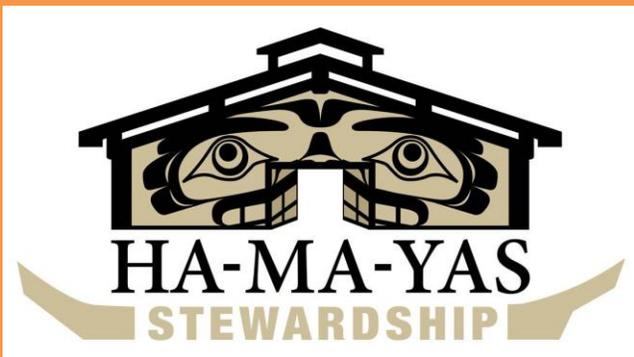


Occupational Health & Safety Manual



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1.0 Policies

1.1 Health and Safety Policy Statement

_____ is committed to providing a safe and healthy workplace for all our employees and contractors. We believe that all injuries and fatalities are preventable and that excellence in health and safety is a key to long term success.

Management and supervisors will:

- Train all personnel in safe work procedures and hazard identification.
- Lead and demonstrate safety by example, and will
- Ensure that the personnel that they are responsible for have the necessary knowledge to work safely.

All levels of management accountable for providing a safe work environment and enforcing safe work procedures and practices. We will hold all employees and contractors accountable for following safe work procedures and reporting unsafe acts and safety incidents. We will also ensure timely follow-up to safety incidents.

Everyone will complete operations safely to prevent injuries. To make the field a safe place to work, it is essential that all workers co-operate in the safety effort. Every employee should be interested and concerned about their own personal safety and the safety of other employees.

“Safety is a condition of employment”.

Operating safely involves everyone. All employees must cooperate and do their part to implement the program as well as provide input into improving the Occupational Health and Safety (OH&S) program. We will provide support and promote the program to ensure that safety has the overriding priority.

_____ is committed to compliance with any and all governmental agencies, regulations, and industry best practices and will use audits to measure and improve our health and safety programs.

We will monitor our health and safety program and share our results on a regular basis.

Signing Party (1)

Date:

Signing Party (1)

Date:

Signing Party (1)

Date:

1.2 Health and Safety Responsibilities

Employer's responsibilities include:

- Establishing the health and safety program
- Continually adjusting components of the safety program as determined by audit/investigations/etc.
- Conducting an annual review in of each year in _____(month)
- Training supervisors
- Providing a safe and healthy work environment.

Supervisor's responsibilities include:

- Directing and controlling workplace activity to ensure the health and safety of all workers
- Providing a health and safety orientation to new workers
- Providing ongoing training to workers
- Taking part in inspections and investigations
- Reporting any safety or health hazards
- Correcting unsafe acts and conditions.

Workers' responsibilities include:

- Learning and following safe work procedures
- Correcting hazards or reporting them to supervisors
- Reporting injuries, close calls/near misses and property damage to supervisors
- Participating in inspections and investigations where appropriate
- Using personal protective equipment where required
- Helping to create a safe workplace by recommending ways to improve the health and safety program.

1.3 Corrective Action/Discipline Policy

Purpose

_____ wishes to provide a fair and consistent approach to dealing with employees whose conduct, behaviour and/or performance falls below acceptable standards or regulatory requirements. This policy is designed to correct behaviors, conduct and performance.

Policy

Employee whose conduct, behaviour and/or performance falls below acceptable standards or regulatory requirements will be subject to corrective actions laid out in this policy.

Scope

All employees including supervisors are subject to the corrective action policy.

Procedures

General

Each employee is expected to conduct themselves in a manner which conforms to generally accepted standards of workplace behaviour and conduct. These standards can be summarized as follows:

- Employees will observe all laws, rules and regulations of Canada, British Columbia and the First Nation.
- Employees will be honest and truthful at all times in dealing with the First Nation and fellow employees.
- Employees will, at all times, respect the personal and property rights of their fellow employees and the First Nation.
- Employees are expected to meet and maintain all First Nation performance and conduct standards.

When a violation of an established standard occurs, each case will be investigated thoroughly and corrective action will be administered on the merits of each case.

Generally, if corrective action is warranted a progressive system will be applied, with the expectation that the employees' performance, behaviour or conduct will change to acceptable standards in the early stages of corrective action.

However, should there be a serious infraction; the First Nation retains the right to bypass or escalate the corrective action steps and apply an appropriate corrective action, up to and including termination. As the approach to dealing with progressive and non-progressive will be different, each will be described separately in this policy.

In some situations the supervisor may be unclear on an appropriate course of action. In those situations the supervisor should take a consultative approach and seek input from his Manager and/or Chief and Council.

If the matter is of a nature requiring that the employee be removed from the job, the supervisor should do so and have the employee wait in his/her office or other suitable location. If the supervisor is unable to deal with the employee due to other commitments or the supervisor has to arrange relief, the employee should be told what the issue is and then placed away from the job site until he/she can be removed from the job.

Corrective Action

In corrective action the objective is to reverse a non-conformance issue before it becomes a serious matter. This is accomplished through a series of levels of corrective action, with the severity of corrective action escalating should the non-conformance persist. The following describes the levels in the progressive discipline.

Level 1 - Verbal Warning

This level will provide an opportunity for the supervisor and the employee to address incorrect behaviour, conduct or performance of standards at an early stage. Specific actions needed to correct the problem and a time frame within which to accomplish them, will be defined.

While this early intervention is considered a verbal warning the supervisor should complete a corrective action report with a copy will also be placed on the employees personnel file as well as maintain their own record of when the discussion took place and any points of significance.

Level 2 - Documented Warning

Should there be a subsequent violation, this level will once again provide an opportunity for the supervisor and the employee to address the problem. Specific actions needed to correct the problem and a time frame within which to accomplish, they will once again be reviewed. At Level 2 the supervisor will document the discussion, providing the employee and the Manager with a copy. A copy will also be placed on the employees personnel file.

Level 3 - Letter of Reprimand

Should there be a subsequent violation, or if the incident warrants, it will be necessary to issue a letter of reprimand.

At this level the Manager or designate will be present at the meeting with the supervisor. If desired the Manager may seek input from the Chief and Council. Specific actions needed to correct the problem(s) and a time frame within which to accomplish them, will be defined as well as consequences for failed compliance will be discussed and documented in a letter to the employee with copies to the supervisor and the employees file.

Level 4 - Suspension

In cases of serious infractions or when an employee has committed a series of infractions and been previously corrective action, a suspension will be issued.

The length of the suspension will depend upon the seriousness of the infraction. The suspension will normally range in duration from 1 day to 2 weeks. In exceptional circumstances a longer suspension

may be issued in consultation with a HR Advisor. Note that if previous corrective action was in the form of a suspension, a subsequent suspension must be of greater duration.

At this step the Manager or designate will be present at the meeting with the supervisor. Prior to holding the meeting the Manager and Supervisor should consult with Chief and Council to ensure that appropriate corrective action is given. At the meeting the employee will be advised as to the reasons for the suspension and the duration of the suspension. Corrective action suspensions will be without pay.

The suspension will be accompanied by a letter to the employee outlining the circumstances leading up to the suspension, the dates of the suspension, specific actions needed to correct the problem(s) and a time frame within which to accomplish them will be defined, as well as consequences for failed compliance. If appropriate the letter may refer the employee to EFAP services with relevant contact information. The letter to the employee will be copied to the Chief and Council, the supervisor and the employees file.

Following the suspension and prior to returning to work the employee will meet with the Manager and Supervisor at which time it will be explained to the employee expectations for continued employment with the First Nation.

Level 5 - Discharge

This action will be taken if all previous attempts to help an employee conform to acceptable standards fail or if the infraction is of such a magnitude that discharge is the required response.

The employee will be removed from the workplace in a manner which is respectful of the employee but ensures security of other employees as well as equipment and processes.

If necessary, the employee may be suspended indefinitely pending an investigation to determine the appropriate level of corrective action.

The employee will be advised of termination of employment in a meeting with the Supervisor, Manager and Committee representative or Union Local representative. The information will be documented in a letter which will be copied to the Union Local. The termination date will be immediate.

Non-Progressive Corrective Action

A series of incidents at close intervals or a serious infraction may be grounds for bypassing levels in this guideline. The following will describe those situations:

A Series of Incidents

Unrelated incidents of poor work performance and attendance may be enough to establish a pattern of performance and behavioural problems which need not be treated independently.

In these types of situations the employer may advance to more severe levels of the guideline due to the cumulative effects of the employee's performance.

If the above is being contemplated, a consultative process should occur with the Chief and Council to firstly, ensure that the employee has been made aware of the problems and appropriate documentation of the incidents has been made and secondly, to determine what corrective action is appropriate.

Serious Infractions

Some infractions are of such a serious nature that a single incident may be grounds for immediate discharge. Examples are:

- Falsification of employment applications, production reports or other records.
- Possessing, using or being under the influence of intoxicants or narcotics at work.
- Theft.
- Deliberately causing damage to employee, First Nation or contractor property.
- Engaging in conduct that endangers fellow employees.
- Gross insubordination.
- Major safety violations.

Supervisor Action Plan for Serious Infractions

Since the consequences of a serious infraction are a serious matter, the supervisor will not take action on own. Prior to making any decisions, the Supervisor will seek advice and input from his/her Manager and the Chief and Council.

Employee reporting for work or found working under the influence of intoxicating substances

- Immediately remove the employee from his/her job.
- Tell the employee that in the interest of safety he is being sent home. (The employee is not given a choice in this matter.)
- Explain to the employee that he will be contacted by the First Nation and is not to return to the workplace until advised otherwise.
- If there is a question of a medical issue, have the employee attended by a First Aid Attendant to determine if medical care is appropriate.
- Arrange for the employee to be escorted safely to his place of residence.

If possible, it is recommended that you involve another salaried employee in your discussion with the employee suspected of intoxication. As a minimum you should ensure that the employee has a union representative present. Suggest to the employee that they may want to seek the assistance of EFAP and provide contact information.

1.4 Drug and Policy

It is _____ goal to provide a safe, healthy and drug-free workplace.

To achieve this goal, employees are required to report to work in appropriate mental and physical condition in order to perform their jobs safely and efficiently.

