

**02.A PRE-JOB HAZARD ANALYSIS FORM**

OHS Program – Element 2 – Workplace Hazard Assessment & Control

Created: May 2024

Last review: -----

Rev. 1.0

Date:		Project Name:		Project Address:	
Supervisor Name:			Supervisor Phone Number:		
Item #	Activity / Task	Potential Hazards	Hazard Control Measures / Procedures	Risk Rating (L,M,H)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					

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Worker Name	Worker Signature	Date

**02.B FIELD LEVEL RISK ASSESSMENT FORM**

OHS Program – Element 2 – Workplace Hazard Assessment & Control

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Rev. 1.0

Date:**Project Name:****Weather:****CONSIDER THE FOLLOWING POINTS BELOW BEFORE COMPLETING THE FLRA**

- What hazards will be present during today's activities?
- Does the worker area need to be barricaded or signage posted?
- Have there been any incident completing these tasks prior?
- What do you need to do to ensure these tasks are completed incident free?

- Are safe work practices or procedures available for tasks?
- Are workers properly trained to complete the tasks?
- Is the work area well maintained and clean before/after the task?
- Is a Safety Coordinator or Supervisor required prior to completing tasks?

Physical Hazards - Noise, heat/cold stress, materials, airborne particulates, pinch point**Biological Hazards** – Body fluids, needles, condoms, Mould, Viruses, bacteria**Chemical Hazards** - Corrosives, oxidizers, skin irritants, lung irritants, reactive products**Ergonomic Hazards** – Repetitive, Vibration, Awkward Position, Overexertion, weight

#	Task	Present & Potential Hazards	Hazard Rating: L,M,H	Controls (to reduce or eliminate risks)
1.				
2.				
3.				
4.				
5.				
6.				

PPE Required & Inspected	<input type="checkbox"/> CSA Approved Footwear	<input type="checkbox"/> CSA Approved Headgear	<input type="checkbox"/> Fall Protection Equipment	<input type="checkbox"/> Seatbelt
<input type="checkbox"/> High Vis Vest	<input type="checkbox"/> Dust Mask (N95)	<input type="checkbox"/> Safety Eyewear	<input type="checkbox"/> Hand & Finger Protection	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Arc Flash Protection	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>

All workers involved in the task must print name and sign below

Print Name	Signature	Print Name	Signature

Supervisor Name:**Supervisor Signature:**



02.B FIELD LEVEL RISK ASSESSMENT FORM

OHS Program – Element 2 – Workplace Hazard Assessment & Control

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Date:		Site:	
Project:		Foreman:	
Task:		Task Location:	
Weather:		Wind Speed:	

Break tasks into steps, Identify and Analyze the related hazards, the associated risk level from the matrix below, then identify how to eliminate or control the risk

Tasks/Steps	Hazards & who's affected	Initial Risk	Control methods	Remaining Risk

Site-wide hazards?	Controls Methods	Remaining Risk

Pre-use Inspection done for:			After job done / End of shift		
PPE (basic & specialized)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Area cleaned-up / Housekeeping done	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tools & Equipment for the job at hand	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any new hazards introduced as a result	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fall Pro. Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	 Such Hazards controlled/communicated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Any need to update/review related SJPs	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Applicable SWP/SJP Reviewed for the job?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, SJP name:
--	------------------------------	-----------------------------	-------------------

Work at height?	<input type="checkbox"/> N/A
Workers trained	<input type="checkbox"/> YES <input type="checkbox"/> NO
Equipment available and suitable	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fall Pro Plan prepared if above 25 ft	<input type="checkbox"/> YES <input type="checkbox"/> NO
Protecting surrounding trades / public	<input type="checkbox"/> N/A
Surrounding trades notified of work	<input type="checkbox"/> YES <input type="checkbox"/> NO
Public protected? (if affected by work)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Risk of dropped objects controlled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work involving Silica Dust	<input type="checkbox"/> N/A
Exposure Control Plan applicable/followed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Workers Fit tested	<input type="checkbox"/> YES <input type="checkbox"/> NO
Workers clean shaven	<input type="checkbox"/> YES <input type="checkbox"/> NO
Use of Vacuum/Wetting prioritized	<input type="checkbox"/> YES <input type="checkbox"/> NO

Use the matrix below to determine the risk level for each task step

RISK LEVEL ASSESSMENT MATRIX				
Hazards are assessed for risk by considering the SEVERITY & PROBABILITY of the hazard causing injury or damage.		SEVERITY		
		3 - LOW CONCERN/STRESS	2 - MODERATE MEDICAL AID	1 - HIGH FATALITY/CRITICAL ILLNESS
PROBABILITY	C - UNLIKELY (Unlikely to occur)	LOW	LOW	MODERATE
	B - LIKELY (Likely to happen)	LOW	MODERATE	HIGH
	A - CERTAIN (Almost certain)	MODERATE	HIGH	HIGH

>>> RISK RATING <<<

LOW - Continue working with controls in place

MODERATE - Report to Supervisor to discuss controls and develop plan

HIGH - Stop all work and develop a plan

By signing the back of this page, I acknowledge that I have reviewed this hazard assessment, and the procedures to control the hazards with my supervisor and understand my responsibilities

All workers involved in the task must print name and sign below			
Print Name	Signature	Print Name	Signature
Crew Foreman Name:		Signature:	

PART 1 – PROJECT INFORMATION

Project Name:	Project Address:
Supervisor Name:	Phone #:
Project Superintendent:	Phone #:

PART 2 – HAZARD IDENTIFICATION

POTENTIAL HAZARDS

<input type="checkbox"/> Other Trades/Contractors	<input type="checkbox"/> Excavation or Trenches	<input type="checkbox"/> Limited Communication
<input type="checkbox"/> Limits of Approach (Power Lines)	<input type="checkbox"/> Heat or Cold Stress	<input type="checkbox"/> Violence
<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Noise - Above 85 Decibels	<input type="checkbox"/> Crane Misadventure
<input type="checkbox"/> Public Traffic	<input type="checkbox"/> Lifting or Twisting	<input type="checkbox"/> Working Near or Around Water
<input type="checkbox"/> Poor Driving Conditions	<input type="checkbox"/> Compressed Gases or Liquids	<input type="checkbox"/> Ergonomics
<input type="checkbox"/> Terrain Conditions	<input type="checkbox"/> Poor Soil Conditions	<input type="checkbox"/> Tools or Equipment
<input type="checkbox"/> Fall From Elevations	<input type="checkbox"/> Weather Conditions i.e., water, wind, sun	<input type="checkbox"/> Pedestrians
<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Working Alone or Remote Location	<input type="checkbox"/> Hot Surfaces
<input type="checkbox"/> Climbing Obstructions	<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Slippery Ground Conditions
<input type="checkbox"/> Arc Flash Potential	<input type="checkbox"/> Entanglement	<input type="checkbox"/> Spills
<input type="checkbox"/> Flying Debris	<input type="checkbox"/> Sharp Objects	<input type="checkbox"/>
<input type="checkbox"/> Unsafe or Inadequate Access	<input type="checkbox"/> Crush/ Pinch Point Hazards	

CONTROLS (ELIMINATION, SUBSTITUTION, ENGINEERING, ADMINISTRATIVE, PPE, SUPPORTING DOCUMENTS ETC.)

Elimination is the process of removing the hazard from the workplace. It is the most effective way to control a risk because the hazard is no longer present. It is the preferred way to control a hazard and should be used whenever possible.

Substitution is the act of replacing something with another thing... in this case, a hazard is replaced with a less hazardous one.













ENGINEERING

<input type="checkbox"/> Isolation	Separating workers from the hazard by distance or the use of barriers
<input type="checkbox"/> Enclosures	Placing the material or process in a closed system (e.g., enclosed machines, booths, etc.)
<input type="checkbox"/> Guarding & Shielding	Using guards around moving parts of machinery
<input type="checkbox"/> Ventilation	Using local exhaust or general dilution ventilation to remove or reduce airborne products
<input type="checkbox"/> Mechanical Lifting Devices	Using mechanical methods to lift or move objects instead of manual lifting
<input type="checkbox"/> Guardrails	Using guardrails to prevent a fall

ADMINISTRATIVE

<input type="checkbox"/> Using job-rotation schedules or a work-rest schedule to limit the amount of time a worker is exposed to a substance.
<input type="checkbox"/> Preventative maintenance to keep equipment in proper working order
<input type="checkbox"/> Scheduling maintenance or high exposure operations for times when few workers are present (such as evenings, weekends)
<input type="checkbox"/> Restricting access to a work area.
<input type="checkbox"/> Restricting the task to only those competent or qualified to perform the work
<input type="checkbox"/> Using signs to warn workers of a hazard.

PERSONAL PROTECTIVE EQUIPMENT

<input type="checkbox"/>		CSA Approved Footwear	<input type="checkbox"/>		Hand & Finger Protection
<input type="checkbox"/>		CSA Approved Headgear	<input type="checkbox"/>		Safety Eyewear
<input type="checkbox"/>		Fall Protection Equipment	<input type="checkbox"/>		Hearing Protection
<input type="checkbox"/>		Dust Mask (N95)	<input type="checkbox"/>		Respiratory Protection
<input type="checkbox"/>		High Visibility Vest (clothing)	<input type="checkbox"/>		Face Shield
<input type="checkbox"/>		Arc flash Protection	<input type="checkbox"/>		Seatbelt
<input type="checkbox"/>	Other		<input type="checkbox"/>	Other	



OHS Program – 04.A - Safe Job Procedure

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RISK RATING AFTER CONTROLS -

PART 3 - RESPONSIBILITIES

MANAGEMENT AND SUPERVISORS' RESPONSIBILITIES

- Set a good example in all aspects.
- Ensure that they and all workers in their discharge comply with the Workers Compensation Act and OHS Regulation. Where non-compliance is observed, disciplinary action may be required.
- Ensure safe conditions in the workplace during all working hours.
- Ensure that this document remains effective during the work activity and update and / or revise, as necessary.
- Provide Site Specific SWP/SJP training to workers.
- Must provide all tools, materials, and equipment to conduct the required work.
- Provide training to workers in accordance with this document.
- Monitor workers to ensure everyone is working safely.

WORKER RESPONSIBILITIES

- Perform the task safely.
- If unable or unsure how to perform the task safely, contact the site supervisor immediately.
- Do not use tools or equipment that they do not know how to use, or that may be malfunctioning.
- Report all accidents, incidents, near misses and unsafe acts / conditions immediately.

PART 4 - PRE-JOB PROCEDURE

PART 5 - SAFE JOB STEPS



OHS Program – 04.A - Safe Job Procedure

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PART 6 - DOCUMENTS, APPLICABLE LEGISLATION, STANDARDS OR OTHER

PART 7 - PREVENTATIVE MAINTENANCE

Any defective equipment shall be tagged and designated as “Out of Service” and reported to the Site Supervisor and / or Management designate immediately. DO NOT USE ANY ‘OUT OF SERVICE” equipment until required repairs have been conducted by a qualified person(s).

Records of all maintenance and inspections will be maintained and be readily available in accordance with the manufacturer’s specifications and applicable standards.

