  |  |
| 1. | Do you have supplier SDS on file for all controlled products received from a supplier? |  |  |
| 2. | Have you made SDS for all controlled products that you have for internal use, and for all controlled products received before March 15, 1989, for which you have been unable to obtain a supplier MSDS? |  |  |
| 3. | Do employees have easy access to SDS? |  |  |
| 4. | Does the JHSC have copies of all SDS? |  |  |
|  |  |  |  |
|  | EMPLOYEE EDUCATION |  |  |
| 1. | Did you consult with your JHSC when developing the education program? |  |  |
| 2. | Have all affected employees been trained? |  |  |
| 3. | Do employees know what WHMIS is? |  |  |
| 4. | Are the content and significance of information on a WHMIS label understood? |  |  |
| 5. | Are the content and significance of information on the SDS understood? |  |  |
| 6. | Do employees know what to do in an emergency? |  |  |
|  | EMPLOYEE EDUCATION (continued) | Yes | No |
| 7. | Do employees know the proper procedures for the safe handling of controlled products? The proper PPE that needs to be worn? What other controls are used to minimize exposure or risk? |  |  |
| 8. | Do employees know what to do in areas where fugitive emissions are present? |  |  |
| 9. | Do employees know how to safely store and handle hazardous waste? |  |  |
| 10. | For controlled products received from a supplier, are you aware of any differences in hazard information from the supplier label and SDS, and have you explained these differences to your employees? |  |  |
| 11. | Have employees been trained respecting controlled products in pipes, reaction or process vessels, tank cars, etc.? |  |  |
| 12. | Do you have a mechanism for reviewing the employee education program once a year? |  |  |
|  |  |  |  |

**WHMIS Inventory Template**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Process/ Location** | **WHMIS Class** | **NFPA Rating** | **Quantities Stored** | **Daily Usage** | **Type of Exposure** | **Label Attached** | **(M)SDS Available** |
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****

<http://www.ccohs.ca/products/posters/pdfs/WHMIS_2015.pdf>

Exposure Policy Quiz

Did you learn the key elements?

1. It is the duty of (circle all correct statements):

|  |
| --- |
| 1. The employer to recognize, assess and control all airborne chemical hazards a worker may be exposed to. |
| 1. The employer to eliminate all airborne contaminates. |
| 1. Crew members to follow any safe work practices developed to reduce exposure to airborne contaminates. |
| 1. Crew members to report any known changes in exposure to noise, chemicals, or biological contaminants. |

1. *True or False:*

Ear plus must be worn in any noisy environment.

Crew members must cooperate with noise or airborne contaminant sampling.

The employer must implement controls for all airborne contaminants found to be over acceptable levels.

The use of ventilation systems is optional depending on the task.

|  |  |  |
| --- | --- | --- |
| Participant Name |  | Signature |
|  |  |  |
| Date |  | Name of Trainer |