While on paid time, which includes; working, conducting business-related activities on behalf of the First Nation (away from the premises) and working hours in camp, no employee, subcontractor, or anyone under _____ supervision, may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescription drugs is permitted on the job, provided it does not impair an employee's ability to perform the essential functions of the job effectively and in a manner that does not endanger the individual or other individuals in the workplace. Use of prescription medications that have possible side effects that could endanger a worker or others must be reported in confidence to the supervisor.

Employees under the influence of alcohol, illegal or banned substances during work hours are committing an act of gross misconduct and will be subject to discipline (under Corrective action/Discipline Policy) – potentially resulting in suspension or termination. There is no safe level of illegal drug or alcohol consumption when working. **This is zero tolerance in this policy.** It is critical to understand that drugs and alcohol impair our judgment and put everyone we are working with in an unsafe position.

It is never acceptable to subject yourself or your coworkers to dangerous behavior as a result of being under the influence of drugs or alcohol. Such violations may also have legal consequences.

WorkSafeBC's definition of, "in the course of employment", includes an employee's unpaid, "non-working hours" while staying in an employer's paid for or provided accommodations.

Examples of accommodations include; hotels, apartments, boats, camps, float camps, cabins, trailers, etc. Due to this, it is required that all employees' actions outside of "official" paid working hours while staying in First Nation provided accommodations to consistently be at an appropriate standard of conduct.

Appropriate conduct includes, exercising good judgment and not engaging in behavior that is deemed improper or reduces the integrity or professionalism of the First Nation. Any conduct that is deemed inappropriate or may impact the reputation of the band, may be subject to discipline or termination with cause. This is particularly true if the employee's conduct is contrary to a stated policy.

The abuse of alcohol or drugs has a dramatic impact on professional and family life. We encourage all employees who may be experiencing difficulty with drugs or alcohol to seek help. Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of disciplinary action, may be able to participate in a rehabilitation program.

If you, or anyone you know, may need help – we strongly encourage you to contact your supervisor, manager or Chief and Council personnel or consultant.

The band does not engage in pre-employment or random drug or alcohol screening; however, drug and alcohol testing may be required under the following circumstances;

- When it is required by law for certain licenses and certificates,
- Post-accident (incident), where recordable losses have occurred or where there is suspicion that drug or alcohol may have been a factor, or
- Where there is evidence of drug or alcohol use contrary to this policy, or
- Where an employee's acknowledged substance abuse has led to a "conditional reinstatement" agreement or "last chance" agreement, which includes post rehabilitation monitoring.

1.5 Workplace Bullying and Harassment Policy

Purpose

The purpose of this policy is to establish procedures to minimize and/or prevent violence and unacceptable behavior in the workplace and to foster the safety and security of all employees, clients and visitors to our work sites.

Workplace conduct

Bullying and harassment is not acceptable or tolerated at any workplace. All employees will be treated in a fair and respectful manner. In the event of a violent incident or unacceptable behavior perpetrated by an employee, the First Nation will provide corrective action to the employee, up to and including discharge for cause.

Retaliation or reprisals are prohibited against any employee who has come forward under this policy, or has provided information regarding a complaint. Any retaliation or reprisal is subject to immediate corrective action, up to and including termination. Alleged retaliation or reprisal are subject to the same investigative procedures and penalties as complaints of harassment

Bullying and Harassment

- (a) includes any inappropriate conduct or comment by a person towards an employee that the person knew or reasonably ought to have known would cause that employee to be humiliated or intimidated, but
- (b) excludes any reasonable action taken by an employer or supervisor relating to the management and direction of employees or the place of employment.

Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumors.

Employees must:

- not engage in the bullying and harassment of other employees
- report if bullying and harassment is observed or experienced
- apply and comply with First Nation policy, procedures and training programs on bullying and harassment

Scope

This policy statement applies to all employees, including permanent, temporary, casual, contract, and student workers as well as visitors, clients and suppliers.

It applies not only during working time, but to activities on or off of First Nation premises which could reasonably be associated with the workplace (e.g., social events or living in camp).

It applies to interpersonal, electronic communications, and social media such as email.

1.6 Violence in the Workplace Policy

Policy

_____ is committed to providing a workplace in which the respect and safety of the employees is paramount. The risk or occurrence of violent acts involving employees requires particular attention as violence undermines employees' ability to work effectively and impacts their quality of life. Any work-related threats or acts of violence against employees, or their families, are unacceptable and will not be tolerated.

Employees require safe working conditions which allow for: effective client service; input into well-defined violence prevention and response procedures; support from supervisors and colleagues in preventing and responding to incidents. Employees require safety from violence and harassment outside of the work setting which results from their employment; and counseling if affected by a violent incident.

Definition

Violence means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior which gives a worker reasonable cause to believe that the worker is at risk of injury.

Responsibility

It is the responsibility of the First Nation to:

- Promote a violence-free workplace for all employees
- Respect and protect the health, safety and dignity of all employees
- Empower employees to make and act on decisions regarding risk of violence
- Ensure employees are aware of and follow safety practices to prevent and respond to violent incidents
- Establish written practices to identify and address risks at work, using input from all work site employees
- Offer critical incident debriefing and other support to employees affected by workplace violence
- As a minimum, comply with WorkSafeBC OH&S regulations and applicable collective agreements.

Violence from a Co-worker

This practice does not apply to violence from a co-worker. The employer, in consultation with the unions, associations, has developed policy and procedures for preventing and addressing harassment and discrimination in the workplace. Employees subject to violence from a co-worker should seek a remedy to this problem through established procedures.

Violence from Clients/Public

Preventing, reducing and responding to violence directed toward employees from anyone other than a co-worker are addressed by the following:

1)Risk Assessment

Managers shall, with input from employees at each work site, ensure a regular risk assessment for each work place to evaluate the risk of violence. Workplace risk assessments must be documented and records maintained at the local office.

2)Employee and Supervisor Training

The job training must include a review of the risks inherent in an employee's position, violence prevention procedures, correct response procedures, workplace emergency procedures and Incident reporting procedures. Work Violence prevention training must start at the New Employee Orientation.

3)Incident Reporting, Investigation and Follow-Up

Employees are required to report any violent incident or threat they have been subjected to on the job, consistent with the First Nation procedures. All reports of violent incidents shall be investigated by the manager or local supervisor, with the assistance of employees.

4)Advice to Consult a Physician

The First Nation will ensure that an employee reporting an injury/adverse symptom from a workplace incident of violence, is advised to consult a health professional of their choice.

Responsibilities

Employees will:

- Provide input into risk assessments
- Attend training sessions when requested
- Provide input into development of the local office violence prevention plan
- Follow procedures for prevention of violence
- Report incidents of violence
- Provide input into incident investigations

Supervisors will:

- Comply with reporting, investigating and documenting procedures
- Facilitate ongoing discussions on workplace violence issues with staff, as required
- Provide input into risk assessments
- Assist in development and updating of the local office violence prevention plan
- Instruct staff on procedures for prevention of violence
- Promote and encourage reporting of violent incidents

Management will:

- Inform workers of the First Nation's policies and procedures on workplace violence
- Ensure the reporting, investigating and documents of incidents of violence in accordance with WorkSafeBC OH&S regulations and ministry reporting procedures
- Ensure local offices prepare and update violence prevention plans
- Ensure risk assessments are undertaken
- Take corrective action and monitor its effectiveness
- Ensure regular evaluation of the workplace violence prevention program

Steps for Conducting a Violence Risk Assessment

1. The Game Plan

- a. Meet with stakeholders – manager, employees, OHS committee chairs
- b. Gather a team of dedicated individuals (consider worker rep from safety committee)
- c. Decide what information you want to gather and how it will be gathered
- d. Set realistic timelines as a guide for your team
- e. Set dates in advance for benchmarking/group meetings

2. Information Gathering

- a. Previous experience in your workplace – close calls and injuries
- b. Similar workplaces
 - who does the same (similar) work as you do?
 - collect information through interviews, documentation, phone calls
- c. Location and Circumstance of your work
 - types of interactions (ex. providing medical assistance, resident manager, facility maintenance (buildings and grounds), security, etc.)
 - What is the service provided (i.e. medical, security, housing, etc.) ?
 - Who are the clientele (i.e. residents, public, clients, patients, etc.)?
 - What causes clientele to be angry (i.e. tenant – tenant interaction, off meds, on meds, other?)?
 - is money involved?

3. Summarizing Findings (the Report)

- a. Enter the information on the Hazard/Risk/Control Table
- b. For single worksite, complete the Overview report
- c. For multiple worksites, complete a separate Hazard/Risk/Control Table for any common issues.

4. Addressing Issues

- a. Write an action plan to address risks (implementation recommendations).
- b. Start to implement recommendations
- c. Review on a regular basis the status of the risk assessment and action plans.

1.7 Personal Protective Equipment (PPE) Policy

An employee is responsible for providing:

- clothing needed for protection against the natural elements,
- general purpose work gloves and appropriate footwear including safety footwear, and
- safety headgear.

All employees when they are hired will be provided with the following additional required PPE, and instructed on its proper use and care:

- hi vis clothing
- safety headgear (*if not provided above*)
- Personal Floatation Device (if required)

Employees are responsible for keeping all PPE in good working condition and notifying their supervisor if any PPE no longer meets safe standards.

Additional PPE may be required based on the job task, client requirements or as determined from onsite hazard identification.

All PPE must meet regulatory and Canadian Standards Association (CSA) standards.

The following provides a *guideline* to the requirements and use of PPE. Reference: Occupational Health and Safety Regulation (OHSR) on the WorkSafeBC website under OHS Regulation, Part 8 Personal Protective Clothing <http://www2.worksafebc.com/publications/OHSRegulation/Part8.asp>.

PPE	Requirements	Used in these situations
High-visibility clothing	<ul style="list-style-type: none"> • The apparel must be a colour that contrasts with the environment. • Must have at least 775 sq cm of fluorescent / retro-reflective trim on both the front and back. • Additional requirements apply if used for traffic control. 	<ul style="list-style-type: none"> • When worker is outside of a vehicle or machine, or office.
Head protection	<ul style="list-style-type: none"> • High-visibility, side impact hardhat. • Cleaned regularly and stored away from grease and tools. • Must be free of cracks, dents or any other damage. • Chin straps must be used when workers are climbing, working from a height exceeding 3m, or working in high winds. 	<ul style="list-style-type: none"> • Must be worn in any work area where there is a danger of head injury from falling, flying or thrown objects, or other harmful contacts.