PART 8 - EMERGENCY AND REPORTING REQUIREMENTS

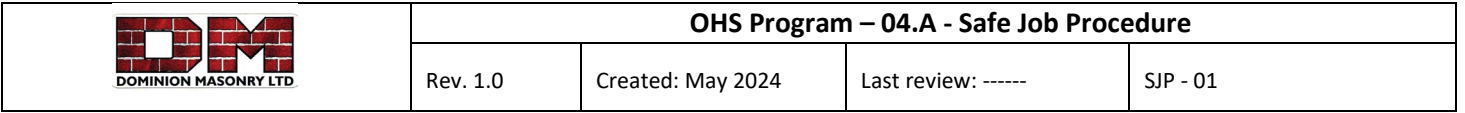
In the event of an emergency:

- Work activities will stop immediately.
- The site CSO and / or Supervisor will be contacted immediately.
- The site CSO/OFA will assess any injured worker(s) and communicate the next required steps to the applicable personnel.

All accidents, incidents and near misses must be investigated in accordance with the BC OHS Legislation.

In the event this procedure no longer accurately reflects an accurate depiction of the task steps, the procedure will be reviewed and revised in consultation with the Worker Health and Safety Representative and Management Representatives.

PART 9 - OTHER



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Last review: -----

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All employees instructed in the contents of this SJP must print their full name clearly and sign, acknowledging they understand the instructions.

[illegible]

PRINT NAME	SIGNATURE	DATE

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**05.A NON-COMPLIANCE FORM**

OHS Program – Element 5 – Company Rules

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Last review: -----

Rev. 1.0

INFORMATION

Date:	Non-Compliance Date:	Time:
Worker Name:	Orientation Date:	
Company Name:	Supervisor Name:	

NON-COMPLIANCE DETAILS

Violation: Is this a repeat Non-Compliance of a previous warning? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Minor Violation: <input type="checkbox"/> 1 st Offence – Verbal Warning <input type="checkbox"/> 2 nd Offence – Written Warning <input type="checkbox"/> 3 rd Offence Suspension or Termination				
Major Violation: <input type="checkbox"/> 1 st Offence – Verbal Warning <input type="checkbox"/> 2 nd Offence – Suspension <input type="checkbox"/> 3 rd Offence Termination				
Verbal Warning Date	Written Warning Date	Suspension Date	Return to Site Date	Termination Date

Description of Non-compliance (indicate policy and/or regulation reference)

Worker Corrective Action/Prevention☐ Company Policy Reviewed ☐ Safe Work Practice/Safe Job Procedure Reviewed ☐ Job Training**Worker Corrective Action/Prevention Description****Copies Sent/Given To**☐ Supervisor ☐ Worker ☐ Human Resources ☐ Other _____

Issuer Name:	Issuer Signature
Supervisor Signature	Worker Signature

**07.A - TOOL & EQUIPMENT INSPECTION FORM**

OHS Program – Element 7 – Preventative Maintenance

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INFORMATION

Date:		Location:		Inspector Name:	
Equipment Type (Saw, forklift)	Make	Model	Serial Number	Safe Operating Condition	Tag out of service maintenance required
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Description of what was taken out of service and maintenance performed.

**07.B – MONTHLY VEHICLE INSPECTION FORM**OHS Program – Element 7 – Preventative
Maintenance

Created: May 2024

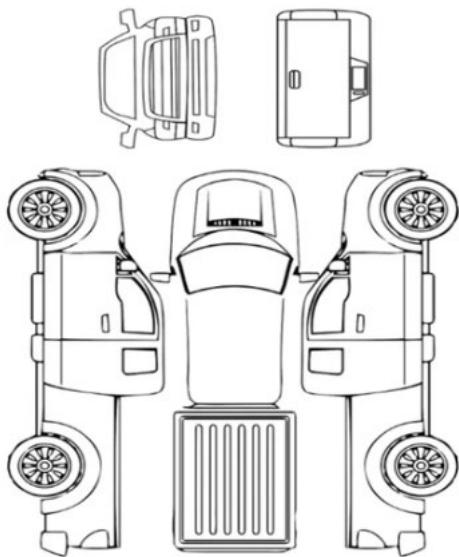
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MONTHLY VEHICLE INSPECTION CHECKLIST

Date:			Driver/Operator Name:		
Vehicle Make:			Vehicle Model:		
Vehicle Year:			Vehicle #:		
Licence Plate #:			Mileage: km's		
Inspection Item	OK	Service Required	Inspection Item	OK	Service Required
Insurance/Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>	Headlights	<input type="checkbox"/>	<input type="checkbox"/>
Accident Form in Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Lights	<input type="checkbox"/>	<input type="checkbox"/>
Antifreeze Level	<input type="checkbox"/>	<input type="checkbox"/>	Brake & Backup Lights	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers & Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Transmission Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>
Heater/Aid Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	Spare Tire & Jack & Tools	<input type="checkbox"/>	<input type="checkbox"/>
Interior Condition/Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Condition/Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Circle Damaged Locations



Notes:

Arrangements for Maintenance if any (describe):

Driver/Operator Signature:

**08.A ORIENTATION FORM**

OHS Program – Element 8 – Training & Communication

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INFORMATION

Company/Employer Name:

Orientation Date:

Worker Name:

Project Address:

Worker Contact/Cell Phone #:

Occupation/Position:

Emergency Contact Name:

Emergency Contact #:

Are you under the age of 25 and/or new to construction?

☐ Yes ☐ No *if yes, complete N&Y worker orientation in addition**TOPICS REVIEWED**

SAFETY PROGRAM	Y	N	SAFE WORK PRACTICES & PROCEDURES	Y	N
Health & Safety Policies	<input type="checkbox"/>	<input type="checkbox"/>	Project/ Work Area Access	<input type="checkbox"/>	<input type="checkbox"/>
Rights & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	Loading/Unloading & Traffic Control	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Hazard Assessment & Control	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Controls/ Control Zones	<input type="checkbox"/>	<input type="checkbox"/>
Company Rules & Disciplinary Policy	<input type="checkbox"/>	<input type="checkbox"/>	Electrical (Limits of approach, cords, panels etc)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment (specialized/basic)	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>
Preventative Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Hot Works / Fire Watch / Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Training & Safety Meetings	<input type="checkbox"/>	<input type="checkbox"/>	Working Alone	<input type="checkbox"/>	<input type="checkbox"/>
Inspections	<input type="checkbox"/>	<input type="checkbox"/>	Silica Exposure Control	<input type="checkbox"/>	<input type="checkbox"/>
Incident Reporting Requirements	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding & Work Platforms	<input type="checkbox"/>	<input type="checkbox"/>
JHSC/ Health Safety Representatives	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Violence/Bullying & Harassment	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
Provincial Regulations & Legislation	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Hazards/Leading Edge Work	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	Public Safety	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation Program	<input type="checkbox"/>	<input type="checkbox"/>	Tools & Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Allergies/Illnesses/Medical Conditions:

Please list all valid training certificates and attach copies:

Worker Signature:

Instructor/Orientator Name:

Instructor/Orientator Signature:

**08.B ORIENTATION QUIZ FORM**OHS Program – Element 8 – Training &
Communication

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QUIZ QUESTIONS		YES	NO
1. Is Management committed to providing a safe and healthy work environment?		<input type="checkbox"/>	<input type="checkbox"/>
2. Can you be fired or laid off if you refuse unsafe work?		<input type="checkbox"/>	<input type="checkbox"/>
3. Can an employee be terminated for intentional misuse of/ or tampering with company property?		<input type="checkbox"/>	<input type="checkbox"/>
4. Could failure to don necessary PPE while at work result in disciplinary action?		<input type="checkbox"/>	<input type="checkbox"/>
5. Can you wait until the next day to report an incident or injury to your supervisor?		<input type="checkbox"/>	<input type="checkbox"/>
6. Are copies of the company H&S Manual and WorkSafeBC legislation available for your review?		<input type="checkbox"/>	<input type="checkbox"/>
7. List one company safety rule.			
8. Are you required to attend and participate in Health & Safety Meetings (toolbox talks)?		<input type="checkbox"/>	<input type="checkbox"/>
9. Are you allowed to walk under a suspended load?		<input type="checkbox"/>	<input type="checkbox"/>
10. What WHMIS symbol does the following pictogram represent?			
11. If an area is barricaded by danger tape from another trade, are you allowed in the area?		<input type="checkbox"/>	<input type="checkbox"/>
12. Do you understand emergency procedures and where to obtain first aid support?		<input type="checkbox"/>	<input type="checkbox"/>
<p>I have received a full company orientation with instruction regarding acceptable work standards that I am required to follow while in the workplace. I fully understand my responsibilities and agree to follow all policies and procedures of the company and all pertinent requirements of WorkSafeBC that pertain to the performance of my work activities.</p> <p>I have been given proper instruction with regards to the safety performance of my duties while in the workplace and understand that failure to follow safety procedures, disciplinary action up to and including dismissal from this worksite in accordance with company safety policies may be exercised.</p> <p>I have received instruction on the Injury Management and Return to Work Program. I will report an injury and/or incident immediately to my supervisor. If I'm injured at work and am required to seek medical aid, I will stay in constant communication as required under Bill 41. All information pertaining to my illness or injury with the company will be communicated to the Injury Management Coordinator or designate. All injury and claim information will be kept confidential with full respect to workers privacy.</p> <p>I understand that if, at any time, I am unable to understand a certain activity or requirements to perform that activity in a safe manner I can request further instruction from my immediate supervisor and or other company representative.</p> <p>I will ensure that I come to work fit for duty which includes not being under the influence of illegal drugs, alcohol, cannabis medications that will impact my ability to perform work safely.</p> <p>I agree to not take photos or videos or post information on social media that could impact the reputation of the company without managements approval.</p>			
Worker Signature:			

**08.C NEW & YOUNG WORKER ORIENTATION FORM**

OHS Program – Element 8 – Training & Communication

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INFORMATION

Company/Employer Name:

Orientation Date:

Worker Name:

Project Address:

Worker Contact/Cell Phone #:

Occupation/Position:

Emergency contact Name:

Emergency Contact #:

COMPANY ORIENTATION**General** – this section to be confirmed was completed during company orientation session

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Safety Program | <input type="checkbox"/> Health and Safety Policy | <input type="checkbox"/> Worker Rights | <input type="checkbox"/> Drug & Alcohol Policy |
| <input type="checkbox"/> Hazard Awareness/Controls | <input type="checkbox"/> Reporting Procedures | <input type="checkbox"/> Ask for Instructions | <input type="checkbox"/> PPE |
| <input type="checkbox"/> Hearing Conservation | <input type="checkbox"/> Responsibilities | <input type="checkbox"/> General Safety Rules | <input type="checkbox"/> Disciplinary Process |
| <input type="checkbox"/> Violence in the Workplace | <input type="checkbox"/> Preventative Maintenance | <input type="checkbox"/> Training | <input type="checkbox"/> Equipment Operation |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Safe Driving | <input type="checkbox"/> WHMIS | <input type="checkbox"/> Workplace Inspections |
| <input type="checkbox"/> Accident Investigations | <input type="checkbox"/> First Aid | <input type="checkbox"/> Emergency Procedures | <input type="checkbox"/> Safety Committee |
| <input type="checkbox"/> WorkSafeBC Claim Process | <input type="checkbox"/> Bullying & Harassment | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Supervisor/Foreman Section: Please ensure that your new employee has been orientated and instructed (with demonstration when necessary) on all topics that are applicable for your project. Project orientation items are listed below in the checklist. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your employees' responsibilities.

