

SECOR Health and Safety Manual Templates

AMHSA
Alberta Municipal Health and Safety Association



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Element 1.1 | Health and Safety Policy

Management is committed to providing its employees with the safest and healthiest work environment possible. The purpose and goal of the health and safety program is to provide a positive working environment and an injury free workplace for all employees.

Managers and Supervisors are responsible for:

- Ensuring hazards are identified and appropriately controlled
- Creating an environment that promotes active employee participation in health and safety-related activities
- Ensuring that health and safety-related initiatives are adequately resourced

Workers are responsible for:

- Working safely
- Ensuring their co-workers are protected and work safely
- Assisting in the identification of health and safety issues and concerns
- Participating in activities or programs initiated by the municipality that enhance health and safety

Contractors are responsible for:

- Working safely
- Complying with all municipal policies regarding contract instructors
- Assisting in the identification of health and safety issues and concerns
- Participating in activities or programs initiated by the municipality that enhance health and safety

The _____ is committed to complying with all pertinent legislation including the Alberta Occupational Health and Safety Act, Regulation and Code.

CEO or CAO Signature

Date

Element 1.2 | Employees Aware of Health and Safety Policy Contents

	First Name	Last Name	Phone Number	Years of Service
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Element 1.3 | Assignment of Responsibility and Accountability for Safety

Manager Responsibilities

- Provide direction to supervisory staff to protect the health and safety of all employees
- Enforce the incident prevention policy and Alberta Occupational Health and Safety legislation
- Participate in the incident prevention program
- Provide well-maintained tools and equipment and any special personal protective equipment that may be required
- Provide ongoing safety education programs
- Hold supervisors accountable for their individual safety activities

Supervisor Responsibilities

- Know and comply with the municipal safety policy
- Ensure all employees are competent to perform work in a safe manner
- Ensure employees follow appropriate safe work procedures
- Report all incidents immediately
- Investigate all incidents and advise management on how to prevent similar incidents in the future
- Conduct regular, formal, safe work inspections

Worker Responsibilities

- Comply with the municipality's health and safety policy, safety practices, and procedures
- Wear the appropriate personal protective equipment
- Notify supervisor(s) of any unsafe conditions or acts that may pose a danger
- Report all incidents and injuries to supervisor(s) as soon as possible
- Take every reasonable precaution to protect the safety of themselves and co-workers

Hazards Associated with Tasks or Jobs

Once all tasks/jobs have been identified within the position, identify the hazards associated with each of them. It is critical to clearly identify hazards in order to be able to assess the risks they pose and develop appropriate controls.

Transfer associated hazards to the *Hazard Identification, Assessment and Control Worksheet* and prioritize the risks. A team of individuals comprised of supervisors and workers will use the *Hazard Identification, Assessment and Control Worksheet* to complete this process. A member of the Joint Health and Safety Committee (JHSC) will assist you.

	1	2	3
Severity	First Aid / Minor Damage	Lost Time Injury / Moderate Damage	Fatal / Major Damage
Probability	Unlikely	Probable	Likely
Frequency of Exposure	Rarely (<1/month)	Often (3 times/week)	Every Day

Hazard Identification, Assessment and Control Worksheet – Notes

- **Severity:** How serious would the outcome be if something went wrong?
 - Rate 1, 2 or 3 (worst)
- **Probability:** How likely is it that something will go wrong?
 - Rate 1, 2, or 3 (most likely)
- **Frequency of Exposure:** How many people and how often are they exposed?
 - Rate 1, 2 or 3 (most often, lots of people)
- **Total:** Total the 3 factors (severity, probability, frequency of exposure)
 - 3-4 is low priority
 - 5-6 is medium priority
 - 7-9 is high priority
- The high priority hazards are addressed first, followed by the medium priority hazards. Low priority hazards may not require attention at this time; they may simply require monitoring.
- Review the controls in place and what should be added – consider engineering controls (guards, screens, mufflers, ventilations, etc.) before relying on things like warning signs, pylons, reminder notes, masks, gloves, etc. (administrative controls and PPE).
- Determine how quickly the recommended controls should / can be put in place (is it reasonable?) and who is responsible to ensure it gets done.