PPE	Requirements	Used in these situations
Hearing protection OHSR Part 7 Noise, Vibration, Radiation and Temperature	<ul style="list-style-type: none"> ● WorkSafeBC’s noise exposure limits are: <ul style="list-style-type: none"> ○ 85 dBA Lex daily noise exposure level ○ 140 dBC peak sound level 	<ul style="list-style-type: none"> ● If those levels cannot be practicably met, the employer must: <ul style="list-style-type: none"> ○ Reduce levels as low as possible ○ Post warning signs regarding noise hazard areas ○ Provide to workers hearing protection that meets CSA standards, and ensure it is worn effectively in noise hazard areas.
Limb and body protection	<ul style="list-style-type: none"> ● Must be stored in a dry area. ● Must be free of holes and, in the case of hand protection, made of a material that provides a good grip. ● Must be impermeable if used in refueling. 	<ul style="list-style-type: none"> ● When the worker is exposed to a substance or condition that is likely to puncture, abrade or affect the skin – or be absorbed through the skin.
Eye and face protection	<ul style="list-style-type: none"> ● Safety eyewear must fit properly and include side shields when necessary for worker safety. 	<ul style="list-style-type: none"> ● Safety eyewear must be worn when working in conditions that are likely to injure or irritate the eyes. ● Face protectors must also be used if there is a risk of face injury.
Safety footwear CSA Z195 – Protective Footwear	<ul style="list-style-type: none"> ● Workers must protect their feet from hazards by selecting and correctly using protective footwear certified by CSA Group. 	<ul style="list-style-type: none"> ● Safety footwear must consider the following factors: slipping, uneven terrain, abrasion, ankle protection and foot support, crushing potential, temperature extremes, corrosive substances, puncture hazards, electrical shock, and any other recognizable hazard. ● Toe and metatarsal protection, puncture resistance, and/or dielectric protection must be used where appropriate. ● Caulked or other equally effective footwear must be worn by workers who are required to walk on logs, piles, pilings or other round timbers.
PFD	<ul style="list-style-type: none"> ● A worker who is employed under conditions which involve a risk of drowning must wear a personal flotation device (PFD) or lifejacket with sufficient buoyancy to keep the worker's head above water 	<ul style="list-style-type: none"> ● <i>CGSB Standard CAN/CGSB-65.7-M88, Lifejackets, Inherently Buoyant Type</i> with a minimum buoyancy of 93 N (21 lbs) ● <i>CGSB Standard CAN/CGSB-65.11-M88, Personal Flotation Devices</i> with a minimum buoyancy of 69 N (15.5 lbs), ● <i>CGSB Standard 65-GP-14M, Lifejackets, Inherently Buoyant, Standard Type</i> with a minimum buoyancy of 125 N (28 lbs), ● <i>British Safety Standard BS EN 396-1994, Lifejackets and Personal Buoyancy Aids - Lifejacket 150 N</i>, automatically inflatable units with a minimum buoyancy of 150 N (34 lbs).

1.8 Injury Management Policy

_____ provides a healthy and safe work environment and is committed to the prevention of injury and illness of its employees. If a work-related injury does occur, _____ is committed to providing employees with an Injury Management Program. The Injury Management Program accommodates the employee's capabilities and the work to be done.

_____ will facilitate the timely return of injured workers to pre-injury positions. If this is not possible, _____ will exercise reasonable accommodation to provide workers with job modification or alternate work consistent with their abilities. Suitable alternate duties will be meaningful, productive and safe.

Any personal information received will be held in confidence with access limited to the Management Team. Personal information will only be released if required by law or with the worker's explicit approval.

An Injury Management Program requires the involvement and cooperation of the employee, WorkSafeBC Case Manager, health professionals, supervisors and the Management Team. In addition, external injury management specialists' services may be required.

This Injury Management Policy is applied in conjunction with _____ Injury Management Program.

Coverage

_____ Injury Management Program applies to all its employees.

Introduction

Injury management is defined as a "coordinated and managed process that integrates all aspects of dealing with employee's injuries including treatment, rehabilitation, claims management, and employment management practices for the purpose of achieving optimum results in terms of a timely and safe return to work for injured workers".

Reporting of Injuries / Illnesses

An injury or illness is to be reported immediately to the injured employee's immediate supervisor who is responsible for ensuring that the injured employee receives the necessary first aid and, if required, referral to a doctor for medical aid or treatment and initiation of the "Incident Reporting Package".

Injury is defined as a personal, non-routine event that causes a disruption in the normal work process arising out of, or in the course of, employment and includes;

- A disease contracted by a worker where the employment was a contributing factor to the disease, or
- The aggravation, acceleration, exacerbation or deterioration of any disease where employment was a contributing factor.

When a Workplace Injury Occurs

- If first aid is rendered, or an assessment conducted, a first aid record must be completed (Incident Reporting Package).
- If an employee is injured and needs to see a medical practitioner, the injured employee's supervisor will provide them with the Medical Practitioner's **Release of Information** and **Work Readiness Form** to be completed during the first medical visit. The employee must immediately return these forms to their supervisor.
- The designated Injury Management Coordinator will complete WorkSafeBC Form 7 and submit by fax to WorkSafeBC within 3 days of the incident. The IM Coordinator will then scan/e-mail the Form 7 to the Manager to notify them that a claim letter will be coming from WorkSafeBC if they submit the form. Original will be put in confidential employee claim file.
- The Incident Investigator will use the entire incident package to investigate the incident. They will coordinate with the IM Coordinator and the employee to provide a statement. Other witnesses may also be required to be interviewed (Incident Investigation package).

Stay at Work (SAW) Process

Stay at Work is defined as a work plan that is developed on-site at the time of the incident to accommodate an employee who has experienced a work-related injury where no medical aid or treatment is required. Work activity is complementary to the worker's abilities.

- If a qualified Level 3 First Aid Attendant determines that an injured employee can keep working, but at a modified level, this information must be communicated to the employee's supervisor to identify appropriate and available Stay At Work (SAW) duties.
- If the injured employee can be reasonably accommodated, the supervisor will assess whether the employee can perform the same job, but with modified duties, or if a different job is a better option.
- The employee must be reassessed by a Level 3 First Aid Attendant to determine if they are able to return to their pre-injury duties, their status has changed, or they need to seek medical aid or treatment.
- The employee's supervisor will follow up with employee at the end of the day or following day to ensure they are cleared for PID.

Following Up after an Injury Occurs

- The IM Coordinator will contact the employee as soon as possible (no more than 72 hours) following the incident to discuss the employee's availability to complete the Incident Investigation and develop their Return-To-Work (RTW) Plan.
- The IM Coordinator will immediately contact the Manager to initiate an RTW for the employee.
- The IM Coordinator will work with the injured employee, WorkSafeBC Case Manager and the Manager to develop and implement the RTW Plan.

Return to Work (RTW) Process

Return to Work Plan is defined as a “written, agreed upon and time limited plan stating suitable duties, restrictions, hours worked, and supervision arrangements, including steps that will be taken to help the injured worker return to their normal work duties. This plan will be regularly monitored and reviewed by Management as part of ongoing maintenance.

An RTW Plan will be developed between the IM Coordinator and the Supervisor or Manager for every employee who is, or is likely to be, unfit for normal duties for a period of more than 3 days. The plan will take into account:

- The **Work Readiness Form**, used to determine specified medical practitioner’s restrictions and timelines,
- Temporary work assignments needed to help maintain normal operations without adding risk of injury or illness to other positions,
- Medical or rehabilitation and appointments, suitable duties consistent with restrictions and modified duties available.

A RTW Plan will be developed, implemented and monitored using the **Injury Management Plan Form**. The RTW Plan will be reviewed continually by Management to ensure its effective, appropriate and reaching established goals.

Provision of Suitable Duties

- _____ will make every reasonable effort to provide suitable duties. When the injured employee is fit to return to work on suitable duties, the IM Coordinator will consult with the Manager to discuss whether suitable duties could reasonably be found at the workplace and any other options available.

Suitable duties are defined in Section 43A of the Worker’s Compensation Act 1987 as; duties intended to provide productive work for employees to assist them in returning to their maximal work capacity.

Suitable duties are proposed after consideration of:

- The worker’s education, skills and work experience,
- The provisions of any injury management plan for the worker,
- Any suitable employment for which the worker has received rehabilitation training,
- The length of time the worker has been seeking suitable employment,
- Restrictions imposed by the physician or rehabilitation provider,
- Previous work undertaken by the employee,
- Predicted time frame for rehabilitation,
- Location of primary residence of the employee,
- Duties available on the site, or elsewhere in the First Nation, and
- Any other relevant circumstances.

The routine involvement of the Manager in the identification of suitable duties and in the monitoring of the RTW plan, is a required element of the First Nation’s Injury Management program. The Manager

must ensure that they contact the IM Coordinator if they experience difficulty in identifying appropriate and suitable duties for the worker.

If an injured employee's rehabilitation, or participation in a WorkSafeBC program, results in the employee being unavailable for work, then the IM Coordinator is responsible for maintaining contact with that employee and informing the Manager with regards to the employee's recovery.

Return to Work Priorities

The goal is to return injured employees to their same job at the same site. The order of priorities is:

- Return to the same job with the same employer,
- Return to a different job with the same employer,
- Return to the same job with a different employer, or
- Return to a different job with a different employer.

The injury management needs of each employee will be individually assessed by the Management Team and the IM Coordinator in conjunction with medical advice. Return to work programs will therefore vary from case to case.

_____ Injury Management Coordinator is: **<Employee Name>** - phone number

Claims Management

All WorkSafeBC claims will be managed and reported out by _____ and Management Team quarterly by the IM Coordinator.

Exploring Options

In extreme cases, there may be serious injuries or illnesses that require the IM Coordinator and injured employee to explore options such as occupational rehabilitation, vocational retraining or disability programs.

All decisions regarding extended injury management programs will be made by the Senior Management Team in consultation with the IM Coordinator and the Manager.

Conclusion of Injury Management

Injury Management in the workplace will conclude when the employee:

- Resumes and maintains all duties of the original work assignment.
- Returns to full employment in original position but with modified duties acceptable to the First Nation.
- Is successful in gaining appointment to another position in the First Nation, the duties of which fall within their medical restrictions.
- Is considered likely to gain no further benefit, or only minimal benefit, from continued rehabilitation.
- Withdraws from the program voluntarily.
- Ceases to be employed by the First Nation.