PROJECT ORIENTATION

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Workplace Walkthrough | <input type="checkbox"/> Smoking | <input type="checkbox"/> PPE | <input type="checkbox"/> Supervisor Contact Info |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Equip/Vehicle Inspections | <input type="checkbox"/> Incident Reporting | <input type="checkbox"/> Emergency Procedures |
| <input type="checkbox"/> Toolbox Meetings | <input type="checkbox"/> WorkSafeBC Regulations | <input type="checkbox"/> Emergency Exits | <input type="checkbox"/> Safety Board |
| <input type="checkbox"/> Muster Station | <input type="checkbox"/> First Aid | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Tool Area |
| <input type="checkbox"/> (M)SDS Location | <input type="checkbox"/> Attendance | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SAFE JOB PROCEDURES & SAFE WORK PRACTICES

- | | | |
|--|--|---|
| <input type="checkbox"/> Excavations & Trenching | <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> Lock-out/Energy Isolation | <input type="checkbox"/> Hoisting & Rigging (Cranes) | <input type="checkbox"/> Working Alone |
| <input type="checkbox"/> Silica | <input type="checkbox"/> Hand & Power Tools | <input type="checkbox"/> Safe Driving |
| <input type="checkbox"/> Scaffolding & Ladders | <input type="checkbox"/> Mobile Equipment | <input type="checkbox"/> Hot Works |
| <input type="checkbox"/> Fueling Operations | <input type="checkbox"/> Flammable Liquids & Storage | <input type="checkbox"/> Deliveries, Unloading/Offloading |
| <input type="checkbox"/> Compressed Air & Gas | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Acid Wash |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Spills | <input type="checkbox"/> Masonry/Block Cutting & Install |
| <input type="checkbox"/> PPE | <input type="checkbox"/> | <input type="checkbox"/> |

**08.C NEW & YOUNG WORKER ORIENTATION FORM**OHS Program – Element 8 – Training &
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The following section is to assist Supervisors in identifying the required authorization and training prior to a new employee using any equipment. All equipment orientation and training performed must be recorded and maintained as documentation. Identify all required training.

SITE EQUIPMENT AUTHORIZATION AND TRAINING IDENTIFICATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Ladders | <input type="checkbox"/> Storage of Material |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Rough Terrain Forklift |
| <input type="checkbox"/> Mobile Elevated Work Platform | <input type="checkbox"/> Pressure Washer | <input type="checkbox"/> Trailer Towing |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> First Aid | <input type="checkbox"/> Light Vehicles |
| <input type="checkbox"/> Skidsteer | <input type="checkbox"/> Cranes | <input type="checkbox"/> Hand Tools |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Power Tools |
| <input type="checkbox"/> TDG & WHMIS | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hydro Mobile Lift | <input type="checkbox"/> | <input type="checkbox"/> |

EQUIPMENT AUTHORIZATION AND TRAINING IS THE RESPONSIBILITY OF THE SUPERVISOR

Supervisor Comments/Notes:

Identified Field Mentor/Supervisor Name: ☐ N/A

The identified field mentor is used to ensure an employee is oriented during their exposure to fieldwork. Field mentors must ensure a new employee does not attempt to perform tasks they have not been authorized or trained to do so. If this is not necessary, check N/A.

I have been instructed and understand the foregoing information.

Employee Signature:

Date:

I have instructed the foregoing information with the above employee and believe that they have an acceptable understanding of the information and have demonstrated competency.

Date:

Supervisor Name:

Supervisor Signature:

Orientator/Trainer Name:

Orientator/Trainer Signature:

**08.D TOOLBOX MEETING FORM**OHS Program – Element 8 – Training &
Communication

Created: May 2024

Last review: -----

Rev. 1.0

INFORMATION

Project Name:

Project Address:

Supervisor Name:

Date:

SAFETY TOPICS DISCUSSED**SAFE WORK PRACTICES OR SAFE JOB PROCEDURES REVIEWED****RECOMMENDATIONS OR ACTIONS TO BE COMPLETED****INCIDENTS REVIEWED****SUPERVISOR AND WORKER COMMENTS - RECOMMENDATIONS****RECORD OF ATTENDANCE (SIGNATURE)**

**08.E RECORD OF TRAINING FORM**

OHS Program – Element 8 – Training & Communication

Created: May 2024

Last review: -----

Rev. 1.0

INFORMATION

Project/Location:

Date:

Instructor:

Training Topic(s):

#	Name (Print)	Signature	#	Name (Print)	Signature
1.			17.		
2.			18.		
3.			19.		
4.			20.		
5.			21.		
6.			22.		
7.			23.		
8.			24.		
9.			25.		
10.			26.		
11.			27.		
12.			28.		
13.			29.		
14.			30.		
15.			31.		
16.			32.		

**09.A JOBSITE INSPECTION FORM**

OHS Program – Element 9 – Inspections

Created: May 2024

Last review: -----

Rev. 1.0

INFORMATION**Project Name:** _____ **Project Address:** _____**Site Supervisor Name:** _____ **Date:** _____ **Time:** _____ am ☐ pm ☐**General work activities taking place:** _____**Hazard Classification:**
A - HIGH (Immediate action without delay)
B - MODERATE (Action within 1 day)
C – LOW (Action as indicated by inspector)

Items Inspected	Items Inspected	Items Inspected
<input type="checkbox"/> 1. Access/Egress <input type="checkbox"/> 2. Air Quality <input type="checkbox"/> 3. Adequate Supervision <input type="checkbox"/> 4. Due Diligence <input type="checkbox"/> 5. Dust Control <input type="checkbox"/> 6. Electrical wiring, cords, GFCI, etc. <input type="checkbox"/> 7. Emergency Procedures <input type="checkbox"/> 8. Enclosed/Confined Spaces <input type="checkbox"/> 9. Environmental <input type="checkbox"/> 10. Excavations <input type="checkbox"/> 11. Fall Protection <input type="checkbox"/> 12. Fire Protection/Equipment <input type="checkbox"/> 13. First Aid Attendant/Supplies <input type="checkbox"/> 14. Flammable Liquids/Storage <input type="checkbox"/> 15. Floors and Stairs	<input type="checkbox"/> 15. Hand Tools <input type="checkbox"/> 16. Hazards Barricaded <input type="checkbox"/> 17. Housekeeping <input type="checkbox"/> 18. Ladders <input type="checkbox"/> 19. Lighting <input type="checkbox"/> 20. Lockout/Energy Isolation <input type="checkbox"/> 21. Material Storage <input type="checkbox"/> 22. Mobile Equipment <input type="checkbox"/> 23. Noise <input type="checkbox"/> 24. Overhead Work <input type="checkbox"/> 25. PPE <input type="checkbox"/> 26. Personal Clothing <input type="checkbox"/> 27. Power Tools <input type="checkbox"/> 28. Proper Lifting <input type="checkbox"/> 29. Public Safety	<input type="checkbox"/> 30. Respiratory Protection <input type="checkbox"/> 31. Rigging <input type="checkbox"/> 32. Scaffolding <input type="checkbox"/> 33. Smoking <input type="checkbox"/> 34. Warning Signs & Labels <input type="checkbox"/> 35. WHMIS <input type="checkbox"/> 36. Work Platforms <input type="checkbox"/> 37. Work Surfaces <input type="checkbox"/> 38. Safe Work Practices/Procedures <input type="checkbox"/> 39. Supervision Worker Conduct <input type="checkbox"/> 40. Toolbox Meetings <input type="checkbox"/> 41. Other Safety Documentation <input type="checkbox"/> 42. <input type="checkbox"/> 43. <input type="checkbox"/> 44.

No#	Inspection Observations	Hazard Class (A,B,C)	Action (Controlled/Unsafe)

Supervisor/Inspector Name: _____ **Supervisor/Inspector Signature:** _____**Worker Rep Name:** _____ **Worker Rep Signature:** _____

**09.B OFFICE & YARD INSPECTION FORM**

OHS Program – Element 9 Inspections

Created: May 2024

Last review: -----

Rev. 1.0

Location/Address:

Date:

Time:

HAZARD IDENTIFICATIONInstructions: Use a ✔ for sufficient/safe items. Mark an ✘ for and deficient or hazardous items. Mark N/A if not inspected/applicable

Area / Topic	Description	Description
Electrical	1. Do all appliances have 3-pronged plugs for grounding?	2. No exposed wiring, electrical hazards
Emergency Preparedness	3. Emergency access/egress free of obstructions	4. Are emergency contacts and numbers, fire procedures, map & directions to hospital posted?
	5. Every office desk has space underneath for earthquake shelter	6. Earthquake/Emergency kits are stocked/available
	7. Are emergency exit signs functional i.e. not burnt out?	8. Are personnel familiar with the emergency evacuation plan, including egress routes, pull stations, extinguisher location, muster station?
Fire Safety	9. Correct size / type of fire extinguisher available in each area of the office	10. Fire extinguishers inspected monthly
	11. Are pull stations clearly visible?	12. Is the fire extinguisher accessible and seal intact?
First Aid	13. First Aid Attendants designated	14. First Aid supplies stocked & available
Office ladder / Dolly	15. In good working condition	16. Setup / stored properly
Material Storage	17. Stored in a secure manner	18. Overhead material hazards (i.e., boxes) secured
Office Equipment	19. Free from damage and modifications	20. Used safely
Workplace Conditions	21. Housekeeping	22. Lunchroom clean, tidy, no spills
	23. Lighting	24. Floors Walkways & work environment
WHMIS	25. SDS readily available in office	26. Controlled products labelled
PPE	27. Accessible when needed	28. Good condition
Postings	29. JHSC/Safety Meetings posted	30. Previous inspection reports posted (3 months)
	31. Near Miss/Incident investigation reports posted	
	32. BC OHS Regulations readily available in office	
	33. Office Safe Work Practices & Safe Job Procedures readily available in office	

Corrective Action Plan (log all deficiencies here)**Priority****High** – Potential loss of life, body part, or extensive loss of structure, equipment or material.**Medium** – Potential serious injury, illness, or property damage**Low** – Potential non-disabling injury or non-disruptive property damage

LIKELIHOOD OF OCCURRENCE	SEVERITY OF LOSS		
	LOW	MEDIUM	HIGH
UNLIKELY	LOW	LOW	MEDIUM
LIKELY	LOW	MEDIUM	HIGH
CERTAIN	MEDIUM	HIGH	HIGH

#	Deficiency	Corrective Action	Priority	By Whom	Target Date	Corrected

Communcation (was this posted on the safety board or discussed in a safety talk?)

How was this inspection report communicated to affected workers?