Hazard Identification, Assessment, and Control Worksheet

Department:		Position:				Completed By:			Date:		
Job/Task:	Probability	Severity	Frequency	Total	Priority	Recommended Controls	Type of Control (Engineering, Admin, PPE)	Due Date	Person Responsible	Initial and Date When Complete	Hazard Reviewed (date)
Hazards:											

Hazard Identification, Assessment, and Control Worksheet

Department:	Position:	Completed By:	Date:
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Job/Task:	Probability	Severity	Frequency	Total	Priority	Recommended Controls	Type of Control (Engineering, Admin, PPE)	Due Date	Person Responsible	Initial and Date When Complete	Hazard Reviewed (date)
Hazards:											

Element 2.5 | Field Level Hazard Assessment Policy

It is the policy of this municipality that Field Level Hazard Assessments are conducted on a daily basis on all temporary work sites as well as work sites where conditions are regularly changing.

Field Level Hazard Assessments are conducted to:

- Identify hazards
- Control hazards
- Review existing hazards
- Ensure current controls in place are effective

Field Level Hazard Assessments are to be conducted by the supervisor of each area with the assistance from a member of their staff (this should be a rotating position)

Managers are expected to participate in at least one Field Level Hazard Assessment in each area every six months

The municipal manager will participate in at least one Field Level Hazard Assessment in each department every year

All managers, supervisors and Joint Health and Safety Committee (JHSC) members must have training on conducting Field Level Hazard Assessments

All information gathered from Field Level Hazard Assessments conducted must be provided for all affected employees

Field Level Hazard Assessment Form

Date: _____ Project Name: _____

Description of Work: _____

Check off hazards that apply to tasks. List the item # on the other side and identify the plans to eliminate or control the risk.

ERGONOMIC HAZARDS:

- 1. Repetitive motion
- 2. Heavy lifting
- 3. Awkward positions
- 4. Over exertion
- 5. Pinch points
- 6. Body in line of fire
- 7. Working above your head

PERSONAL LIMITATION HAZARDS

- 23. Working alone
- 24. Violence
- 25. First time performing task
- 26. Confusing instructions
- 27. Physical limitations

ACTIVITY HAZARDS

- 28. Welding/grinding
- 29. Burn/heat sources
- 30. Compressed gasses
- 31. Hoisting/lifting
- 32. Noise (extreme)
- 33. Dust
- 34. Airborne particles

ENVIRONMENTAL HAZARDS

- 35. Spill potential
- 36. Weather conditions
- 37. MSDS reviewed
- 38. Ventilation
- 39. Heat stress/cold exposure
- 40. Other workers in area
- 41. Lighting levels
- 42. Housekeeping
- 43. Ground conditions

ELECTRICAL HAZARDS

- 44. Shock hazard/GFI's
- 45. Working on/near energized eq.
- 46. Hot work/electric permit req'd
- 47. Electrical cords inspected
- 48. Electrical tools inspected
- 49. Explosive hazard/Explosive proof plugs

OTHER

- 50. _____
- 51. _____
- 52. _____

REVIEWED AT TAILBOARD

- Fire extinguisher location
- First aid room
- Safety shower/eyewash
- Muster point
- Emergency response plan
- Incident reporting
- Nearest phone location

PERMIT TYPE/NO: _____

WORK AT HEIGHTS HAZARDS

- 8. Barricades, flagging, signs
- 9. Hole (covering/barriers in place)
- 10. Falling items
- 11. Powered platforms
- 12. Others working overhead/below
- 13. Fall (fall arrest/100% tie off)
- 14. Tie point identified
- 15. Ladders

ACCESS/EGRESS HAZARDS

- 16. Aerial lift/man basket (inspected)
- 17. Scaffold (inspected & tagged)
- 18. Ladders (tied off)
- 19. Slips/trips
- 20. Hoisting (tools/equipment)
- 21. Excavations/trenching