Follow Up After Employee Returns to Pre-Injury Duties (PID)

Once the injury management process has concluded for an employee, the IM Coordinator will ensure the claim and file is updated accordingly.

The IM Coordinator will follow up with the injured employee within 1 month to confirm that the employee's rehabilitation has not caused a relapse.

Documentation & Retention of Records

_____ is responsible for maintaining files on all injured workers, including their individual RTW plans. The information compiled in these files will be kept separate from regular personnel files and in the strictest of confidence. A review of the information in the files for statistical analysis, evaluations and OH&S reviews will be conducted with all personal data kept confidential.

Information to be included in each file

- Injured workers contact information and WorkSafeBC claim number.
- Contact information for WorkSafeBC Case Manager or team.
- Completed Incident Reporting Package.
- All completed Job Task Analysis and Work Readiness Forms
- All correspondence between members of the Return-to-Work team (notes of telephone conversations, meetings and email correspondence).
- Individual Return-to-Work plan, including time frames, goals, job duties, etc.
- Copies of WorkSafeBC injury cost statements
- Individual progress reports

Upon return to work, each injured worker's file will be stored in an accessible, confidential area and kept for a minimum of 3 years and a maximum of 5 years as required for First Aid Reports (OH&S Regs Section 3.19). After 5 years, all records and files associated with a specific Work Safe claim or Return to Work program will be archived.

Program Review and Learning Opportunities

_____s Injury Management Program will be evaluated on by the Safety Coordinator, Joint Occupational Health and Safety Committee, the IM Coordinator and the Management Team. Its review will include the requirement to determine if the program is meeting the needs of the workers, the First Nation, and in specific terms, the legislative requirements of WorkSafeBC. All cases will be reviewed annually, or as required by legislation changes.

Responsibilities

_____ will:

- 1) Work to prevent occupational illnesses and injuries by providing a safe and healthy work environment.
- 2) Inform employees and supervisors of their rights and obligations associated with the Return to Work Program.
- 3) Initiate the Return to Work Program as soon as possible after the injury.
- 4) Give the employee tasks that are suitable, where practicable, as a part of the Injury Management Process.
- 5) Audit the program while being used to ensure it operates effectively.
- 6) Ensure that participation in a Return to Work Program will not disadvantage an employee.
- 7) Maintain confidentiality of rehabilitation information relating to an injured employee.
- 8) Support employees with non-compensable injuries or illness thru the First Nations LTD programs if they are enrolled and approved.
- 9) Concentrate on what the employee can do as opposed to what they cannot.
- 10) Ensure each individual's plan is time sensitive and transitional with stated short and long term goals.
- 11) Return the worker to their pre-injury job if employee can perform essential duties of that job. Provide alternate work if pre-injury job functions cannot be performed or a suitable alternate if required within organization.
- 12) Revise a work plan once it has begun, if changes are required, facilitate any of the parties involved.

Employees will:

- 1) Notify their supervisor of any workplace injury as soon as possible.
- 2) Make all reasonable efforts to return to work as soon as possible.
- 3) Have the right to choose a nominated treating doctor who is willing to participate in the development of the Injury Management Plan with the employer.
- 4) Participate and co-operate in establishing a Return to Work Plan and comply with the arrangement of the plan.

**Injury Management Program
Roles & Responsibilities**

ACTION:	RESPONSIBILITY OF:	TRAINING REQ'D:
Reporting of a Safety Incident/Accident	Employee Affected	Annual OH&S Program
First Aid Report filled out with employee	present First Aid Attendant	Level 1 or 3
Ensuring employee receives Medical Practitioner's forms upon first medical visit	Immediate Supervisor	Annual OH&S Program IM Training
Incident/Accident Reporting Package initiated with employee and Manager contacted	Immediate Supervisor	Annual OH&S Program IM Training
All WorkSafe documentation completed and submitted IM Coordinator contacted	Manager	Annual OH&S Program IM Training
Contact to worker day after incident/accident	Line Manager	Annual OH&S Program IM/RTW Training
Release of Information and Work Readiness forms rec'd from physician and given to IM Coordinator	Employee Affected	Claims Management Seminars
Incident report filled out and recommendations made	Incident Investigator	Incident Investigation Seminar
Medical restrictions identified and discussed with Manager and WorkSafe Case Manager	IM Coordinator	Claims Management Seminars
Work hrs, and duties discussed with employee	IM Coordinator	Annual OH&S Program IM Training
Confidential file started on employee with back-up documents	IM Coordinator	Claims Management Seminars
Personal contact initiated and maintained (unless employee is on a Lost Time claim and is unable to participate in RTW)	Manager and IM Coordinator IM Coordinator (only)	Annual OH&S Program Claims Management Seminars
All communication between WorkSafe and Manger	IM Coordinator	Claims Management Seminars
Monitor and support return to work program for each employee	Manager and IM Coordinator	Annual OH&S Program IM Training
All Follow up and Exploring of Options	Manager , IM Coordinator and Management Team	Annual OH&S Program IM Training
Claims Management	IM Coordinator	Claims Management Seminars
Retention of Records	IM Coordinator	Claims Management Seminars
Audit of Program	Manager , IM Coordinator, Safety Coordinator, OH&S Committee	Annual OH&S Program IM Training

1.9 Workplace Hazardous Materials Information System (WHMIS)

Reference: WorkSafeBC OHSR Part 5 Chemical Agents and Biological Agents, WHMIS 5.3 – 5.19

Note: Canada has implemented a revised WHMIS system which aligns with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). The new WHMIS is referred to as WHMIS 2015. The previous system was known as WHMIS 1998. Basic employer/employee responsibilities remain the same. More importantly, Acetylene is still flammable.

During the transition period, WHMIS 1988 and/or WHMIS 2015 may be used in the workplace.

Link to WHMIS 2015 fact sheet: www.ccohs.ca/products/publications/WHMISafterGHS.pdf.

Important words that change between WHMIS 1998 and WHMIS 2015

WHMIS 2015 – new	WHMIS 1998 – old
Hazardous Product	Controlled Product
SDS – Safety Data Sheet	MSDS – Material Safety Data Sheet

The Workplace Hazardous Materials Information System (WHMIS) is a hazard communication system which includes labeling, safety data sheets, education and training. Its purpose is to reduce injury and disease resulting from exposure to products.

Safety Data Sheets will be kept [*with our site supervisor's first aid kit*] and [*a copy in the office*].

[*Position title*] will be responsible for WHMIS requirements which include:

- Maintaining an inventory of products.
- Updating the inventory when there are new products are in the workplace.
- Updating Safety Data Sheets when received from a supplier
- Updating Safety Data Sheets when 3 years old or greater.

Changes to the inventory will be communicated at a monthly meeting or sooner if appropriate.

Emergency response to potential incidents involving products will be determined, communicated and periodically tested. Products stored on site which could impact the safety of emergency response will be communicated to local emergency response personnel. [*Position title*] will be responsible for emergency response requirements.

Workplace labels using the exact product name from the manufacturer label must be applied on secondary containers where the product has been transferred from the original container and on containers of products produced on site.

Since our workplace contains products that meet both systems, then we must meet the requirements of both systems, including education and training.

WHMIS education will be provided [*as part of a worker's orientation*] and if there is a change such as we receive a product that has an SDS and WHMIS 2015 label.

WHMIS training will be provided by a supervisor or other qualified person for workers required to use, or potentially be exposed to, products.

Education and training will include:

1. The hazard classes, pictograms, and labels for both systems
2. Their required elements, such as signal words (new in 2015)
3. The meaning of all signal words and hazard statements found on labels and MSDSs/SDSs in the workplace
4. The MSDS/ SDS format and how to locate information needed to work safely with a product
5. Worksite-specific training on measures to work safely with hazardous products

In addition, as part of a [*worker assessment*] we will evaluate the knowledge of workers using [*Written tests and practical demonstrations*].

There are four basic questions to ask:

1. How can this product hurt me?
2. How do I protect myself?
3. What should I do in an emergency?
4. Where do I get more information?

Educational materials are included in the next few pages. The information is not all inclusive. We have a copy of "WHMIS: The Basics" for WHMIS 1998 published by WorkSafeBC and "WHMIS 2015 Fact Sheets" published by CCOHS in our [*shop*] in [*the safety data sheet binder*]. In addition, WorkSafeBC OHSR Part 5 Chemical Agents and Biological Agents, WHMIS 5.3 – 5.19 can be accessed from [*our office computer*].

An annual WHMIS review will be included in [*our start-up meeting*].

2.0 General Safety Policies

2.1 Horseplay

Horseplay is not permitted under any circumstances. Infractions of this policy may result in disciplinary action. By definition, horseplay is joking or kidding around that may result in damage to property or physical injury to persons.

2.2 Workplace Violence

Acts of workplace violence by employees will not be tolerated. Violence is defined as “the attempted or actual exercise by a person of any physical force so as to cause injury to a worker”. This includes any threatening statement or behavior that gives a worker reasonable cause to believe that they are at risk of injury.

The Employee affected or, if necessary, a co-worker is to inform their Supervisor, or Project Manager, at the earliest opportunity, and an investigation will take place. Management will make a decision as to the disciplinary actions to be taken, which may include termination of the aggressor.

2.3 Fit for Duty

Always report to work fit for duty, this includes being physically and mentally prepared and references to the companies Drug and Alcohol Policy. Reporting unfit and ready to work could put yourself and others at risk. If you are unfit to work for any reason report to you supervisor.

2.4 Reporting

Report unsafe activities and conditions immediately to your supervisor.

2.5 Equipment

Do not operate any machinery or equipment if it is known to be in an unsafe condition. Machinery and equipment, including vehicles, are only to be operated by qualified persons and then only when adequately trained in the use of the equipment and authorized to operate it. Any damaged equipment or missing machine guards must be reported to your Supervisor

2.6 Personal Protective Equipment

Personal protective equipment (PPE) must be worn when performing specific duties that require its use to ensure worker safety. Persons refusing to wear PPE will be subject to disciplinary action. Selection of the correct PPE may require assistance, contact the OH&S Department for guidance.

2.7 Cell Phones & Personal Media Devices

Drivers will not use cell phones while vehicles or other forms of mobile equipment are in motion.

2.8 Smoking

All employees shall obey all "No Smoking" regulations and smoke only in areas designated by the First Nation or posted as "Smoking Permitted" areas. Smoking in vehicles is not allowed.