Performed By	Name / Position	Signature
Worker Rep		
Worker Rep		
Reviewed By		
Management Rep		

**09.B OFFICE & YARD INSPECTION FORM**

OHS Program – Element 9 Inspections

Created: May 2024

Last review: -----

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HAZARD IDENTIFICATION KEY

Area/Topic	Questions
Electrical 1. Do all appliances have 3-pronged plugs for grounding? 2. No exposed wiring, electrical hazards	Are electrical cords in good condition? Is there clear access to electrical panels? Are electrical cords secured to prevent tripping hazards? Are plugs, sockets, and switches in good condition?
Emergency Response 3. Emergency access/egress free of trip hazards 4. Emergency contacts, fire procedure, map & directions to hospital posted on board. 5. Every office desk has space underneath for earthquake shelter. 6. Earthquake/emergency kits are stocked & available. 7. Are emergency exits signs functional i.e., not burnt out. 8. Are personnel familiar with the emergency evacuation plan, including egress routes, pull stations, extinguisher location and assembly areas?	Is there safe access/egress for employees and visitors? Are emergency exits clear of materials/equipment/debris? Are emergency exit signs working? Does emergency lighting work? Are emergency contact phone numbers located close to phones? Are smoke and fire alarms in place and working? Does the panic button at the front desk work?
Fire Extinguisher 9. Correct size/ type available in each area of the office 10. Fire extinguishers inspected monthly. 11. Are pull stations clearly visible. 12. Is the fire extinguisher accessible and the seal intact	Are fire extinguisher locations clearly marked? Are fire extinguishers properly installed and secured on walls? Are fire extinguishers maintained, inspected, and tagged as required?
First Aid 13. First Aid Attendants designated. 14. First aid supplies stocked & available	Is the first aid kit accessible and clearly labelled? Is the first aid kit stocked according to WorkSafeBC Regulations Section 3 (i.e., Basic OFA kit) Is the required number of qualified first aid attendants available? Is the AED charged and ready (green light) with no expired items? Are emergency numbers posted? Are first aid and incident forms readily available?
Office Ladder / Dolly 15. In good working condition 16. Setup / stored properly	Are ladders safe, secured, and in good condition? Has building management made aware of any materials or equipment obstructing stairs or access points? Are ladders and stairs provided equipped with anti-slip treads?
Material Storage 17. Stored in a stable and secure manner. 18. Overhead material hazards, (i.e., boxes) secured	Are supplies and materials properly stored on shelves to prevent injury? Does storage layout minimize injuries from manual lifting? Are trolleys or dollies available to move heavy items? Are floors and shelves clear of materials/clutter? Are racks and shelves in good condition and secure?
Office Equipment 19. Free from damage and modifications 20. Used safely	Are surfaces of office equipment clean and dust free? Is maintenance for all owned or leased office equipment scheduled regularly? Do space heaters shut off automatically when tipped over? Are space heaters unplugged when not in use? Are display screens free of dust?

**09.B OFFICE & YARD INSPECTION FORM**

OHS Program – Element 9 Inspections

Created: May 2024

Last review: -----

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Workplace Conditions 21. Housekeeping 22. Lunchroom clean, tidy, no spills 23. Lighting 24. Floors and Walkways 25. Work environment	Are lighting levels in work areas adequate? Are windows covered with blinds, drapes, or other means of controlling light in high glare/contrast areas? Are lunchroom areas clean, disinfected regularly and garbage removed regularly? Are aisles clear of materials or equipment? Are doorways clear of materials or equipment? Are flooring in good condition, free of loose or lifting carpeting? Are floors clean and free of water, slipping/tripping hazards? If supplies or materials are stored on the floor, are they clear of doors and aisles and stacked not more than 4' or boxes high? Does indoor air quality appear to be adequate? Are workers protected from cool drafts or excessive or irritating noise?
WHMIS 26. SDS readily available in lunchroom 27. Controlled Products Labelled	Are SDS provided for all hazardous products or other products? (Cartridge toners, cleaning supplies, disinfectants) Are products correctly and clearly labelled? Are hazardous/other products used, handled, stored, and disposed of properly?
PPE (Personal Protective Equipment) 28. Accessible when needed	Is PPE accessible and in good condition?
Postings 29. JHSC/Safety Meeting Minutes 30. Previous inspection reports posted (3months) 31. Near Miss/Incident investigation reports posted 32. WorkSafeBC Regulations readily available 33. Office Safe Work Practices & Safe Job Procedures readily available	Are all required documents posted? *See below list Are posted documents current? (List of JHSC members, list of first aiders, OHS Regulations)
Required Documents for Health & Safety Board - Example	
<ul style="list-style-type: none">• WorkSafeBC Handi Guide or Notice Informing Workers• (M)SDS (most current versions)• Safe Work Practices/Safe Job Procedures Reference to location• Health & Safety Policy Statement• H&S Program Binder• JHSC Member List• Company Office Rules• Notice to Workers• Communicable Disease Prevention Plan	<ul style="list-style-type: none">• First Aid Assessment• First Aid Certificates• Emergency Response Plan• Map to Hospital/Clinics• Office Emergency Contact List• Safety Meeting Minutes• Safety Plan/Map of property



10.A INCIDENT INVESTIGATION REPORT

OHS Program – Element 10 – Investigations &
Reporting

Created: May 2024

Last review: -----

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PROJECT AND INCIDENT INFORMATION

Project Name:	Project Address:
Incident Date:	Incident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Report Date:	Report Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Company Involved:	Project Superintendent Name:
Weather:	Employee Supervisor Name:
Witness #1 Name:	Witness #1 Phone:
Witness #2 Name:	Witness #2 Phone:
Witness #3 Name:	Witness #3 Phone:

INCIDENT CLASSIFICATION

<input type="checkbox"/> Environmental	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Report Only
<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Lost Time	<input type="checkbox"/> First Aid	
<input type="checkbox"/> 48hr Pre-liminary Investigation Report	<input type="checkbox"/> 30-Day Final Investigation Report		
Reportable to WorkSafeBC: <input type="checkbox"/> Yes <input type="checkbox"/> No	WorkSafeBC Contact Name:		

INCIDENT DESCRIPTION

Describe the Incident Location:
What were the conditions at the time of the incident? (i.e., weather, temperature, poor housekeeping, maintenance, etc)
Sequence of events that preceded the Incident (required in pre-liminary report):



10.A INCIDENT INVESTIGATION REPORT

OHS Program – Element 10 – Investigations &
Reporting

Created: May 2024

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Describe and unsafe conditions, acts or procedures that significantly contributed to the incident:

Was the worker(s) involved carrying out their regular duties: ☐ Yes ☐ No

What instructions were given to the worker(s) prior to commencing their task?

Description of the Incident, summarize the sequence of events, unsafe factors, and the result:

Were written work procedures available? ☐ Yes ☐ No

Were work procedures being followed? ☐ Yes ☐ No

If no, why?



10.A INCIDENT INVESTIGATION REPORT

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INCIDENT CAUSES (check all that apply)

<input type="checkbox"/> Combative Person(s)	<input type="checkbox"/> Improper Guarding	<input type="checkbox"/> Inadequate Lighting	<input type="checkbox"/> Unsafe Storage
<input type="checkbox"/> Defective Equipment	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Contact w/ Irritants	<input type="checkbox"/> Hazardous Weather
<input type="checkbox"/> Distractions by Others	<input type="checkbox"/> Inadequate Warning	<input type="checkbox"/> Unsafe Surface	<input type="checkbox"/> Faulty Safety Equipment
<input type="checkbox"/> Faulty / Poor Design	<input type="checkbox"/> PPE Not Used	<input type="checkbox"/> Contact w/ Toxin	<input type="checkbox"/> Unsecured Equipment
<input type="checkbox"/> Hazardous Procedures	<input type="checkbox"/> Insect / Animal Attack	<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Unsafe Procedures
<input type="checkbox"/> Unauthorized Use	<input type="checkbox"/> Incorrect Tool Used	<input type="checkbox"/> Inhaled Toxin	<input type="checkbox"/> Unsafe Rate of Work
<input type="checkbox"/> Insufficient Training	<input type="checkbox"/> Improper Apparel	<input type="checkbox"/> Unsafe Position	<input type="checkbox"/> Unsafe Positioning
<input type="checkbox"/> Worker Error	<input type="checkbox"/> Failure to Follow/observe Policy, Rules, or Regulations	<input type="checkbox"/> Lack of Supervision	
<input type="checkbox"/>	<input type="checkbox"/>		

Other Causes:

CONTRIBUTING FACTORS

What were the contributing factors to this incident?

CORRECTIVE MEASURES

Action Item	Assigned To (Name & Job Title)	Expected Completion Date (YYYY-MM-DD)	Completion Date (YYYY-MM-DD)
1.			
2.			
3.			
4.			
5.			



10.A INCIDENT INVESTIGATION REPORT

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REPORT ACKNOWLEDGEMENTS

Investigator Name	Signature	Date Signed
Investigator Name	Signature	Date Signed
Manager/Supervisor Name	Signature	Date Signed
Safety Coordinator	Signature	Date Signed
Other	Signature	Date Signed
Other	Signature	Date Signed

DISTRIBUTION

<input type="checkbox"/> Site Supervisor/Prime Contractor	<input type="checkbox"/> WorkSafeBC (if applicable)	<input type="checkbox"/> WorkSafeBC
<input type="checkbox"/> Worker H&S Representative	<input type="checkbox"/> Worker's Employer (trade)	<input type="checkbox"/> Other
<input type="checkbox"/> Manager/Supervisor	<input type="checkbox"/> Joint Health & Safety Committee	<input type="checkbox"/> Other

**11.A FIRST AID ASSESSMENT FORM**OHS Program – Element 11 – Emergency
Preparedness

Created: May 2024

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INFORMATION

Company Name:

Date:

Project Name:

Project Address:

ASSESSMENT

Assigned Hazard Rating:

(according to WorkSafeBC assessment letter)☐ Low ☐ Moderate ☐ High

Job Functions, Work Processes and Tools:

Typical of Industry?

☐ Yes ☐ No

Potential Types of Injuries:

Typical of Industry?

☐ Yes ☐ No

Rating Adjustment:

(If hazard rating is adjusted provide, provide supporting documentation)☐ Low ☐ Moderate ☐ High

Surface Travel Time to Hospital:

☐ Greater than 20 minutes ☐ 20 minutes or less

Total Number of Workers per Shift:

(including dispatched workers)

Barriers to Reach Medical Aid or Hospital:

ASSESSMENT RESULTS (WorkSafeBC schedule 3a)

Supplies, Equipment & Facilities Required:

Level of First Aid Attendants:

☐ OFA 1 Total: _____ ☐ OFA 2 Total: _____ ☐ OFA 3 Total: _____

Transportation Required:

☐ Yes ☐ No (if yes, describe)**ASSESSMENT VALIDATION**

Assessment Date:

Members Consulted in this Assessment:

(names and positions)

Assessor(s) Names:

Assessor(s) Signature(s):

**11.B EMERGENCY CONTACT INFORMATION FORM**OHS Program – Element 11 – Emergency
Preparedness

Created: May 2024

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PROJECT INFORMATION

Project Name:

Project Address:

Company Name:

Date:

EMERGENCY INFORMATION

Emergency Response Team Names:

Nearest Hospital:

Hospital Address:

Hospital Phone #:

Nearest Medical Centre / Clinic:

Medical Centre / Clinic Address:

Medical Centre / Clinic Phone #:

Gas Company: Fortis BC 1-800-663-9911 (24hrs)

Electrical Utility Provider: BC Hydro 1-888-769-3766

Call Before you Dig: BC OneCall 604-257-1940

City Water Dept Phone #:

Environmental Agency Phone #:

WorkSafeBC Emergency Reporting Phone #: 604-276-3100

Supervisor Name:

Supervisor Phone #:

Assistant Supervisor/Foreman Name:

Assistant Supervisor/Foreman Phone #:

CSO/OFA Name:

CSO/OFA Phone #:

Head Office Address:

Head Office Phone #:

Name of Person Completing this Document:

Signature of Person Completing this Document:

IN CASE OF EMERGENCY, CALL 911 (POLICE, FIRE, AMBULANCE)

**11.C EMERGENCY DRILL FORM**OHS Program – Element 11 – Emergency
Preparedness

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EMERGENCY DRILL INFORMATION**Project Name:****Project Address:****Date of Practice Drill:****Emergency Drill Coordinator Name:****Select Type of
Emergency Drill
Tested**

- ☐ Fire
☐ First Aid (specify type):