WRITTEN PROCEDURES REQUIRED

	Req'd	In Place
Lockout	<input type="checkbox"/>	<input type="checkbox"/>
Confined space	<input type="checkbox"/>	<input type="checkbox"/>
Fall protection	<input type="checkbox"/>	<input type="checkbox"/>
Craning & rigging	<input type="checkbox"/>	<input type="checkbox"/>
Radiography	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>
JHA reviewed	<input type="checkbox"/>	<input type="checkbox"/>

ENSURE PPE

Eye/head protection		<input type="checkbox"/>
Hearing protection		<input type="checkbox"/>
Limb and body protection		<input type="checkbox"/>
Hand protection		<input type="checkbox"/>
Respirator protection		<input type="checkbox"/>
Additional PPE required		<input type="checkbox"/>
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>

	Yes	No
Tools/equipment/PPE inspected and in order	<input type="checkbox"/>	<input type="checkbox"/>

22. Confined space

Field Level Hazard Assessment Form

FLHA QUALITY AUDIT

Is the FLHA current and valid for this task? Yes No

If no, what action was taken?

Have all hazards been identified?

If no, what action was taken?

Identified controls in place and being followed?

If no, what action was taken?

Are all crew members signed on?

If no, what action was taken?

AUDIT RATING

Excellent
 Caching applied
 Work Stopped

Date: _____

Time: _____

Supervisor: _____
 (Please print legibly)

Worker: _____
 (Please print legibly)

All hazards requiring controls **MUST** be listed below along with their hazard number and how you plan to eliminate or control the hazards to safe levels.

HAZARD #	PLANS TO ELIMINATE/CONTROL RISK

INITIAL	WORKER NAME(S) (please print legibly)	JOB COMPLETION	YES	NO	N/A
		Has the area been cleaned up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Has all flagging/tagging been removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Are there any hazards remaining?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Were there any incidents or injuries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(If yes to C or D above, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	

Please return FLHA to foreman at end of each shift

Element 3.3 | Equipment/Vehicle Checklist

Rating Legend:

NA – Not Applicable **P** – Passed in good working condition **M** – Passed but maintenance required
R – Rejected, repair necessary before returning to service

Fluid Levels			
Motor Oil		Rear End	Air Filter
Radiator		Brake Fluid	Oil Change Required?
Power Steering		Greasing Required?	Oil Filter Changed?
Windshield Washer			
Driver's Compartment			
Sun Visors		Horn 7 Switches	Steering Power Assist
Windshield Wipers		Windshield Defrost	Windshield
Side Windows		Beam Indicator	Instrument Lamps
Pedal Pads		Fire Extinguisher	Hazard Warning Kit / Flares
Seats & Seatbelts		First Aid Kit	Air Pressure Gauge
Speedometer		Survival Kit	Cellular Phone
Compressor Buildups		Acc. Pedal & Air Throttle	Booster Cable
Air Leakage		Compressed Air	Steering Column Security
Body Exterior			
Head Lamp Operation/Aim		Clearance Lamps	Identification Lamps
Tail Lamps		Stop Lamps	Turn Signal Lamps
Marker Lamps		Hazard Lamps	Reflex Reflectors
Trailer Hitch		TDG Placards	Fenders / Mud Flaps
Trailer Cord		Paint	Air Lines
Tire Pressure		Headache Rack or Chain	Body & Doors
Glad Hands & Air System		Reservoirs, Brackets & Straps	Bumpers & Cabs
Under the Hood			
Hood		Air Compressor Belt	Air Compressor
Power Steering System		Fuel Pump & System	Battery & Wiring
Air Filter		Fan & Belt	Carburetor
Cooling System		Windshield Washer Pump	Distributor
Exhaust System		Windshield Washer Container	
Undercarriage			
Pin & Bushing Wear		Sprocket	Springs
Link Wear		Shock Absorbers	Muffler
Roller Wear		Oil Pan	Pittman Arm
Idler Wear		Drag Link	Differential
Track Wear		Tie Rod	Suspension
Roller Guards		Frame Rails	Axles