2.9 Seat Belts

Whenever mobile equipment or vehicles are equipped with seat belts, the operator and passengers shall use the belts whenever the equipment is moving. Failure to abide by this requirement will result in disciplinary action.

2.10 Safety Inspections

Safety Inspections are carried out monthly while working. Every active project will be inspected to identify potential hazards so that the hazards can be eliminated or controlled. Regular and frequent inspections, properly performed will make significant contributions to accident prevention. These inspections will be carried out using both an employer and a worker representative knowledgeable in the department being inspected.

These inspections will identify both unsafe conditions and unsafe acts. Immediate action will be taken when unsafe procedures or acts or serious hazards are discovered. When hazards have been identified and documented they will be brought forward to the supervisor and OHS committee (if applicable) to ensure hazards have been communicated and rectified.

Monthly inspections will include tools, equipment, machinery, work methods, mobile equipment/vehicles, vessels and worksites.

Types of Inspections

There are four types of inspections required in our operation.

1. Office Safety Inspections

Planned Safety Inspections cover the whole work site. They require a systematic tour of the entire office and seek to discover all hazardous conditions and procedures. These inspections will use the "Office Inspection" check list.

2. Vehicle, Vessel and Mobile Equipment Inspections

Employees are required to inspect their equipment daily. Mobile equipment must be checked before starting or putting in motion. Equipment is to be inspected by competent personnel for the condition of steering, brakes, controls, displays, guards, safety devices and other components that through wear or fatigue could fail and contribute to an incident. Daily and monthly inspections will be documented according to the inspection program.

3. Supervisor Inspections

Supervisors are required to conduct less formal daily inspections. Supervisors are checking for changes in the workplace, unsafe conditions and unsafe acts. In most cases they will

Have the resources to correct the hazard immediately.

The supervisor must inspect all new work areas for hazards prior to commencing work in that area. An onsite safety discussion will be held before commencing work in a new area.

4. Employee Inspections

Employees are required to inspect their tools, equipment and work areas daily. They are to correct unsafe conditions where practical and when they have the ability to correct them. Other hazards are to be immediately reported to their supervisor or manager

3.0 Safe Work Procedures/Practices – General

3.1 Driving

Procedures and Practices

- Conduct a start of shift vehicle inspection using “Daily Inspection Form”.
- Report defects and conditions affecting the safe operation of the vehicle to your supervisor and do not use if vehicle is in unsafe condition.
- The driver must confirm that all vehicle occupants are wearing seatbelts and that they are properly adjusted and securely fastened.
- Use vehicle for intended use only.
- Secure all objects in the cab/truck box/interior spaces of the vehicle which could create a hazard in the event of an incident.
- Drive with vehicle lights on at all times. Stay on your side of the road.
- Drive defensively at all times. Do not exceed posted speed limits. Do not tailgate.
- Drive to the existing road conditions. Lower speed as required. Be aware of:
 - Visibility reduced by dust, fog, rain and snow;
 - Slippery and variable road surface conditions due to loose gravel, snow, ice or mud;
 - Narrow roads with over width vehicles;
 - Steep favorable and adverse gradients;
 - Other users.
- Respect that loaded logging trucks have the right of way on single lane roads.
- Pass trucks or equipment only after you receive a clearly visible and/or audible signal from the operator.
- Never chase a runaway vehicle.
- No talking or texting using a cell phone or other electronic device while driving. Only exception is radio use in a radio controlled or assisted area.

Radio Use – Logging Roads

- Complete radio check to ensure correct frequency prior to entering radio controlled area.
- Do not drive by the radio. Expect oncoming traffic at all times.
- Call your position according to the local radio protocol and signage.
- Notify other radio equipped vehicles of oncoming non-radio equipped traffic.
- Do not use road radio channels for conversations, use only for road traffic protocols.
- Other than traffic control, pull over and safely park when talking on the radio/cell phone for an extended period of time.

Parking

- Park clear of traffic, away from active areas in pullouts or extra wide straight sections of road.
- Park facing the direction of exit with access for service/towing activities.
- Ensure the parking brake is on and the transmission is in 1st gear or park.
- On steep grades, use wheel chocks and always turn the wheels towards the nearest ditch.

- Never park on a curve especially on the outside curve of a road.
- When turning around, back into the cut bank of the road and not towards the outside bank.
- Back in Parking
- Use Horn signals when pedestrians and other vehicles are around
 - 1 Honk – Stop
 - 2 Honks – Backing up
 - 3 Honks – Moving Forward

3.2 Crew boat Operation - General

All operators of crew boats must have minimum Transport Canada training requirements when transporting any persons. These minimum requirements are:

- Small Vessel Operators Proficiency (SVOP)
- Marine Emergency Duties Level A3 (MED-A3)
- Radio Operators Certification – Marine (ROC-M)
- Marine Basic First Aid w/ CPR

Safety

- Buoyancy equipment – transport Canada approved (PFD) of appropriate size must be worn at all times when vessel is underway.
- Crew boat operator is to notify the office via radio or cell phone of departing and expected arrival times and number of crew on board.
- Passengers are not allowed to sit outside on the deck while vessel is underway

Pre-Trip

- Operator must always confirm tides and weather for the expected day(s) of travel
- Complete full vessel inspection ensuring all defects or risk to safety are identified
- Safety concerns that put the operator and crew at risk should not allow the vessel to run
- Ensure all passengers are briefed on emergency procedures and location of emergency equipment

3.3 Working Alone – General

This practice applies to workers who work by themselves in situations where assistance would not be readily available in case of emergency or if a worker is injured or in ill health.

No employee shall work alone unless a regular method of periodic checks is established. The method of checking shall be clearly understood by the employee and the person doing the checking.

Policy

Should the requirement to have a worker work alone, the First Nation will identify the level of risk, as part of a hazard assessment, and will implement appropriate control measures when required.

Procedure

An employee is considered to be working alone or in isolation if they are working by themselves at a work site in circumstances where assistance is not readily available if needed. “Readily available” means there are other people in the vicinity who can see or hear the employee, are willing and able to provide required assistance in the event of an injury, and can do so within a reasonable period of time.

If a worker cannot be seen or heard by persons capable of providing timely assistance then he or she should be regarded as working alone or in isolation. There are three basic questions to ask when determining if a procedure for checking on the worker is required:

- Is the worker working alone or in isolation?
- Is there a material risk of a disabling injury?
- Is the worker not able to secure assistance in the event of an injury?

Before a worker is assigned to working alone or in isolation:

- The hazards must be identified to the worker
- A risk assessment needs to be completed to eliminate the risk or if that is not practical, to minimize the risk through engineering and administrative controls
- Workers will be trained and the procedure implemented to check the well-being of a worker for each situation
- Workers should register their location with the receptionist in the Working Alone Check-In Sheet. A person must be assigned to check the well-being of these workers and record these checks.
- Other information that must be recorded include:
 - How to contact the employee- The worker must either carry or have ready access via cellular phone, telephone or other electronic communication device.
 - Frequency of contact- depends on the Risk Assessment: high risk activities: contacted every hour; moderate risk activities: every 2 hours; low risk activities: every 4 hours (note: this must always include at check at the conclusion of the employee’s shift)
 - Actions to be taken in the event an employee cannot be contacted

4.0 Forms & Programs

This Section include the following forms

- 4.1 New Employee
- 4.2 New Employee Orientation – Form
- 4.3 Training and Certification Log – Form
- 4.4 First Aid Assessment – Program
- 4.5 First Aid Assessment – Form
- 4.6 Risk/Hazard Assessment Program
- 4.7 Job Hazard Analysis – Sheet 1
- 4.8 Job Hazard Analysis – Sheet 2
- 4.9 Job Hazard Analysis – Sheet 3
- 4.10 Emergency Response Plan – Form
- 4.11 Emergency Response Plan – Supervisor Reference
- 4.12 Tailgate/ToolBox – Form 61
- 4.13 Monthly Safety Meeting – Form
- 4.14 Incident/Close Call Reporting
- 4.15 Accident/Incident Investigation Form
- 4.16 Employee Audit – Form
- 4.17 Vessel Inspection – Form
- 4.18 Monthly Vehicle Inspection – Form
- 4.19 Injury Management Program - Medical Practitioner and Work Readiness (Forms)

4.1 New Employee

New employees are required to complete a comprehensive orientation before beginning work. This orientation is to occur on the first day of employment and includes the following elements:

- Initial orientation & familiarization,
- Administration – New Hire Package
- Administrative Controls & Processes
- Occupational Health & Safety review and associated training, and
- Work readiness evaluation

Employees and supervisors must schedule adequate time and resources to complete this process to ensure the employee is ready to work safely and is properly administered. This process generally takes 6 - 8 hours and must be conducted by Administrative staff, Safety Manager personnel, Supervisor and the Manager or designate.

Orientation & Familiarization Tour

New employees will be met by the Operations Manager (or designate) and toured through the office and introduced to all available employees. During this tour, be sure to stop, identify and explain important features such as:

- Entry and exit doors,
- Washroom and kitchen facilities,
- Safety: Office evacuation plan, First aid locations, etc.

Administration and Administrative

New employees must complete the New Employee Hiring Package. This should be done with administration. Seat the new employee in a quiet location and review the package with him/her. This package should be kept as one complete document to ensure that the personnel file and all associated administrative components are properly processed.

New Employee Hiring Package will include:

- Employee Information Form,
- Provincial and Federal Tax forms, and
- Driver's Abstract
- Applicable policies
- Employee will also be requested at this time to provide copies of:
 - Certifications, diploma's, licenses, etc.

It is critical that all forms are filled out as completely as possible and that the employee provides photocopies of all relevant degrees, diplomas, training certificates, licenses, etc....

New employees must also be introduced to our administrative controls and processes, including:

- Payroll Process

OH&S Review and Associated Training

New employees must review all necessary Safety and OH&S documentation before beginning work. This review should be conducted with a member of the OH&S Committee and must include:

- Orientation that includes:
 - Safety Culture and attitude
 - Office emergency and evacuation plan
 - WorkSafeBC New Worker/Young Worker Information,
 - First Nation Safety Policies
 - OH&S Program Manual,
 - Safety Incident Report Procedure & Package,
 - WHMIS tutorial, and review

Worker Readiness, including Field Gear & Worker Assessment Review

Supervisors must:

- Ensure new employee have been issued all First Nation supplied equipment
- Complete a full Personal Protective Equipment (PPE) Audits
- Complete and review the current Field Emergency Response plan
- Review and ensure employee understand the Sign IN/OUT board

The supervisor is responsible for completing the form and making the declaration of the employee's readiness for work.