☐ Medical Aid (serious incident)
☐ Jobsite Evacuation
☐ Confined Space
☐ Excavation Collapse

- ☐ Gas Leak
☐ Water Main Leak
☐ Electrical Emergency
☐ Dedicated Emergency Platform (DEP)
☐ Suspended Worker (fall protection)
☐ Chemical Spill
☐ Other

Start Time:☐ AM ☐ PM**Completed Time:**☐ AM ☐ PM**EMERGENCY DRILL EVALUATION****Describe what went well:****Describe opportunities for improvements:****Next Emergency Drill Date:****DRILL REVIEW & SIGN-OFF RECORD****Supervisor Name:****Supervisor Signature:****CSO/OFA Name:****CSO/OFA Signature:****Name of Person Completing this Form:****Signature of Person Completing this Form:**

**11.D EMERGENCY RESPONSE PLAN FORM**OHS Program – Element 11 – Emergency
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EMERGENCY RESPONSE PLAN INFORMATION**Project Name:****Project Address:****Date:****Supervisor Name:****Potential
Emergencies**

- ☐ Fire
- ☐ First Aid
- ☐ Medical Aid (serious incident)
- ☐ Jobsite Evacuation
- ☐ Confined Space
- ☐ Excavation Collapse

- ☐ Gas Leak
- ☐ Water Main Leak
- ☐ Electrical Emergency
- ☐ Dedicated Emergency Platform (DEP)
- ☐ Suspended Worker (fall protection)
- ☐ Chemical Spill
- ☐ Other

EMERGENCY RESPONSE EQUIPMENT & SUPPLIES**Equipment or Supplies****Location of Equipment or Supplies**☐ Air horn☐ Fire Extinguisher☐ First Aid Kit, AED and Oxygen☐ Eye Wash Station☐ Spill Kits☐ Blankets☐ Burn Kit☐ Spine Board & Basket Carrier☐ Designated Emergency Platform (DEP)**EMERGENCY RESPONSE TEAM****First & Last Name****Role****Phone #**

Emergency Coordinator (Primary)

Emergency Operation Coordinator (Secondary)

Fire Safety Director

Deputy Fire Safety Director

First Aid Attendant (Primary)

First Aid Attendant (Secondary)

Ambulance Escort #1



11.D EMERGENCY RESPONSE PLAN FORM

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EMERGENCY PROTOCOLS

These protocols will be communicated to all workers during their site safety orientation.

As the project progresses it may be necessary to revise the emergency procedures to reflect new hazards or account for changes to the protocols on site. In these situations, it is imperative that all affected personnel be made aware of these changes before they take effect.

Workers must only use designated emergency routes when evacuating work areas. No other egress routes are authorized due to the possibility of injury. If a worker uses a route which is not authorized, and they become injured we may not find them in a timely manner which could complicate their injury.

Person who discovers the incident:

- Ensure there is no danger to yourself or anyone else within the immediate area.
- Control the scene by assessing the area, stop work, shut down equipment as necessary.
- Provide First Aid as needed if trained and as needed, caution worker(s) not to move. (Do not move injured unless necessary, the emergency response team will perform rescue)
- Report the incident to a supervisor and/or emergency response coordinator immediately.
- Commence rescue efforts to level of training.

For All Emergencies

- Obtain basic facts and determine what type of emergency occurred.
- Contact Site Safety Coordinator/ OFA and Site Supervisor immediately.
- Call for additional assistance if the incident is of higher severity by phone or radio.
- Clearly state your name and give them a call back number.
- Provide details as to the number of injuries and nature of injuries.
- Provide details of serious hazards or special help/needs required.
- Provide Emergency Meeting Point information.
- When sending someone to retrieve supplies/equipment be sure to give clear instructions
- If possible, do not disturb the scene unless for emergency response.
- Keep workers and pedestrians away from the scene who are not part of the emergency response.

EMERGENCY EVACUATION ROUTE

Emergency evacuation routes will be identified and assessed frequently to ensure access remains clear of any obstructions or hazards. All routes are identified on the site plans and signage will be posted if the route is through an area which is not regularly accessed by workers. Access routes are inspected during Pre-Shift Inspection to confirm all workers in the starting shift have unobstructed access and evacuation routes. Workers are instructed not to work in any area with limited or restricted access without proper emergency and evacuation procedures.

Evacuation routes during the excavation phase will be primarily _____. In the event an injured worker cannot be transported up the stairs a secondary means of extracting a worker would be by use of the Designated Emergency Platform in conjunction with the tower crane or by davit arm located on the stair tower.



11.D EMERGENCY RESPONSE PLAN FORM

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COMMUNICATIONS

First Aid/Medical Assistance:

- 3 short air horn blasts.
- Summoning via first aid designated radio.
- Summoning via use of general site radio system.
- Summoning via call on mobile phone.

Fire/Evacuation:

- 1 long air horn blast for uncontrollable fire and 2 short blasts for small/manageable fires
- Use of closest fire pull station.
- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Audible yelling.

Rescue:

- Per established, written rescue procedures and designated communication devices/ systems.

Hazardous Substance Spills:

- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Personal notification report to superior or company representatives.

Natural Disasters:

- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Audible yelling.
- Personal notification report to superior or company representatives.

Threat:

- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Audible yelling.
- Personal notification report to superior or company representatives.

In addition, all personnel are required to follow the below response protocols:

- 1) Observing person(s) immediately, without delay, contact the closest Company's representatives in the area.
- 2) If a Company representative is not close by or otherwise unavailable, observing person(s) contact, if required, external emergency services (using Emergency Contact List).
- 3) Company representatives determine the most appropriate and prompt response to the specific emergency.
- 4) When 9-1-1 (where applicable) is contacted, observing person(s) inform operator of the following:
 - a) Location of premises (e.g. address, GPS coordinates etc.).
 - b) Nature and type of emergency.
 - c) Possible or known type(s) of injury.
 - d) Location and number of injured Patient(s).



11.D EMERGENCY RESPONSE PLAN FORM

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- e) Location of emergency vehicle entrances (referring to available site maps or plot plans); and
- f) If known, location of designated rescue or evacuation staging areas.
- 5) Company representatives designate appropriate number of individuals to:
 - a) Promptly mobilize to designated emergency vehicle entrance.
 - b) Flag down emergency services upon their arrival.
 - c) Direct and or lead service provider(s) to location of emergency scene.
- 6) If not yet performed, Company representatives notify executive leadership/management and apprise them of the emergency.
- 7) Executive leadership/management (or other Company representative) promptly initiate, if required, Incident Command or Crisis Management protocols, and ensure coordination and cooperation with emergency response personnel or teams.

Radio Communications

Voice Clarity – Your voice should be clear and understandable. Speaking too fast or too slow can create confusion.

Simplicity – Keep your communication simple enough for intended listeners to understand.

Brevity – Use a few words when speaking, be precise and to the point.

Security – Do not transmit confidential information on the radio.

Once an incident has been reported over the radio, only those who are involved in the incident and/or part of the Emergency Response Team are allowed to communicate. Those with radios who are not part of the ERT are to ensure there is no radio activity as this will have a negative impact on communication and emergency response.

The designated radio channel for emergency response is _____

EMERGENCY TRANSPORTATION

Transportation must be either by provincially licensed ambulance or other means of transportation in accordance with regulations. Injured persons or those experiencing trauma must be accompanied and not driving themselves to initial first aid. Transportation via company vehicle accompanied by a qualified OFA 2 with transport or OFA 3 certificate would be required.

FIRE

When a fire is discovered, all personnel must follow the R.E.A.C.T. principle:

R = REMOVE those in immediate danger.

E = ENSURE room doors/windows are closed.

A = ACTIVATE the emergency communication devices.

C = CALL 9-1-1 and inform operator of emergency situation, including site address.

T = TRY to extinguish or control the fire (if trained and comfortable).

Small/minor fires shall only be extinguished by personnel if:

- They are trained and equipped to do so.
- They will not place themselves or others in danger.
- The correct type of fire extinguisher is available in the immediate vicinity.
- An escape route is available.
- If the person is untrained or unequipped, they shall not put the fire out and must escape from the area via the closest exit point/route.



11.D EMERGENCY RESPONSE PLAN FORM

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- Where personnel may be required to use fire extinguishers at the specific workplace, and for select tasks such as hot work, those individuals shall be trained in the proper use of available fire extinguishers, including the “P.A.S.S.” principle:
- **P = PULL** There is a small pin that prevents the fire extinguisher from accidentally being discharged, all you have to do is pull it out and continue on to the next step.
- **A = AIM** Aim the nozzle of the fire extinguisher low at the base of the fire.
- **S = SQUEEZE** Squeeze the trigger you just pulled the pin out of. Remember to squeeze it slowly and evenly, so the extinguisher is as effective as possible.
- **S = SWEEP** Sweep the extinguisher from side to side to cover all areas the fire may have spread

When a fire alarm is heard, or upon being notified of a fire, all personnel must:

- Promptly/safely stop their work tasks.
- Safely switch off/shut down all their tools, equipment and/or machinery.
- Ensure any potentially flammable, combustible, or explosive liquids, materials, or substances, are removed from the work area if possible (without putting themselves in danger).
- Close all doors and windows when they exit an area, where applicable.
Assist with, if safe to do so, evacuating fellow workers or persons from the work area and/or premises.
- Proceed along the safest and closest escape route, closing doors behind them (if present)
- Proceed, in a timely manner, to the closest designated muster (assembly) point for head counting and verifications.
- Follow all directions from designated personnel or emergency response forces.
- Not re-enter the area or move from or leave the muster point until instructed to do so.

Personnel are not permitted to do the following:

- Move anywhere other than to the closest escape route (e.g. “upstairs”, to other rooms/areas, etc.).
- Enter a building or area where the alarm is sounding or where the fire is located.
- Carry bags or other bulky articles with them.
- Use elevators (if present).
- Loiter near building/facility entrances/exits.
- Move vehicles, equipment, or machinery.
- Leave tools, equipment or materials in locations that obstruct pathways or exit points; or
- Block any access roads.

When a Person is on Fire

- Stop, drop, cover your face and roll.
- Do not run, Running will only fuel the fire.
- Smother the fire by covering the person in heavy fabric.
- Do not try and suppress the fire on a person with nearby liquid.

EARTHQUAKE

Earthquakes are shelter-in-place emergencies, but in your immediate vicinity. Staying inside and sheltering in place is safer than going outdoors.

Whenever an earthquake starts, stop what you are doing. If indoors:

- Drop, Cover and Hold on.



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- Drop on the ground.
- Cover your body under a table or similar.
- Hold on to the table to make sure you shake together.
- Do not go outside until it is safe to do so.
- Avoid any doors, windows or any heavy fragile objects.
- If you are in an elevator during the earthquake, hit all the floor buttons, and get out as soon as you can.

After the earthquake:

- Stay calm.
- Help others if needed.
- Listen to the news over radio or TV for more info from authorities.
- Use caution with windows, doors, or other heavy fragile objects till you confirm their stability.
- Disconnect any lights or electrical appliances that got damaged during the earthquake, from the electrical panel, light switch, or unplugging.

If outdoors:

- If possible, move to an open area.
- Do not stand under formwork, freshly poured concrete or any scaffold under construction.
- Assume a safe position and keep low.
- Stay away from stored materials, trees, mobile equipment, gas or chemical storage, motor vehicles, crew and office trailers or any other objects than can fall and crush you.
- After the shaking has stopped, move to the emergency muster area and report in with your name and injuries. If you are hurt and unable to move, remain calm to conserve energy and call out for help.
- Be prepared for aftershocks.