Brakes, Tires, Wheels			
Brake Components		Chock Block	Road Clearance
Spring Caging Bolts		Brake Drum Condition	Brake Lining Thickness
Disc Brakes		Brake Lines & Hoses	Brake Failure Indicator
Reservoirs & Valves		Tire Pressure	Park Brake
Wheel Bearings		Vacuum System, Reserve	Emergency Brake
Proportioning Valve		Pump Operator	Brake Operation
Brake Camshafts & Travel		Tire Wear	Jack
Tire Iron		Spare Tire	Chains

Equipment Passed Equipment Failed

Work Required: _____

Assigned to: _____ Completion (Date/Time): _____

Repair Person Signature: _____

Supervisor Signature: _____

Element 3.3 | Housekeeping Checklist

Area:	Shift:	Date:	
	Yes	No	Comments:
Certification			
Are you trained to use this checklist?			
Safety			
Are you wearing all your personal protective equipment? (safety glasses, boots, gloves, respirators and ear plugs, etc.)			
Does everyone working in the area have all safety equipment on while performing duties?			
Have you checked for and identified any hazards prior to performing job functions?			
Are all safety guards on equipment?			
Are materials stored correctly?			
Are there any trip hazards? If yes please correct and eliminate.			
Are all cords, wiring, etc., tied in a neat organized manner?			
Are you trained to operate all equipment relevant to your job?			

	Yes	No	Comments:
Facilities			
Is lighting sufficient? Do bulbs need cleaning or replacing?			
Is the work area clean and orderly?			
Are desks, chairs, tables, phones, and computers clean?			
Are floors swept, clean, and dry?			
Are there uneven or poorly maintained surfaces that could injure personnel?			
Are fans are clean and running?			
Are shutters are clean and opening?			
Check work area to see if cluttered			
Is garbage emptied at the end of each shift?			
Is the area dirty and/or dusty? (shelves, bins, equipment, etc.)			
Are personal items (coats, bags, etc.) are kept in locker room?			
Is there graffiti or other defacement of property?			
Is all cleaning equipment hung up and put away out of view?			
Are all doorways clear and unblocked in case of emergency?			
Are all aisles (marked with yellow lines) clear for workers and equipment to access?			

	Yes	No	Comments:
Equipment			
Is all equipment clean?			
Have you checked equipment when red light is on for apparent damage?			
Are the work cell equipment logbooks / process breakdown logbooks up to date?			
Is all equipment in calibration?			
Has equipment been set to default or product specific settings?			
Are cleaning materials (including MSDS, gloves, respirators, safety glasses, etc.) available?			
Are all carts in working order and safe to use?			
Are unused carts placed in an orderly fashion?			
Is preventative maintenance done and a record maintained? (daily, weekly, and monthly)			
Tools			
Did you check for defects on hand tools prior to use?			
Do you have all the check and measurement devices?			
Are the fixtures and tools clean?			
Are all tools stored in an organized fashion?			
Are there loose tools or unmarked tools unattended?			

	Yes	No	Comments:
Tools Cont.			
Are all fixtures and tools calibrated and prior to use?			
Are all chains, hooks, and slings hung up?			
Check to see if all hooks, chains, and slings are free of defects prior to use?			
Material			
Are all chemicals clearly identified?			
Are materials stored so that labels can be read from normal position?			
Are materials stored in designated storage areas?			
Are materials stored on floor or where they can be easily damaged or blocking walkway/aisle?			
Are materials / products stored in proper bins?			
Are materials stored where they are exposed to environmental damage?			
Are material-handling containers clean and safe to use?			
Are empty bins stacked and stored properly?			
Are chemicals disposed in proper disposal containers and not in steel garbage cans?			
Did you check MSDS prior to reusing an empty product container?			

	Yes	No	Comments:
Communication			
Are housekeeping issues recorded on the flip chart?			
Is the flip chart being used for production meetings?			
Is emergency maintenance work documented on the flip chart?			
Have you reviewed most recent point meeting spreadsheet on the flip chart?			
Do you have anything to add on to the flip chart?			