Equipment issued to employees remains the property of the First Nation and the employee is required to keep it safe and in good working order. Equipment that is lost or damaged through neglect is to be replaced at the employee's cost. Equipment damaged through general wear & tear, or due to extraordinary circumstances will be repaired or replaced by the First Nation.

Completion of Orientation and Start of Work

Once the new employee has finished all paperwork, reading and training, they are free to go home, unless there is the opportunity for some additional training (ie technical or professional orientation) under the supervision of senior staff. The new employee is to be instructed to be at the office, ready to work (ie field gear packed, bag lunch, etc...) by 7AM (unless alternate arrangements have been made).

New Employee Orientation Checklist	Person Conducting Orientation Initials	Workers Initials
Initial Orientation & Familiarization		
<input type="checkbox"/> Entry and Exit doors <input type="checkbox"/> Washroom & Kitchen Facilities <input type="checkbox"/> First Aid Office Locations <input type="checkbox"/> Emergency meeting locations		
Administration – New Employee Hiring Package		
<input type="checkbox"/> Employee Info Form <input type="checkbox"/> Provincial and Federal Tax Forms <input type="checkbox"/> Driver’s Abstract <input type="checkbox"/> Applicable Policies <input type="checkbox"/> Copies of certifications, diploma, degree, licenses, etc.		
Administrative Controls & Processes		
<input type="checkbox"/> Payroll process (incl. timecard submission & payroll dates)		
OH&S Review & Associated Training		
<input type="checkbox"/> WorkSafeBC New Worker/Young Worker Information – Orientation (incl. WHMIS)		
Work Readiness Evaluation		
<input type="checkbox"/> Issuance of supplied equipment <input type="checkbox"/> PPE and Gear Audit <input type="checkbox"/> Emergency Response Plans		

4.2 New Employee Orientation – Form

Employee Name: _____

Position (tasks): _____

Date hired: _____ Date of orientation: _____

Person providing orientation (name and position): _____

First Nation Name: _____

Topic	Initials (trainer)	Initials (worker)	Comments
1. Supervisor Name: _____ Telephone #: _____			
2. Rights and responsibilities (a) General duties of employers, workers, and supervisors			
(b) Worker right to refuse unsafe work and procedure for doing so			
(c) Worker responsibility to report hazards and procedure for doing so			
3. Workplace health and safety rules a) _____ b) _____ c) _____ d) _____			
4. Known hazards and how to deal with them a) _____ b) _____ c) _____ d) _____			
5. Safe work procedures for carrying out tasks a) _____ b) _____ c) _____ d) _____			

Topic	Initials (trainer)	Initials (worker)	Comments
6. Procedures for working alone or in isolation			
7. Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations.			
8. Personal protective equipment (PPE) – what to use, when to use it, and where to find it a) _____ b) _____ c) _____ d) _____			
9. First aid (a) First aid attendant name and contact information			
(b) Locations of first aid kits and eye wash facilities			
(c) How to report an illness, injury or other accident (including near misses)			
10. Emergency procedures (a) Locations of emergency exits and meeting points			
(b) Locations of fire extinguishers and fire alarms			
(c) How to use fire extinguishers			
(d) What to do in an emergency situation			
11. Where applicable, basic contents of the occupational health and safety program			
12. Hazardous materials and WHMIS (a) What hazardous materials are in the workplace			
(b) Purpose and significance of hazard information on product labels			
(c) Location, purpose and significance of material safety data sheets (MSDSs)			
(d) How to handle, use, store and dispose of hazardous materials safely			
(e) Procedures for an emergency involving hazardous materials, including clean-up of spills			
13. Where applicable, contact information for the occupational health and safety committee or the worker health and safety representative			

4.3 Training and Certification Log – Form

Your certification(s) confirm that you have completed the necessary training to perform your job.

It is important that you keep track of when your certifications are up for renewal.

Certificate Type	Certificate #	Expiry Date	Copy Attached
Driver's License			<input type="checkbox"/>
First Aid (Level ___) Transportation Endorsement (Y/N)			<input type="checkbox"/>
Workplace Hazardous Materials Information System			<input type="checkbox"/>
S100 (Fire Suppression and Safety Training)			<input type="checkbox"/>
Bucking Certification			<input type="checkbox"/>
Faller Certification			<input type="checkbox"/>
Professional / Technical Designation			<input type="checkbox"/>
Air Brake Endorsement Highway or Industrial			<input type="checkbox"/>
Blasting Ticket			<input type="checkbox"/>
Small Vessel Operator Proficiency (SVOP)			<input type="checkbox"/>
Marine Emergency Duties (MED)			<input type="checkbox"/>
Radio Operator Certification Marine (ROC-M)			<input type="checkbox"/>
Other, specify below:			
			<input type="checkbox"/>
			<input type="checkbox"/>

Name: _____ First Nation: _____

Date: _____

4.4 First Aid Assessment – Program

1. Prior to work beginning at any new site or work area the site supervisor or designate will conduct a first aid assessment that includes the following information:
 - Name of the workplace
 - Assigned/designated hazard rating
 - Overall worksite hazard rating
 - Surface travel time to hospital
 - Total number of workers onsite at any given time that may require treatment
 - Any barriers to first aid
 - Risk of irritation or injury to worker skin or eyes occurring
2. In addition to (1), a new first aid assessment will be completed annually and whenever a significant change occurs in the employer’s operations; all findings will be recorded clearly on the First Aid Assessment Worksheets (Appendix 17).
3. All completed First Aid Assessment Worksheets will be posted in accordance with established procedure.

Minimum Levels of First Aid

1. Any Level 2 first aid requirements will be upgraded to Level 3 and an Emergency Transportation Vehicle (ETV) provided whenever there are obstructions to the access route that would delay the ambulance by more than 20 minutes or prevent safe access to the worksite.
2. Refer to the following tables for first aid requirements:

Table 1: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a low risk of injury and that is more than 20 minutes surface travel time away from a hospital.

Item	Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	1	Personal first aid kit		
2	2-5	Basic first aid kit		
3	6-30	Level 1 first aid kit	Level 1 certificate	
4	31-50	Level 1 first aid kit <ul style="list-style-type: none"> • ETV equipment 	Level 1 certificate with Transportation Endorsement	
5	51-75	Level 3 first aid kit <ul style="list-style-type: none"> • Dressing station • ETV equipment 	Level 3 certificate	
6	76 or more	Level 3 first aid kit <ul style="list-style-type: none"> • First aid room • ETV equipment 	Level 3 certificate	ETV

Table 2: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a low risk of injury and that is 20 minutes or less surface travel time away from a hospital.

Item	Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	1			
2	2-10	Basic first aid kit		
3	11-50	Level 1 first aid kit	Level 1 certificate	
4	51-100	Level 2 first aid kit <ul style="list-style-type: none"> • Dressing station 	*Level 2 certificate	
5	101 or more	Level 2 first aid kit <ul style="list-style-type: none"> • First aid room 	*Level 2 certificate	

Table 3: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a moderate risk of injury and that is more than 20 minutes surface travel time away from a hospital.

Item	Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	1	Personal first aid kit		
2	2-5	Level 1 first aid kit	Level 1 certificate	
3	6-15	Level 1 first aid kit <ul style="list-style-type: none"> • ETV equipment 	Level 1 certificate with Transportation Endorsement	
4	16-50	Level 3 first aid kit <ul style="list-style-type: none"> • Dressing station • ETV equipment 	Level 3 certificate	ETV
5	51-100	Level 3 first aid kit <ul style="list-style-type: none"> • First aid room • ETV equipment 	Level 3 certificate	ETV
6	101-300	Level 3 first aid kit <ul style="list-style-type: none"> • First aid room • Industrial ambulance equipment 	Level 3 certificate	Industrial ambulance
7	301 or more	Level 3 first aid kit <ul style="list-style-type: none"> • First aid room • Industrial ambulance equipment 	2 attendants, each with Level 3 certificates	Industrial ambulance

Table 4: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a moderate risk of injury and that is 20 minutes or less surface travel time away from a hospital.

Item	Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	1	Personal first aid kit		
2	2-5	Basic first aid kit		
3	6-25	Level 1 first aid kit	Level 1 certificate	
4	26-75	Level 2 first aid kit <ul style="list-style-type: none"> Dressing station 	*Level 2 certificate	
5	76 or more	Level 2 first aid kit <ul style="list-style-type: none"> First aid room 	*Level 2 certificate	

Table 5: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a high risk of injury and that is more than 20 minutes surface travel time away from a hospital.

Item	Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	1	Personal first aid kit		
2	2-5	Level 1 first aid kit	Level 1 certificate	
3	6-10	Level 1 first aid kit <ul style="list-style-type: none"> ETV equipment 	Level 1 certificate with Transportation Endorsement	ETV
4	11-30	Level 3 first aid kit <ul style="list-style-type: none"> Dressing station 	Level 3 certificate	ETV
5	31-50	Level 3 first aid kit <ul style="list-style-type: none"> First aid room ETV equipment 	Level 3 certificate	ETV
6	51-200	Level 3 first aid kit <ul style="list-style-type: none"> First aid room Industrial ambulance equipment 	Level 3 certificate	Industrial ambulance
7	201 or more	Level 3 first aid kit <ul style="list-style-type: none"> First aid room Industrial ambulance equipment 	2 attendants, each with Level 3 certificates	Industrial ambulance

Table 6: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a high risk of injury and that is 20 minutes or less surface travel time away from a hospital.

Item	Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	1	Personal first aid kit		
2	2-15	Level 1 first aid kit	Level 1 certificate	
3	16-30	Level 2 first aid kit <ul style="list-style-type: none"> • Dressing station 	*Level 2 certificate	
4	31-300	Level 2 first aid kit <ul style="list-style-type: none"> • First aid room 	*Level 2 certificate	
5	301 or more	Level 2 first aid kit <ul style="list-style-type: none"> • First aid room 	*2 attendants, each with Level 2 certificates	

[Enacted by B.C. Reg. 320/2007, effective February 1, 2008.]

4.5 First Aid Assessment – Form

1. Name of workplace: _____

2(a) Hazard rating on Assigned Hazard Rating List L M H
working in excavations, confined spaces?