After the earthquake has ended, the superintendent or his designate will ensure:

- Triage and first aid of injured workers has started.
- A head count will be conducted listing the last known location of missing workers.
- Rescue teams will be formed to assist the injured and to search for any missing workers.
- If necessary, hazardous utilities gas/electricity will be located and shut off.
- No worker is to leave the site without authorization.

Additional Considerations:

- Do not leave for home. Power can be out, leaving traffic lights out also.
- Traffic congestion can occur, people will panic, and emergency vehicles may not be able to respond to the injured-on time.
- Have a home plan to give your family its best chance of safely surviving the earthquake.
- Stay where you are needed until advised by emergency services. If you are not part of the solution, you are part of the problem.

In case of a major disaster, emergency shelter locations will be broadcast by Emergency Services Radio. At this time the local authorities will be advised on how to contact family members.

TRENCH AND EXCAVATION COLLAPSE

In the event of an excavation collapse do not react by impulse and jump into the excavation to the aid of an injured or buried worker. There is a 50% potential reoccurrence in all failed excavations, and you could become a victim too.



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Instead, do the following:

- Phone 911 for assistance if there is an injured person.
- Size up the situation, consider a safe approach if one is possible. If it is possible to safely assist the injured or trapped person do so.
- Secure the following areas:
- Upper edge turn off all equipment – Equipment on the edge of excavations are at an extreme risk of falling in should the slope fail.
- Remove debris and if safe to do so remove equipment from around excavation.
- Stop or reroute traffic that might create vibrations and cause secondary cave-in.
- Keep everyone who is not directly involved in the rescue/recovery a safe distance away from the excavation.
- Fire/rescue arrives, and rescue/recovery begins. Be sure to stay away from the area during the rescue/recovery and keep your fellow workers back to allow plenty of working room for the rescuers.
- Do not attempt to dig the victim out with a backhoe or excavator unless authorized by emergency first responders.
- Secure the area to your best ability. Do NOT allow access for media, public, and other.
- Assist the appropriate people in the investigation process by relating what you saw or details you remember

UTILITY DAMAGE

Emergencies Involving Powerlines

We will take necessary action to ensure power lines in the immediate work area guarded, rerouted or de- energized prior to commencement of work as required in OHSR Part 19. Our superintendent will contact the owner of the power system, typically BC Hydro, to arrange a pre-planning meeting to analyze any potential risks.

Maintaining a safe distance from all electrical conductors is the best way to prevent power line accidents. For safe limits of approach refer to OHSR 19.24.1. If for some unforeseen circumstance, contact with an energized conductor occurs, the following must be taken into consideration:

Overhead Electrical

If for some unseen circumstance, contact with an energized electrical equipment occurs:

- 1) If you are in mobile equipment, remain inside the cab and don't panic, you are safer where you are.
- 2) Alert other personnel to what has happened and instruct them to keep their distance from any machine, load, lines or ground affected by the power lines. The machine, load, lines and the ground will carry electrical current.
- 3) Try to remove the contact - move the equipment away from the line in the reverse direction to that which caused the contact (for example, if you swung left into the wire, swing right to break the contact).
- 4) Once an arc has been struck, it can draw out a considerable distance before it breaks. Keep moving away from the line until the arc breaks and then continue moving until you are at least 3 to 4.5 m (10 to 15 ft) away from the line.
- 5) If a crane's ropes appear to be welded to the powerline do not move away from the line as it may snap and whip. Stay where you are until help arrives.



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- 6) If mobile equipment cannot be moved away or disengaged from the contact, remain inside the mobile equipment until the electrical authorities de-energize the circuit and confirm that conditions are safe.
- 7) Report every incident involving contact with a live line to your supervisor who will in turn notify the electrical utility so that inspections and repairs can be made to prevent damaged powerlines from failing at a later date. (WorkSafeBC must also be notified by the supervisor.)
- 8) If it is necessary for the operator to leave mobile equipment while it is still in contact with the electrical conductor, they must jump clear and land with both feet together. They must never step-down allowing part of their body to be in contact with the ground while any other part is touching the machine.
- 9) Because of the hazardous voltage differential in the ground the operator should jump with his feet together, maintain balance and shuffle slowly across the affected area. Keep your feet evenly together. Take very small steps without moving feet apart at all. Do not take large steps because it is possible for one foot to be in a high voltage area and the other to be in a lower voltage area. The difference between the two can kill.
- 10) Completely inspect equipment that has contacted a power line for possible damage caused by the electrical contact. Affected sections of wire rope should be replaced if it touched a line since the arc is usually of sufficient power to weld, melt or badly pit the rope.

A high voltage contact can result in electrical current transferring down the boom through the equipment and into the ground. The ground will then be energized with high voltage near the equipment surrounding area lessening further away.

Stay Put

If your equipment contacts a power line, stay inside the cab. DO NOT EXIT. Call 911 and your electric cooperative for help and warn anyone nearby not to approach your equipment. Only exit the machinery after you are told by the authorities that it is safe to do so.

Exiting equipment that has contacted energized power lines can cause electrocution. The downed power lines could be charging the equipment with electricity and, if you step out, you will become the electricity's path to the ground and could be killed by electric shock.

Jump Clear

If you must get out of your equipment because of a fire, tuck your arms across your body and jump with your feet together as far as possible from the equipment so no part of your body touches the equipment and the ground at the same time.

Move away from the equipment with your feet together, either by hopping or shuffling, until you are at least 40 feet away. Electricity spreads through the ground in ripples. Keeping your feet together prevents one foot from stepping into a higher voltage zone than the other foot, which could cause electrocution.

Stay Away

When you are clear of the area, call for help and keep others away. DO NOT approach your vehicle again until utility crews and emergency responders tell you it is safe.



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Underground Electrical

Contact with underground electrical utilities should be treated very seriously and similar to overhead power lines. If contact or damage to an electrical utility occurs:

- Have someone who is not within the affect area notify your supervisor immediately.
- If possible and safe, back the equipment away and off the power line.
- Secure the area and ensure no one enters the area at minimum 30 feet away from the damaged utility.
- If workers are required to evacuate, they should use the hop or shuffle method.
- Do not attempt to rescue someone within a live electrical area until the power has been shut off by the utility owner and deemed safe. If a worker has been injured call Emergency Services immediately.
- Contact the owner of the utility and continue to secure the area until power can be safely shut off.
- Do not re-enter the area until directed by the power utility owner.

Water Main

In the event of a water utility strike the following procedures should be used:

- Evacuate the excavation and surrounding area immediately.
- Notify your supervisor.
- Continue to maintain a safety perimeter.
- If already pre discussed with the owner of the utility, locate the closest water valve and shut it off.
- If you have not been given permission to shut off the water valve, call the owner of the water utility immediately. Maintain the scene as best as possible until the owner arrives to shut off the water.
- If the supervisor determines it is a major release of water Emergency Services will be contacted.

Gas

If there is an incident where gas is accidentally released either through a bottle source or gas utility line, the following should be followed:

If an operator notices they have struck a gas line or a worker notices the gas odor, or suspects a gas leak:

- Warn all others in the immediate area.
- Prevent any source of ignition- cigarettes, naked flames, grinding, welding or other hot works. Shut down all equipment immediately.
- Notify your supervisor immediately. They will contact the owner of the utility if applicable.
- Evacuate the area and prevent others from entering. Muster area should be up wind.

Sanitary/Storm Line

If contact with a live storm or sanitary sewer has been contacted the following procedures should be followed:

- Evacuate the excavation.
- Notify your supervisor and owner of the utility.
- If you are able to control the flow of the sewer with pumps, use to them control until further instructions have been given by the owner of the utility.



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CHEMICAL SPILLS

Response to a spill is dependent on several factors: nature and type of substance, amount spilled, and area in which it occurred, etc.

General response in all instances should be:

- Notify your supervisor immediately and provide details of the incident, persons involved, likelihood of chemical/ substances entering the drainage systems, identity of the chemical/ substance.
- Attain a copy of the SDS sheet for reference of any safety precautions.
- Control any further substance from spilling and spreading if safe to do so.
- Assist affected persons where it is possible without endangering yourself.
- Check immediate area are for any possible incompatible substances.
- Check to see if there is a possibility of spilled chemicals/substances in the drainage system and protect where possible.

Spills should be cleaned up as per SDS sheet and disposed of accordingly.

Refer to the Environmental Management Act: Spill Reporting Regulations for the requirement to report spills.

EXCAVATION OR TRENCH COLLAPSE

In the event of a trench or excavation collapse the following procedures should be followed:

- The immediate area should be evacuated.
- If a worker is required to be rescued from the trench, emergency personnel should be called. The scene should be assessed by the Supervisor and First Aid attendant before entering to assist the worker. Do not enter an unstable or un-shored excavation wait for emergency personnel.
- Try to locate the victim. Look for evidence of tools or materials.
- If it is safe to enter the excavation, use small shovels to gently dig and remove material from around the victim. Use extreme caution to avoid further injury to the victim. Do not stand on top of material that may be on top of the victim.
- When near the victim use hands to clear away the material. If the victim is conscious, first aid will continue to stabilize until emergency personnel arrive. If victim is unconscious check for breathing, CPR may be required.
- Do not remove the victim from the trench unless there is imminent danger (flooding, dangerous gases, water or further trench collapse, etc.). Where possible leave the victim until ambulance or emergency personnel arrive.
- An incident investigation should be performed immediately after by the Safety Coordinator and Site Supervisor.

Bulk Excavation

In the event a worker needs to be rescued from a bulk excavation the following procedures should be followed:

- If possible, for minor injuries or emergency evacuation, a worker should be able to self-rescue by walking up the material ramp or scaffolding stairs provided. Evacuation procedures will be followed on site using 1 long air horn blast, or 3 short blasts for first aid.
- For a medical emergency where a worker is not able to self-rescue the follow steps will be used:



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Stage 1:

Beginning of bulk excavation and shotcrete shoring. A stable material ramp will be maintained for emergency access/egress. A ladder system can be installed for general worker access/egress as long as emergency access is maintained.

Stage 2:

In the event a stable material ramp cannot be maintained and before scaffolding stairs are installed, an evacuation plan must be coordinated by the Prime Contractor with the High Angle Rescue Emergency Responders. Temporary general access/egress of the site will be maintained through a ladder system. The notification reference number must be available on the site safety board.

Stage 3:

Engineered scaffolding stairs will be installed by Qualified Persons and Prime Contractor. The scaffolding stairs will be set up as per site requirements (built in full, or suspended scaffolding). If it is installed top-down during the excavation process, and adequate access/egress cannot be maintained without a ladder, the High Angle Rescue Emergency Responders will be notified by the Prime Contractor for emergency medical procedures that a worker is unable to self-rescue via the ladder/scaffolding set up.

Stage 4:

Crane or DEP box rescue. When the excavation is at final grade, the Prime Contractor will install a tower crane (if applicable) and a complete set of scaffolding stairs. Emergency medical rescue can be completed through the DEP box on the crane. Self-rescue and evacuation can be completed through the scaffolding stair system.

CONFINED SPACE

Confined spaces pose a significant risk to workers required to enter them. If a worker is injured inside a confined space rescue will be done by qualified personnel only. As much as is reasonable we will call on the applicable emergencies services to assist us with this type of rescue.