Housekeeping audit completed by:

Signature:

Date completed: _____

Reviewed by supervisor/manager:

Signature:

Element 3.4 | Employee Training on Controls

Date	Type of Equipment	Name of Employee	Description of Training

Element 3.5 | Personal Protective Equipment (PPE) Policy

The following will be observed and practiced by the municipality and its employees:

- All employees, guests and visitors will wear CSA approved safety glasses, CSA Grade 1 safety boots, long trousers, long-sleeved shirts, CSA approved hard hats, and other specialty personal protective equipment required for the job site.
- All PPE use will meet the Occupational Health and Safety (OH&S) legislation and CSA standards.
- All PPE will be maintained and used in accordance with manufacturer’s recommendations and requirements.
- PPE issued will be inspected at the time of issue and before each use by the employee.
- The municipality will maintain appropriate inspection and service loss records for specialty pieces of PPE.
- PPE will not be modified or changed contrary to its manufacturer’s instructions or specifications.
- All employees using PPE will have the appropriate training on the use care and maintenance of the PPE.

Employee: _____

Signature: _____

Date: _____

Element 3.5 | Personal Protective Equipment (PPE) List and Training

Date of Training	Type of Equipment	Name of Employee Trained on Correct Use, Care and Maintenance of PPE

Element 4.1 | Formal Workplace Inspections Policy

It is the policy of this municipality that formal inspections are carried out regularly in all areas of operation.

- Formal inspections are conducted to:
 - Ensure that methods used to protect staff from health and safety hazards are effective
 - Ensure any other hazards are identified and controlled
- Formal inspections are to be conducted by the supervisor of each area, with assistance from a member of his or her staff (this is a rotating position).
- Managers are to participate in at least one formal inspection in each area they are responsible for every six months.
- The municipal manager will participate in at least one formal inspection in each department every year.
- Formal inspections are to be conducted, at a minimum, as follows:
 - Public works shops and grounds (monthly)
 - Short-term projects (start of project, weekly or more often if needed)
 - Pool, arena, recreation centre (monthly)
 - Parks and recreation projects (start of project, weekly as needed)
 - Administrative buildings (quarterly)
- Operations should also be informally inspected on an ongoing basis to ensure no uncontrolled hazards are evident.
- All supervisors, managers and Joint Health and Safety Committee (JHSC) members must have training in formal inspections.

Elements 4.2 - 4.4 | Workplace Inspection Checklist

Department/Area: _____

Current Date: _____

Date of Last Inspection: _____

Inspection Team:

Reviewed/Approved by: _____

S = Satisfactory U = Unsatisfactory (provide details for all items marked 'U') N/A = Not applicable

Work Environment	S	U	N/A	Comments:
Floors/aisles/stairs free of tripping hazards				
Handrails/guardrails in place				
Floor/ground in good repair (no heaving, cracks, uneven surfaces)				
Adequate lighting in place				
Floor openings/trenches barricaded				
Floors free of slipping hazards				
Underground utilities located				
Room to work around power lines				
Gases/vapors/fumes controlled				
Noise levels acceptable				
Heat/cold extremes controlled				
Aisles/halls free of clutter; exits not blocked				

Work Environment Cont.	S	U	N/A	Comments:
Exits clearly marked				
Materials/equipment stored appropriately				
Shelves are secure and solid				
Garbage disposed properly, garbage not overflowing				
Facility protects staff from violent clients				
Task	S	U	N/A	Comments
Where heavy lifting is required, assists are available				
Jobs have been analyzed to reduce need for manual lifting, awkward postures, and repetitive movements				
Written procedures are in place for critical tasks (CSE, lock-outs, etc.)				
Staff have appropriate training and experience for the work they are doing				
Workers are following appropriate procedures				
No unsafe actions were noted				
Hazardous Materials	S	U	N/A	Comments
Containers are properly and legibly labelled				
Containers are in good condition				
Appropriate safety containers are used (e.g., flammables)				