2(b) Job functions, work processes and tools
Typical of industry? Yes No

2(c) Types of injuries that can potentially occur
Typical of industry? Yes No

2(d) Rating adjustment: if hazard rating is adjusted, provide documentation.

Overall workplace hazard rating L M H

3(a) Surface travel time to hospital
 Greater than 20 minutes
 20 minutes or less

4(b) Total number of workers per shift _____

5(f) Barriers to first aid

ASSESSMENT RESULTS

5(a) Supplies/equipment/facilities required **_Level_ first aid kit**

5(c) Number and level of first aid attendants: **__ Level __ first aid attendant** _____

5(e) Transportation needs **__ Call 911 - transportation at employer's expense** _____

Date: _____ Change in Business Operations: _____

Name: _____ Signature: _____

4.6 Risk/Hazard Assessment Program

Introduction

Workplace hazards must be identified prior to performing work activities and/or through inspections, investigations, tours, audits or however else. The level of risk must then be assessed and controls put in place to eliminate the risk or minimize it to an acceptable level.

_____ will provide training to employees on hazard identification and risk assessment. Risk assessments should be completed as part of Toolbox meeting and emergency response planning. New hazard identification and risk assessments should be updated as the job design changes, machine upgrades are implemented, when there are large staff changes or some other significant event/change is occurring.

Definitions:

- *Hazard*- thing or condition that may expose a person to a risk of injury or occupational disease. When evaluating hazards both current and potential hazardous conditions must be considered.
- *Risk*- likelihood that the hazard may lead to injury/ disease.
- *Hazard Analysis* - Identifies all possible hazards potentially created by a product, process or application related to each job.
- *Risk Assessment*- It is the next step after the collection of potential hazards. It identifies the hazards/risks and provides a “base level” assessment. This assessment considers the tasks and associated hazards and recommends controls to minimize the risk of employee injury.

Risk Assessments

Risk Assessments are used to ensure all job hazards have been assessed and controls implemented. Whenever workers are required to perform non-routine tasks or whenever a new hazard has been identified as the work is progressing, the **Task Risk Assessment** will be used to assess the level of risk and minimize it.

Risk Matrix

Probability of harm	Severity of consequence
A – Probable	1 – Catastrophic
B – Reasonably Probable	2 – Critical
C – Remote	3 – Minor
D – Extremely Remote	4 – Negligible

Probability Severity	A Probable	B Reasonable Probable	C Remote	D Extremely Remote
1 Catastrophic	H	H	M	M
2 Critical	H	M	M	M
3 Minor	M	M	M	L
4 Negligible	M	M	L	L

The basic hazard identification process is to:

1. Identify the hazards – What is the hazard?
2. Identify the risk – What will happen if something goes wrong?
3. Assess the risk – Identify the severity of the risk identified
4. Minimize/Mitigate the risk – by implementing controls

Workers and supervisors will have the discretion to take immediate steps to eliminate the risk by shutting down the job or the equipment and effecting repairs or isolating the hazard. Where immediate action is not evidently required, a Risk Assessment must be used to define the level of risk and determine the priority. Supervisors will perform the Risk Assessment with knowledgeable employees.

Hazard Control

Once the level of risk has been determined and prioritized, recommended control measures to control the hazard/ reduce the risk of harm shall be considered using the following hierarchy:

1. **Elimination:** Eliminate the hazard or the task.
2. **Substitution:** Change the task.
3. **Engineering Controls:** Re-design layout arrangements, workstations, equipment, materials, production facilities or other aspects of the physical work environment.
4. **Administrative Controls:** Manage work processes and resources in the workplace, by means of Safe work Procedures
5. **Personal Protective Equipment:** PPE is only to be used as last resort when all other methods of eliminating, reducing or controlling risk are not practicable.



Communication

Whenever the results of a Task Risk Assessment are completed all workers potentially affected by its results will be notified by way of a Toolbox/Tailgate Meeting.

Records

All completed Task Risk Assessments will remain in effect for the duration of the work activities, and will be:

- Posted where practicable in the area where the work is being performed, or
- Made readily available to all affected workers

Upon completion of the work activities all related forms will be kept in the worksite filing system.

4.7 Job Hazard Analysis – Sheet 1

Date: _____ Job: _____

Job Duties	Work Tasks	Potential Hazards	Risk Level	Controls

4.8 Job Hazard Analysis – Sheet 2

Date: _____ Job: _____

Duty: _____ Task: _____

Elements	Hazards	Safe Work Procedures
	1.	1.
		2.
		3.
	2.	1.
		2.
		3.
	3.	1.
		2.
		3.
	4.	1.
		2.
		3.

4.9 Job Hazard Analysis – Sheet 3

Location: _____

Date: _____

Work Activity: _____

Risk Assessed By: _____

RISK VALUE = (Consequence) x (Exposure) x (Probability)

RISK RATING: Low Risk (L) 20 – 80 Medium Risk (M) 90 – 250 High Risk (H) 270 – 750 Extremely High Risk (EH) 750+

Consequence (C)		Exposure (E)		Probability (P)	
Catastrophic, numerous fatalities	100	Continuous, many times per day	10	Extremely likely	10
Single Fatality	75	Frequent, few times per day	6	Quite possible, 50/50 chance	6
Serious injury (>1 day loss)	50	Occasionally, about once per day	3	Conceivable but unlikely	3
Disabling injury (<1 day loss)	10	Unusual, once per month	2	Remotely possible	1
Minor Injury (First Aid)	5	Rarely, few times a year	1	Unlikely	0.5
		Very Rare (<5 in 5 years)	0.5	Practically impossible	0.2
				Virtually Impossible	0.1

SEQUENCE OF STEPS	HAZARD				RISK VALUE	CONTROL
		C	E	P		

SEQUENCE OF STEPS	HAZARD	C	E	P	RISK VALUE	CONTROL

DRAFT

4.10 Emergency Response Plan – Form

Site Emergency Response Plan			
Date:			
Worksite location:		Lat:	
		Long:	
Prime Contractor/Owner:		Contact: () -	
Site Supervisor:		Contact :() -	
First Aid			
FA Attendants on site:			
Location and types of first aid kits:			
Radio Frequency:			
Emergency Numbers		Response: *NOTIFY SITE SUPERVISOR*	
Life Threatening Emergency Situations	<i>911 (or local #)</i>	First Aid <ul style="list-style-type: none"> Call / radio First Aid attendant to the scene. Ensure site is safe, comfort patient, assist FA attendant as needed.	
Ambulance		Fatality <ul style="list-style-type: none"> Ensure site is safe. Phone 911 or alternate number if using the satellite phone, or RCMP. Call WSBC at 1-888-621-7233 Mon – Fri 0830-1630 After Hours 1-866-922-4357. <ul style="list-style-type: none"> Do not disturb the site, cover the body, ribbon off the area, and block access with machine if needed. Nobody is to make any statements to anyone except to the Supervisor.	
Hospital			
Helicopters			
<i>Driving directions to site & where to meet ambulance/heli.</i>			
WorkSafeBC	1-888-621-7233	Forest Fire <ul style="list-style-type: none"> Notify the BC Forest Service at 1-800-663-5555 If reasonable to do so, take action on all fires.	
After Hours 1-866-922-4357	Mon – Fri 0830-1630		
Spill reporting	1-800-663-3456	Equipment Fire Immediately shut off power. [Activate fire suppression system.] Clear the area. If possible, eliminate fuel supply and attempt to extinguish fire.	
RCMP			
BC Hydro			
FortisBC		Natural disaster- high winds, floods Ensure you and others are safe; safety takes precedence over other priorities.	
Terasen Gas	1-800-663-9911		

Personal Emergency Response	
Supplies	
<input type="checkbox"/> Working radio/ cell phone	<input type="checkbox"/> Whistle
<input type="checkbox"/> Personal first aid kit or level 1 FA kit	<input type="checkbox"/> Additional supplies (matches, blanket, water)
<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> Fire extinguisher(s)
<input type="checkbox"/> Hard Hat <input type="checkbox"/> Hi Vis Vest <input type="checkbox"/> Safety Footwear <input type="checkbox"/> Gloves	
Emergency response if late arrival at worksite:	
Emergency response if late arrival at end of day:	
Working alone or in isolation	
Required information	Details
Description of activity:	Travel routes home to worksite/worksite to home:
Check in person(s) <input type="checkbox"/> During normal work hours.	Name of check in person:
<input type="checkbox"/> After normal work hours.	Name of check in person:
Check in interval time agreed upon time	Interval time:
Information provided to check in person(s): <input type="checkbox"/> Location details - routes <input type="checkbox"/> Map of location <input type="checkbox"/> Work plans <input type="checkbox"/> Expected time of return <input type="checkbox"/> Client/Company Emergency response procedure <input type="checkbox"/> Emergency transportation location (heli/boat access)	Location of information:

4.11 Emergency Response Plan – Supervisor Reference

Emergency Response Planning means having the right information, training and equipment to respond safely when an injury or other unexpected event occurs.

First Aid Procedures for Injury – Serious and Minor

Minor wounds, breaks, strains:

Call / radio First Aid Attendant to the scene.

Ensure site is safe, then stabilize patient (provide first-aid), transport to hospital, if necessary. The First Aid Attendant does not have the authority to overrule a workers decision to seek medical attention.

Advise office and hospital when you are on route.

If accident is the result of a motor vehicle accident, please advise the RCMP.

Serious injury:

Ensure site is safe, then stabilize (provide first-aid) and/or prepare patient for transport

Call 911 if using a cellular phone, or call 1-800-[]-[] for alternate emergency ambulance if using a satellite phone (as 911 may not reach the right place); provide nature of injuries, location co-ordinates in UTM or longitude and latitude for landing site, and communication method to use on the way to the accident site. If the First Aid Attendant thinks that air evacuation is required you must advise the communication centre you've reached; if road evacuation is used, advise if you will be meeting the ambulance.

Radio frequencies: _____

If you cannot get out using phone services, then notify the appropriate Licensee office using radio, and someone will arrange the emergency transport services for you. Stay in contact to relay additional information. If you cannot contact office using phone services or radio, try contacting any individual with radio or telephone access to relay the emergency to Office or Ambulance. If you cannot reach anyone by phone or radio, send someone on site to establish contact from a point where you can relay messages. If you do contact someone and help is on the way, stay in contact to provide emergency transport services with more details and receive instructions if required.