Under no circumstances will any worker enter a confined space to rescue a worker. If the atmosphere is dangerous (e.g. oxygen level below 20.9%) no work will enter space unless equipped with and trained in air supply equipment. More details on confined space rescue can be found in the confined space section of our program.

STRUCTURE COLLAPSE

Although unlikely, the collapse of a structure is possible. A more likely scenario would be the collapse of form or false work. In either case the scene of the collapse must be controlled to prevent any worker from entering. In the event of a structural failure the general evacuation alarm will be sounded, and all workers will leave the site and report to the marshalling area.

Supervisors will do a head count and report to the site superintendent the status of their workers. If a worker is missing the supervisor will notify the site superintendent who will coordinate a rescue effort on site.

The rescue party will assess the area of the collapse and determine if it is safe to attempt a rescue. If the area is



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deemed safe, then a survey will be conducted to locate any trapped worker(s). Any shoring required to secure the area will be added as the rescue part progresses. Red danger tape will be placed on either side of the access/egress route to mark the limits where rescue workers can go safely.

The goal of this procedure is to clear a path to the collapsed area so that specialized rescue crews and equipment can access the area safely.

Crane Collapse

Should a crane tip over or a crane boom collapse, immediately turn off electrical generators/power supply and water supply. When approaching the crane ensure there is no danger from further collapse of the equipment or the load or any other hazards that may be present (e.g. power line contact).

Personnel safety is most important and takes precedence over any property damage concerns. If there are any injuries, immediately summon first aid and, if necessary, an ambulance. If the operator can be safely removed from the machine without further injury, do so. If the operator has injured their back or neck do not attempt to remove him/her from the machine - wait for the ambulance.

Do not change anything at the incident location except to prevent further injury. Immediately call the office and inform the supervisor of the occurrence. The supervisor will contact the appropriate Regulatory Agency to report the collapse.

LIGHTNING

Lightning is a powerful burst of electricity that happens very quickly during a thunderstorm. Lightning is caused by an electrical charge in the atmosphere that is unbalanced, it is a common occurrence in Canada during the summer months.

When there is lightning you need to determine the distance: Count the seconds between the flash of the lightning strike and the next boom of thunder. If it's under 30 seconds, the storm is less than 10 km away.

When a strike occurs within 30km the supervisor must warn all employees on site and all cranes must shut down. If a strike gets as close as 10km away you must have a full lightning stand down, all equipment must shut down and all employees must seek shelter. Work will not resume for 30 consecutive minutes without a strike within 10 km. The supervisor will use their discretion based on the duration of shut down whether work will commence or not.



11.F WORKING ALONE PERMIT

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PROJECT INFORMATION

Project Name:

Project Address:

Company Name:

Date:

Supervisor Name:

Supervisor Phone #:

EMPLOYEE WORKING ALONE DETAILS

Alone Worker Name:

Alone Worker Phone #:

Company Name:

Time In:

☐ AM ☐ PM

Time Out:

☐ AM ☐ PM

Project/work area location description:

Expected duties/tasks:

Risk/hazard level:

☐ Low

☐ Moderate

☐ High

COMMUNICATION PROCEDURES

Site Contact:

Check-in Period

☐ 15 minutes

☐ One (1) Hour

☐ Three (3) Hours

☐ 30 minutes

☐ Two (2) Hour

☐ Four (4) Hours

Method of
Contact

☐ Radio

☐ Cellular Phone

Number:

Tested/Working ☐ Yes ☐ No

Tested/Working ☐ Yes ☐ No

Check-in
Questions

1. Location of Worker:

2. Status of Worker:

RESPONSE PROCEDURES

Response
period

☐ Immediate

☐ 10 Minutes

☐ 20 Minutes

☐ 5 Minutes

☐ 15 Minutes

☐ 25 Minutes

NOTE

If the worker cannot be reached by either modes of contact or does not respond within the specified response period, then the designated site contact will arrange for face-to-face contact to be made with the employee by the following:

Contact Method

☐ Foot/Walking

☐ Security

☐ Other

☐ Vehicle

☐ Field Individual

Unsafe
Situation

If an unsafe situation is encountered while working alone or in isolation, the worker shall immediately contact the designated project contact, and where necessary 9-1-1

**12.A ANNUAL INCIDENT & INJURY RECORD FORM**

OHS Program – Element 12 – Records & Statistics

Created: May 2024

Last review: -----

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Date: January 20__ to December 20__**Person completing form:**

Injury Location	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Head													
Eye													
Neck													
Shoulder													
Back													
Chest													
Abdomen													
Pelvic													
Arm													
Hand & Wrist													
Leg													
Knee													
Ankle													
Foot													
Totals													
Incident Classification													
Report Only													
First Aid													
Medical Aid													
Lost Time													
Near Miss													
Property Damage													
Environmental													
Totals													

Reviewed by Manager/Owner Name:**Manager/Owner Signature:**

**12.B MONTHLY INCIDENT & INJURY RECORD FORM**

OHS Program – Element 12 – Records & Statistics

Created: May 2024

Last review: -----

Rev. 1.0

Month:**Person completing form:****INCIDENT & INJURY TOTALS**

# Employees Injured	RO	FA	MA	LTI	NM	PD	ENV	Total
Date <i>(mm/dd/yyyy)</i>	Workers Name			Incident/Injury Type		Injury Location		Injury/Incident Cause



12.D - BCCSA COR Audit Documentation Requirements


OHS Program – Element 12 Records & Statistics

Created: May 2024


Last review: -----

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Document/Form	Frequency	Retain for how Long?
02.A - Job Hazard Analysis	Prior to job start	1 Year
02.B - Field Level Risk Assessment	Daily	1 Year
05.A – Non-Compliance	As required	7 Years
07.A – Tool & Equipment Inspection	Annually	1 Year
07.B – Monthly Vehicle Inspection	Monthly	1 Year
08.A – Orientation	Prior to job start	7 Years
08.B – Orientation Quiz	Prior to job start	7 Years
08.C – New & Young Worker Orientation	Prior to job start	7 Years
08.D – Toolbox Meeting	Weekly	2 Years
08.A – Jobsite Inspection	Monthly or as required	1 Year
10.A – Incident Investigation Report	As required	3 Years
11.A – First Aid Assessment	As required	1 Year
11.B – Emergency Contact Information	Prior to job start	1 Year
11.C – Emergency Drill	Annually	2 Years
11.D – Emergency Response Plan	Prior to job start	2 Years
11.E – After Hours Transfer of First Aid	As required	1 Year
11.F – Working Alone	As required	1 Year
12.A – Annual Incident & Injury Record	Annually	5 Years
12.B – Monthly Incident & Injury Record	Monthly	5 Years
14.A – JHSC Meeting Agenda	As required	2 Years
14.B – JHSC Meeting Minutes	As required	2 Years
15.A – First Aid Record	As required	3 Years
15.B – WorkSafeBC Patient Assessment	As required	3 Years
15.C – RTW Communication	As required	3 Years
15.D – Modified Work Offer	As required	3 Years
15.E – Worker Letter	As required	3 Years
15.F – Doctor Letter	As required	3 Years
15.G – Functional Abilities Assessment	As required	3 Years
16.A – Bullying & Harassment Complaint	As required	3 Years
16.B – Bullying & Harassment Investigation	As required	3 Years
Worker Training Records (equipment, SWP's, hearing)	As required	3 Years

	12.D - BCCSA COR Audit Documentation Requirements			
	OHS Program – Element 12 Records & Statistics	Created: May 2024	Last review: -----	Rev. 1.0

COR Audit Document Sampling Plan	
Element	Quantity
1. Safety Policy	
<input type="checkbox"/> Meeting minutes or some other method to show an annual review of the Safety Policy has taken place. Previous signed policies do not count.	3 Years
2. Workplace Hazard Assessment & Control	
<input type="checkbox"/> Hazard assessments <i>Examples: Job Hazard Analysis, Task Hazard Analysis, Pre-Job Hazard Assessment, Field Level Hazard Assessment</i>	3 Months
3. Safe Work Practices	
<input type="checkbox"/> Field generated Safe Work Practices	3 Months
4. Safe Job Procedures	
<input type="checkbox"/> Field generated Safe Job Procedures	3 Months
5. Company Rules	
<input type="checkbox"/> Disciplinary records	12 Months
6. Personal Protective Equipment	
<input type="checkbox"/> PPE Inspection Records: <i>Examples: Fall Protection Equipment, Respiratory Protection</i>	6 Months
7. Preventative Maintenance	
<input type="checkbox"/> Inventory list of tools, equipment, and vehicles	All
<input type="checkbox"/> Repair / maintenance records	25% of Vehicles
8. Training & Communication	
<input type="checkbox"/> List of employees	All
<input type="checkbox"/> Employee training records	25% of employees or new hires from the past 12 months, whichever is smaller
<input type="checkbox"/> Supervisory training in Inspections & Health & Safety Responsibilities Training must include course information, reference materials, quiz/test	All Supervisors
9. Inspections	
<input type="checkbox"/> Inspections <i>Examples Site, Office, Shop, Other</i>	Site: 3 Months Office: 12 Months Shop: 6 Months
10. Investigations & Reporting	
<input type="checkbox"/> Completed Accident and Near Miss Investigations	12 Months
11. Emergency Preparedness	
<input type="checkbox"/> Office / Shop Emergency Response Plans	25% of locations in BC
<input type="checkbox"/> Site / Project Emergency Response Plans	
12. Records & Statistics	
<input type="checkbox"/> Report of all incidents broken down by: First Aid, Medical Aid, Time Loss	12 Months
<input type="checkbox"/> Records to show review of safety performance <i>Example: Management meeting showing discussion of incident types and loss time duration, or email records to show communication of incident trends</i>	

	12.D - BCCSA COR Audit Documentation Requirements			
	OHS Program – Element 12 Records & Statistics	Created: May 2024	Last review: -----	Rev. 1.0

<input type="checkbox"/> First aid records	12 Months or 25 records, whichever is less
<input type="checkbox"/> Previous COR Audit Action Plan. <i>Ensure completed items are noted.</i>	Previous Year
14. Joint OHS Committee / Worker Representative	
<input type="checkbox"/> Joint OHS Committee Terms of Reference	Most recent version
<input type="checkbox"/> List of current Joint OHS Committee Members	Current reps
<input type="checkbox"/> Joint OHS Committee Training Records	All
<input type="checkbox"/> Joint OHS Committee Meeting Agendas & Minutes	12 Months

Important: Daily diaries, journals, and logbooks can provide acceptable proof that certain activities are being completed. Records must be presented in a reasonable time.