Hazardous Materials Cont.	S	U	N/A	Comments
Incompatible materials are stored separately				
Hazardous materials are stored below eye level				
Compressed gas cylinders are restrained and capped				
MSDS are available and current				
Equipment	S	U	N/A	Comments
Correct equipment and tools available for tasks				
Equipment maintained as per maintenance program				
Equipment guards in place				
Defective/damaged hand tools not in use				
Power tools maintained properly; damaged tools not used				
Equipment / tools stored appropriately (not blocking exits, access to other materials or equipment)				
Ladders/scaffolds/step stools available to access heights				
Equipment blocked or secured against unplanned energy release				
Personal protective equipment available, appropriate, and maintained				
Maintenance person available to service/repair tools and equipment				
Maintenance program followed				

Emergency Response	S	U	N/A	Comments
Emergency Response Plan in place and appropriate to work site				
Workers know what to do in emergency				
Emergency lighting is in place				
Emergency shower/eyewash is available and in working order				
First aid supplies stocked, staff have appropriate first aid training				
Adequate number of fire extinguishers in place; inspected monthly				
Other specialized plans in place and tested (e.g., confined space rescue)				

What's Working Well

Provide information about conditions, activities, etc., that are working well.

Corrective Actions Required

Action item number: _____

Description of hazard: _____

Location: _____

Priority: _____

Existing controls: _____

Are controls working as planned? _____

Recommended actions: _____

Employee responsible _____

Date required: _____ Date completed: _____

Initialed: _____

Corrective Actions Required

Action item number: _____

Description of hazard: _____

Location: _____

Priority: _____

Existing controls: _____

Are controls working as planned? _____

Recommended actions: _____

Employee responsible: _____

Date required: _____ Date completed: _____

Initialed: _____

Elements 5.1 – 5.2 | Orientation Checklist

Employee: _____

Hire date: _____ Current date: _____

(check items when completed)

Introduction		Safe Work Practices	
	Municipal history		General housekeeping
	Safety policy/rules/enforcement		Scaffolds
			Ladders
Responsibility for Safety			Excavations
	Workers		Cutting/welding
	Supervisors		Power actuated tools
	Managers		Electrical equipment
			Grounding
Emergency Procedures			Working alone
	Fire		Right to refuse unsafe work
	Ambulance		Other:
	First Aid		
	Security/police	Safe Job Procedures	
	Hazard/incident reporting		Overhead power lines
			Confined spaces
General Rules			Excavations
	Alcohol		Working at heights
	Horseplay/fighting		Other critical hazards (list):
	Vehicle operation		
	Theft		
			Other (list):

Personal Protective Equipment (PPE)		Meetings	
	Hard hats		Safety committee
	Safety glasses		Tailgate or toolbox meetings
	Fall protection		
	Respiration	Other (list)	
	Hearing protection		
	Gloves		
	Clothing		

Employee
signature:

Date:

Element 5.3 – 5.4 | Employee Training Summary

Training Completion							
Employee Name	Employee Position	Department	Orientation Date	Training Required for Position	Training Taken/Date	Refresher Training Taken (Type/Date)	Comments

Training Completion							
Employee Name	Employee Position	Department	Orientation Date	Training Required for Position	Training Taken/Date	Refresher Training Taken (Type/Date)	Comments

Element 6.1 | Emergency Response Plan

Department: _____

Location: _____

Potential Emergencies (based on hazard assessment)	The following are potential emergencies:
Emergency Procedures	In the event of an emergency (type or general) _____
	Occurring within or affecting the work site, the (designated person) _____ makes the following decisions
	and ensures the appropriate key steps are taken: _____
Location of Emergency Equipment	Emergency equipment is located at:
	Fire alarm: _____
	Fire extinguisher: _____
	Fire hose: _____
	Panic alarm button: _____
	Other: _____

Workers Trained in the use of Emergency Equipment (list names and equipment)		
Emergency Response Training Requirements	Type of Training:	Frequency:
Location and Use of Emergency Facilities	The nearest emergency services are located at:	
	Fire station: _____	
	Ambulance: _____	
	Police: _____	
	Hospital: _____	
	Other: _____	
Fire Protection Requirements		
Alarm and Emergency Communication Requirements		

First Aid	First aid supplies are located at:
	First aid kit and type: _____
	Location: _____
	Other _____
	First aiders (name, location, shift/hours):

Transportation for ill or injured workers is by	

Call:	
Designated Rescue and Evacuation Workers	The following workers are trained in rescue and evacuation (name and location):

Completed date: _____

Signature: _____

Element 6.2 | Employees Aware of Emergency Response Responsibilities

First Name	Last Name	Emergency Responsibilities	Emergency Training (Date)

Element 6.3 | Emergency Drills

Date	Department/Work Site	Type/Details of Drill

Element 6.4 | Emergency Response Policy

A major emergency is regarded as a sudden unforeseen occurrence, which may endanger the safety of personnel or the environment. Written emergency procedures should be in place to address specific emergency situations. The _____ due diligence responsibilities outline the necessary training for all staff in their respective divisions.

Each location should be responsible for the following:

1. Determine possible emergency situations, which may include fire, bomb, flood, tornado, spills, or acts of violence.
2. Develop procedures to address such events: evacuation, emergency phone numbers, need for personal protective equipment, clean-up, training, hazard identification and reporting instructions.
3. Train personnel in actions to take in an emergency situation:
 - All emergency procedures are found behind the policy in this manual. Each procedure will outline and identify the proper practices for each emergency and how to apply the procedure and training accordingly.
 - All management and supervisors will be responsible for the implementation of these procedures to ensure all staff members know and understand what to do in the event of an emergency.

The _____ will work hand-in-hand with its employees, along with its clients, to ensure all staff members are protected to the best of its ability.

Element 6.4 | First Aid Record

Complete this form and return it to the office manager for filing.

Date injury or illness OCCURRED:

(day)

(month)

(year)

(time)

Date injury or illness REPORTED:

(day)

(month)

(year)

(time)

Full name of injured or ill worker: _____

Description of injury or illness: _____

Description of WHERE the injury happened or WHEN the illness began: _____

Description of the CAUSE of the injury or illness: _____

Was any first aid provided? Yes No (if yes, complete remainder of first aid record)

Description of first aid provided: _____

Name of first aider: _____

Certificate # _____

First aid qualifications: Emergency first aider Standard first aider

Other: _____

Copy received by worker: Yes No

Workers signature: _____

Completed by: _____

Element 7.1 | Incident Policy

Purpose of reporting/investigating:

All incidents are investigated so that the causes can be determined and corrective actions implemented to prevent similar types of incidents from occurring in the future.

Incidents which must be reported include:

- Internal Reporting Requirements
 - An injury that results in an injury requiring medical aid
 - All incidents resulting in an injury that requires time off
 - All incidents that cause property damage or equipment damage over \$500.00, or interrupt operations
 - All incidents that, under slightly different circumstances, could have resulted in injury or loss
 - Any other incidents that an employee believes requires attention
- Legal Requirements for Reporting
 - An injury or accident that results in death
 - An injury or accident that results in a worker being hospitalized for more than 2 days
 - An unplanned or uncontrolled explosion, fire, or flood that causes a serious injury or that has the potential for causing serious injury
 - The collapse or upset of a crane, derrick or hoist
 - The collapse or failure of any component of a building or structure necessary for the structural integrity of the building structure

Responsibilities for reporting are as follows:

- **Management** must review the reports and either approve them or make amendments.
- **Supervisors** are responsible to investigate, determine immediate and underlying causes, and make recommendations for corrective actions. This is to be documented on the municipality's incident investigation report form. Supervisors are also responsible to ensure that the corrective actions are implemented in their area and follow-up to ensure that the actions are effective in a reasonable time frame. Supervisors are responsible to share the results of the investigation with their staff.
- Every municipal **employee** is responsible to verbally report incidents to their supervisor immediately after the incident

Element 7.2 | Employees Awareness to Report Work-Related Incidents, Illnesses, and Near-Misses

First Name	Last Name	Description of Training	Employee Signature

Element 7.3 | Investigating Incidents - Procedures

Preparation for incident investigation should begin well before an incident happens.