**14.A JOINT HEALTH & SAFETY COMMITTEE MEETING AGENDA FORM**OHS Program – Element 14 – Joint Health & Safety
Committee

Created: May 2024

Last review: -----

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JOINT HEALTH & SAFETY COMMITTEE MEETING AGENDA**Date:****Time:**am ☐ pm ☐**Location****Roll call:**☐☐☐☐☐☐☐☐☐**Adoption of minutes of last meeting:****REPORTS****First aid statistics / summary:****Incidents:****Inspections:****Education & Training:****Old Business:****New Business:****Adjourn**

**14.B JOINT HEALTH & SAFETY COMMITTEE MEETING MINUTES FORM**OHS Program – Element 14 – Joint Health & Safety
Committee

Created: May 2024

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JHSC MEETING INFORMATION

Meeting Date:	Call to order:	am <input type="checkbox"/> pm <input type="checkbox"/>	Adjourned:	am <input type="checkbox"/> pm <input type="checkbox"/>
Previous meeting date:		Next meeting date:		
Minutes approved: yes <input type="checkbox"/> no <input type="checkbox"/>				
Last committee evaluation:		Next committee evaluation:		

COMMITTEE MEMBERS PRESENT

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPORT TOTALS

Date	Risk assessments conducted	Site inspections conducted	OHS program reviews	Training courses	Recommendations made to the employer
This period					
This period last year					
Year-to-date					

REPORTS

First aid summary reports	<ul style="list-style-type: none">•••
Incidents	<ul style="list-style-type: none">•••
Inspections	<ul style="list-style-type: none">•••
Other OHS reports	<ul style="list-style-type: none">•••
Training and education	<ul style="list-style-type: none">•••

OLD BUSINESS



14.B JOINT HEALTH & SAFETY COMMITTEE MEETING MINUTES FORM

OHS Program – Element 14 – Joint Health & Safety
Committee

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Item #	Details	Who	Action due date

NEW BUSINESS

Item #	Details	Who	Action due date

**15.A FIRST AID RECORD FORM**

OHS Program – Element 15 – Injury Management

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FIRST AID REPORT

Name (first & last):	Phone number:
Project Name/address:	Occupation:
Reporting date/time: am <input type="checkbox"/> pm <input type="checkbox"/>	Date/time of Injury/Illness: am <input type="checkbox"/> pm <input type="checkbox"/>
Report sequence #:	Follow-up report date/time: am <input type="checkbox"/> pm <input type="checkbox"/>

DETAILED DESCRIPTION OF INCIDENT (what happened?)**DETAILED DESCRIPTION OF THE NATURE OF THE INJURY, EXPOSURE OR ILLNESS (what did you see - signs & symptoms)****DETAILED DESCRIPTION OF THE TREATMENT GIVEN (what did you do?)****NAME OF WITNESS & PHONE NUMBER (must provide & attach all statements)**

1.

2.

ARRANGEMENTS MADE RELATING TO THE WORKER (return to work/ medical aid/ ambulance/ follow-up)

Provided worker handout: yes <input type="checkbox"/> no <input type="checkbox"/>	A form to assist in return to work and follow-up was with the worker to medical aid? yes <input type="checkbox"/> no <input type="checkbox"/>
Alternate duties discussed: yes <input type="checkbox"/> no <input type="checkbox"/>	Rejected first aid: yes <input type="checkbox"/> no <input type="checkbox"/> (if yes, why?)
Provided report to worker: yes <input type="checkbox"/> no <input type="checkbox"/>	Supervisor's name (first/last):
Supervisor notified: yes <input type="checkbox"/> no <input type="checkbox"/>	
Patients signature:	

**15.C RETURN TO WORK COMMUNICATION LOG FORM**

OHS Program – Element 15 – Injury Management

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WORKER INFORMATION

Worker last name:	First name:	Middle initial:
Occupation:		
Usual work schedule:		
Phone number: <i>(include area code)</i>	Cell: <i>(include area code)</i>	Work number: <i>(include area code)</i>
Supervisor name:		
WorkSafeBC contact name and number: <i>(include area code)</i>		Nurse advisor name and number: <i>(include area code)</i>
Date of injury: <i>(yyyy-mm-dd)</i>	Area of injury:	
Date received physician's functional assessment:		Date worker will return to regular job:
Type of accommodation: <input type="checkbox"/> Modified duties <input type="checkbox"/> Alternate duties <input type="checkbox"/> Modified hours		
Start date of return-to-work plan:		Plan prepared by:

COMMUNICATION LOG

Date	Discussion	Follow-up date

**15.D – MODIFIED WORK OFFER**

OHS Program – Element 15 – Injury Management

Created: May 2024

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First Name:

Last Name:

Date (yyyy-mm-dd)

In keeping with our commitment to provide accommodation opportunities that are individualized, and employee focused, we are offering the following duties to promote recovery and rehabilitation:

Job Position:**Temporary Limitations:****Specific Duties:****Hours of Work per Day:****Number of Days per Week:****Start Date (yyyy-mm-dd):****Finish Date (yyyy-mm-dd):****Manager/Supervisor Name:**

Please remember that you are only to do the duties that are allowed and are within your current limitations. If you have any questions or concerns with the work, you have been assigned, please discuss it with your manager immediately.

We will meet with you daily to review your progress. The first meeting is scheduled for:**Start Date (yyyy-mm-dd)****Employee Signature:****Date (yyyy-mm-dd)****Manager/Supervisor Signature:****Date (yyyy-mm-dd)**

**15.E – WORKER LETTER**

OHS Program – Element 15 – Injury Management

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Employee Name:**Date:**

We are committed to supporting your recovery and rehabilitation by providing a modified and flexible work environment to accommodate your needs.

If you've been injured at work, please follow these steps:

- ☐ Go to first aid for treatment.
- ☐ Notify your manager/supervisor.
- ☐ Obtain a Recovery at Work package from your supervisor.
- ☐ Take the Recovery at Work package to your health care provider to complete the Functional Abilities Assessment Form
- ☐ Contact WorkSafeBC at 1-888-967-5377 or www.worksafebc.com to report your injury and to establish a claim.
- ☐ Following your appointment, return the completed Functional Abilities Assessment form to our supervisor for review and discussion.

SAME DAY OR NEXT SHIFT**Meet with your supervisor:**

- ☐ Review the completed Functional Abilities Assessment Form
- ☐ Discuss modified duties and work together to develop a Recovery at Work Plan.

ONGOING

- ☐ Participate in treatment recommended by your healthcare provider
- ☐ Participate in your Recovery at Work Plan
- ☐ Meet with your supervisor daily to discuss your progress, changes in your condition, or any other concerns related to your recovery.
- ☐ Follow-up with WorkSafeBC to discuss your recovery progress.

Notes:

**15.F – DOCTOR LETTER**

OHS Program – Element 15 – Injury Management

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Dear Healthcare Provider,

We are committed to supporting our ill/injured employees by providing modified or alternate duties tailored to meet their unique needs. With appropriate support in the workplace, employees' recover faster and are less likely to have long term health effects or other common health conditions.

Please complete the Functional Abilities Assessment form on the reverse side. Y

our recommendations regarding any temporary limitations or restrictions will help us work collaboratively with you and your patient to develop a safe and sustainable recover at work plan. Please consider if your patient could do work of some kind before advising they are unfit for work.

If you have any questions and/or concerns, please contact me at ()

We are willing to pay a fee of up to \$ _____ for the completion of the Functional Abilities Assessment form. Please mail or fax the invoice to _____ .

Sincerely,

Date:

**15.H – FUNCTIONAL ABILITIES ASSESSMENT FORM**

OHS Program – Element 15 – Injury Management

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EMPLOYEE INFORMATION**First Name:****Last Name:****Middle Initial:****Dominant Hand** (if applicable)☐ Left ☐ Right**Date Of Assessment** (yyyy-mm-dd)**Occupation:****Nature of Injury** (please indicate left of right)**LIMITATIONS**

These typical physical limitation guidelines are based on the official disability guidelines (ODG) published by the Work Loss Data Institute.

☐ **Neck****Limit**

- ☐ Activities with arms above shoulder level, including reaching down.
- ☐ Activities with lifting and carrying to light or medium loads.
- ☐ Hanging Weights
- ☐ Ladder Climbing

Avoid

- ☐ Lifting and carrying with arms above shoulder level
- ☐ Extremes of looking up, down, or over the shoulder especially if sustained for more than a few seconds

☐ **Shoulder****Limit**

- ☐ Climbing ladders
- ☐ Activities using arm above shoulder level, including reaching down.
- ☐ Activities which require lifting and carrying light or mediums loads.

Avoid

- ☐ Holding the arm outstretched for periods especially while holding weights and applying force.
- ☐ Lifting and carrying with arm above shoulder level

☐ **Elbow/Forearm****Limit**

- ☐ Repetitive or sustained gripping, especially where high forces are required.
- ☐ Repetitive elbow bending
- ☐ The total time spent keyboarding or driving.
- ☐ The use of impact tools (including power tools and hammers)

Avoid

- ☐ Hanging weights
- ☐ Forearm rotations, pressure on the elbow

☐ **Wrist/Hand****Limit**

- ☐ Repetitive gripping, especially where high or sustained forces are needed.
- ☐ Lifting and carrying to light or medium loads.
- ☐ The total time keyboarding or driving.

Avoid

- ☐ Extreme postures of the wrist, especially with force.
- ☐ Long durations of time

☐ **Low Back****Limit**

- ☐ Walking on uneven ground
- ☐ Lifting and carrying to light or medium loads, depending on frequency and postures

Avoid

- ☐ Jarring
- ☐ Repetitive bending
- ☐ Long static standing or sitting
- ☐ Extreme bending of the back
- ☐ Twisting of the back


☐ **Knee****Limit**

- ☐ Walking on uneven ground
- Avoid**
- ☐ Long periods of standing or walking
- ☐ Deep squatting, kneeling, or crouching
- ☐ Pivoting the knee
- ☐ Participating in activities requiring bracing, balancing, or running.
- ☐ Stair use or ladder climbing

☐ **Ankle****Limit**

- ☐ The use of stairs
- Avoid**
- ☐ Long periods of standing or walking
- ☐ Walking on uneven ground
- ☐ Climbing ladders
- ☐ Deep squatting and crouching
- ☐ Activities requiring balancing, bracing, or running

Additional recommendations or comments**Healthcare Providers Name (please print)****Healthcare Providers Signature****Clinic Name****Clinic Phone Number**

	16.A BULLYING & HARASSMENT COMPLAINT FORM			
	OHS Program – Element 16 - Bullying & Harassment	Created: May 2024	Last review: -----	Rev. 1.0

REPORTING INFORMATION

Project Name:		Date Incident Occurred:		Approx Time:
Name of person reporting complaint:			Employer/Company name:	
Occupation:			Contact/cell phone #:	
Types of Bullying/Harassment (check all that apply)				
Verbal <input type="checkbox"/>	Physical <input type="checkbox"/>	Psychological <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	
Person(s) Involved First/Last Name:		Company Name:		Job Title/Position:
1)				
2)				
3)				
Witnesses to the Incident First/Last Name:		Company Name:		Job Title/Position:
1)				
2)				

Personal statement instructions:

Please describe in as much detail as possible the bullying and harassment incident(s), including:

- the names of the parties involved
- any witnesses to the incident(s)
- the location, date, and time of the incident(s)
- details about the incident(s) (behavior and/or words used)
- any additional details that would help with an investigation

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Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

Signature:	Date:
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**16.B BULLYING & HARASSMENT COMPLAINT INVESTIGATION FORM**

OHS Program – Element 16 - Bullying & Harassment

Created: May 2024

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REPORTING INFORMATION

Project Name:

Date Incident Occurred:

Approx Time:

Supervisor Name:

Employer/Company name:

Occupation:

Contact/Cell Phone #:

Types of Bullying/Harassment (check all that apply)Verbal ☐Physical ☐Psychological ☐Other (specify) ☐

First & Last Name of Investigator(s):

1)

2)

Full description of the situation (*dates, words, actions, etc*) and impact (*e.g., humiliated, intimidated*)Did workplace bullying or harassment occur? Yes ☐ No ☐Reported to WorkSafeBC? Yes ☐ No ☐

Reason(s) for this conclusion:

Corrective actions/measures (*training, disciplinary etc*):