Pre-Investigation Preparations

Investigators need to make certain preparations before they begin an investigation. Preparations that can be made well in advance include:

- Training in incident investigation
- An “investigation kit” with items such as
 - Investigation report forms
 - Investigation guide or checklist to help with the process
 - Writing paper for notes, statements, sketches, etc.
 - Pencils, pens (have extras)
 - Camera and/or video recorder
 - Testing equipment
 - Measuring tape
 - ‘Do not enter’ ribbon
 - ‘Do not use’ tags

Preparations that may need to be made at the commencement of the investigation include:

- Gathering proper equipment, PPE and clothing for the area(s) likely to be entered
- Procuring any required permits and notification forms

Taking Control of the Scene

When a serious incident occurs the first step is to contact emergency services and take control of the scene.

Taking control of the scene is necessary to ensure that:

- No further injury or damage occurs. You ensure this by identifying and controlling immediate dangers (running equipment, downed power lines, etc.)
- Injured persons are properly cared for
- The scene is secured and physical evidence is not distributed before the investigation team, the police and/or the OH&S officer arrives
- Once the injured have been cared for and the scene is secured, the investigation can begin

Investigating an Incident

The incident investigation process involves 4 stages.

1. **Gathering Facts:** A fact is the expression of something that exists or has actually occurred; in other words, something known by observation or examination to be true or real. Investigation techniques and methods are designed to discover facts. There are 4 elements to the fact-finding phase:
 - Get an overview
 - Gather information at the scene
 - Interview witnesses
 - Check background information

2. **Analyse and evaluate the facts:** In this step, you will make a systematic and thorough study of the facts to determine causes and recommend corrective measures. There are 3 elements to this phase:
 - Determine causes
 - Recommend corrective measures
 - Determine costs
3. **Document and share findings:** In this stage, you will produce a written report to communicate the findings of the investigation to management and affected employees. The report will also make recommendations and serve as a guide for follow up activities.
4. **Follow up:** Proper follow up is essential to ensure that the recommended corrective actions are implemented and are working effectively.

Generally, these 4 phases do not occur in separate, linear fashion. Instead, they will overlap: analysis and evaluation will begin while the facts are still being gathered and evaluation of the known facts may well send you back to gather more information.

Note: *Be sure to not allow early analysis lead to premature conclusions*

Elements 7.3 – 7.5 | Incident Investigation Report

Date of report: _____ Completed by: _____
Date of incident: _____ Time of incident: _____

Type of Incident:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Lost Time | <input type="checkbox"/> Modified Work | Other (list): |
| <input type="checkbox"/> Injury/ Illness | <input type="checkbox"/> Property Damage | <input type="checkbox"/> |
| <input type="checkbox"/> Spill | <input type="checkbox"/> Vehicle Collision | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Aid | <input type="checkbox"/> Fire/Explosion | <input type="checkbox"/> |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Near Miss | <input type="checkbox"/> |

Name of Employee: _____

Occupation: _____

Nature of Injury: _____

Property Damage: _____

Risk Potential if Not Corrected:

- | | | | |
|---------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| Severity Potential | <input type="checkbox"/> Major | <input type="checkbox"/> Serious | <input type="checkbox"/> Minor |
| Probability of Recurrence | <input type="checkbox"/> Frequent | <input type="checkbox"/> Occasional | <input type="checkbox"/> Rare |

Description of Incident: _____

Diagram of Scene (attach pictures):

Witness(es) - Attach Witness Statement(s)

Name(s): _____

Direct Cause(s)

Underlying/Root Cause(s)

Corrective Action(s): _____

Assignment of Recommendations

Completed by: _____

Target date for completion: _____

Follow-up date: _____

Completion confirmed by: _____

Supervisor's Signature

Employee's Signature

Element 8.2 | Injury Summary

Month	Lost Time	Medical Aids	First Aids	Totals
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Totals				

CAO/CEO Signature

Date

Element 8.4 | Small Employer Action Plan

Audit Date:					
Identified Deficiency	Action Proposed	Person(s) Responsible	Target Date	Action Taken	Date Completed

Audit Date:					
Identified Deficiency	Action Proposed	Person(s) Responsible	Target Date	Action Taken	Date Completed