Blood and Bodily Fluid Exposure Plan

Treat all blood and body fluids as potentially infectious for diseases that are transmitted in the blood. The organisms spreading these diseases are called blood-borne pathogens.

Always use protective barriers to protect themselves from exposure to another person's blood or body fluids.

Gloves:

Always wear gloves for handling items or surfaces soiled with blood or body fluids.

Wear gloves if you have scraped, cut, or chapped skin on your hands.

Change your gloves after each use.

Wash your hands immediately after removing your gloves.

Wash your hands and other skin surfaces immediately after they come in contact with blood or body fluids.

Serious Injury ERP

Ensure site is safe, then stabilize (provide first-aid) and/or prepare patient for transport

Call 911 if using a cellular phone, or call 1-800-[]-[] for alternate emergency ambulance if using a satellite phone (as 911 may not reach the right place);

Provide nature of injuries, location co-ordinates in UTM or longitude and latitude for landing site, and communication method to use on the way to the accident site.

If the First Aid Attendant thinks that air evacuation is required you must advise the communication center you've reached; if road evacuation is used, advise if you will be meeting the ambulance.

If evacuating by road provide the route to be travelled to the communication center

Radio frequencies: _____

If you cannot get out using phone services, then notify the appropriate Licensee office using radio, and someone will arrange the emergency transport services for you.

Stay in contact to relay additional information. If you cannot contact office using phone services or radio, try contacting any individual with radio or telephone access to relay the emergency to Office or Ambulance.

If you cannot reach anyone by phone or radio, send someone on site to establish contact from a point where you can relay messages. If you do contact someone and help is on the way, stay in contact to provide emergency transport services with more details and receive instructions if required.

Fire ERP

Initial Fire Response Steps

Stop operations and notify the rest of the crew

Report fire immediately to BC Wildfire Branch

Person reporting remain available to communicate details of fire suppression activities and details regarding the fire

The remaining crew begins immediate action on the fire to their of safety and competence

Crew leader to continue to supervise efforts until relieved by BC Wildfire Branch personnel

IF alone...

Take immediate action on the fire if you believe you can safely control it yourself

If the fire is beyond your ability notify the BC Wildfire Branch immediately and follow their instructions.

Do not take action on an intense fire yourself.

If you are able to take action on the fire yourself, report the fire to the BC Wildfire Branch as soon as you feel that the can be left alone without spreading out of control.

Spill ERP

Initial Response Steps

If safe stop the product flow (shut off machine, close valves, elevate hoses, shut off pump, etc.).

Stop operations and notify the rest of the crew

Assess the hazard involved with the spill (material/ location/ circumstances)

If controlling the spill is within the capability the crew take action to minimize its spread using hand tools, heavy machinery, spill kits etc.).

Spills to land:

Contain spill so it does not move towards watercourses. Divert water flowing to the spill site.

Mark the perimeter of the spill

Dig recovery ditches and sumps within the containment area

Monitor the ditch flow and sump levels

Recover the spilled material from the sumps and ditches using absorbent materials.

Spills to water:

In a ditch or stream contain the spill using whatever surface water containment possible (Consider making an oil/ water separator using a pipe at the bottom of an earth dam allowing the clean water to flow away normally)

Divert and coral the spilled material to containment area using booms /logs etc.

Continue to sweep and recover

Place spill pads on water surface and wring out into pails or heavy duty bags.

Spills under 25 litres:

Soak up all free material using absorbent pads or other materials

Placed used absorbent materials in a heavy duty plastic bag or other suitable container for proper disposal or recycling.

Mix stained soil with commercial bioremediation agent.

Spill ERP (continued)

Initial Response Steps

Report the spill to PEP at 1-800-663-3456 in accordance with the following table:

Hazardous Material	Provincial Emergency Program (PEP) Reportable Spill Level (to water or land)
Antifreeze (Ethylene Glycol)	5 litres
Diesel	100 litres
Gasoline	100 litres
Grease	100 litres
Hydraulic oil	100 litres
Lubricating oil	100 litres
Gas line antifreeze (methyl hydrate)	100 litres
Explosives	Any amount

Natural Disaster ERP

Initial Response Steps

(Landslides, avalanches, sudden severe windstorms, rapidly spreading forest fires etc.)

Evaluate – Notify supervisor- notify the rest of the crew. Shut down all operations.

Notify crew to gather at the pre-arranged muster point

Account for all workers present at the site

Leave machines in a safe location if possible

Leave the site together if safe to do so

Inform any incoming workers (swing shift, incoming empty trucks etc.) not to come to the site

Notify applicable authorities (RCMP, Provincial Emergency Program, BC Wildfire Branch, BC Hydro, Fortis (or other gas company) as applicable)

Fatality ERP

Approach the scene if safe

Contact supervisor

Secure the scene –do not disturb the scene unless to make it safe

Cover the scene to protect any evidence and to respect everyone involved

Notify the RCMP (911) or alternate number: _____

Call WorkSafeBC at 1-888-621-7233 (Mon.-Fri. 8:30-4:30pm) after hours 1-866-922-4357

Do not use any names over the radio

Use secure method to communicate (e.g. satellite phone, cell phone, land line) if possible.

First Aid Procedure ERP

If you have a minor injury and can move without assistance travel to or call the designated first aid attendant to arrange to meet at a specific location.

For **minor wounds**, breaks, strains:

Call / radio First Aid Attendant to the scene.

Ensure site is safe, then stabilize patient (provide first-aid), transport to hospital, if necessary. The First Aid Attendant does not have the authority to overrule a workers decision to seek medical attention.

Advise office and hospital when you are on route.

If accident is the result of a motor vehicle accident, advise the RCMP.

4.13 Monthly Safety Meeting – Form

Worksite:	Date:
Supervisor:	Conducted By:

Projects Working On:

Hazards of the Site:

Hazard	Corrective Action/ Direction Given

Procedures Reviewed:

Safety Concerns:

Incidents and Close Calls:

Industry Alerts:

4.14 Incident/Close Call Reporting

Date of incident: _____ First Nation: _____
 Date reported: _____ Location: _____
 Reported by: _____ Type of job: _____

Describe incident / close call (draw diagram on other side if helpful)	<input checked="" type="checkbox"/>	Category
Notes:	<input type="checkbox"/>	close call
	<input type="checkbox"/>	bodily injury/illness
Notes:	<input type="checkbox"/>	lost time
	<input type="checkbox"/>	dangerous goods spill
Notes:	<input type="checkbox"/>	fire
	<input type="checkbox"/>	vehicle incident / damage
Notes:	<input type="checkbox"/>	ATV incident / damage
	<input type="checkbox"/>	other equipment damage
Notes:	<input type="checkbox"/>	other (describe)
	<input type="checkbox"/>	other (describe)
Names/contact info of any individual or witnesses involved in incident / close call:		
If first aid was rendered, name of attendant:		

Describe immediate and root cause of incident / close call:				
	<input checked="" type="checkbox"/> Immediate cause(s)		<input checked="" type="checkbox"/> Root cause(s)	
Notes:	<input type="checkbox"/>	failure to follow safe work procedures	<input type="checkbox"/>	inadequate work planning, engineering, design
Notes:	<input type="checkbox"/>	improper use of equipment/tools/lockout	<input type="checkbox"/>	inadequate policies, procedures
Notes:	<input type="checkbox"/>	failure to warn or instruct	<input type="checkbox"/>	inadequate communications
Notes:	<input type="checkbox"/>	body motions – pushing, pulling repetition	<input type="checkbox"/>	inadequate supervision
Notes:	<input type="checkbox"/>	improper use of PPE	<input type="checkbox"/>	inadequate risk/hazard assessment
Notes:	<input type="checkbox"/>	inadequate awareness of surroundings	<input type="checkbox"/>	mental, physical stress/fatigue
Notes:	<input type="checkbox"/>	poor housekeeping	<input type="checkbox"/>	inadequate maintenance/inspections
Notes:	<input type="checkbox"/>	worksite conditions – weather congestion, layout, (circle)	<input type="checkbox"/>	inadequate physical abilities
Notes:	<input type="checkbox"/>	other	<input type="checkbox"/>	other
Describe corrective action(s) to be undertaken:				
Person responsible for corrective action:				
Date action to be completed by:				
Person responsible to sign here when completed:				
Date when action was completed:				

Report and actions reviewed by

Notes:

Date:	
Name:	
Signature:	
Position:	

SEND A COPY OF THIS REPORT TO THE PARTY YOU REPORT TO.

HAZARD REPORT

Name _____

Date _____

Supervisor _____

Location of Hazard _____

Hazard Description:

Hazard Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Immediate Threat to Life | <input type="checkbox"/> Potential Threat to life or Serious Injury | <input type="checkbox"/> Potential Injury |
| <input type="checkbox"/> Ergonomic (MSD) Hazard | <input type="checkbox"/> Minor Hazard – Injury Unlikely | <input type="checkbox"/> Other |

Hazard Classification – Check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Hazard | <input type="checkbox"/> Machine Guard |
| <input type="checkbox"/> Chemical Hazard | <input type="checkbox"/> Slip, Trip or Fall | <input type="checkbox"/> Damaged or Improper PPE |
| <input type="checkbox"/> Temperature Extremes | <input type="checkbox"/> Damaged Equipment or Tool | <input type="checkbox"/> Task or Workstation Design |
| <input type="checkbox"/> Other – (please Specify): _____ | | |

Hazard Resolution/Fix

Can you fix the Hazard immediately without risk to yourself or others?

You must provide a suggestion for corrective action!

Corrective Action Suggestion:		Date:
Corrective Action Assigned/Taken:	Corrective Action Assigned to:	

Date Completed: _____

Initials: _____

4.15 Accident/Incident Investigation Form

Incident Investigation Information:

Incident ID:	Injured Employee:	Primary Witness:	Secondary Witness:
Investigator:	Incident Date:	Incident Reported:	Investigation Completed:

Type of Incident

<input type="checkbox"/> Property Damage	<input type="checkbox"/> Close Call	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Aid
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Restricted Work	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Fatality

Loss (or Potential):

<input type="checkbox"/> People	<input type="checkbox"/> Property	<input type="checkbox"/> Process/Operation	<input type="checkbox"/> Environmental
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Worker details:

<input type="checkbox"/> New worker	<input type="checkbox"/> Young Worker	<input type="checkbox"/> Supervisor	<input type="checkbox"/> N/A
-------------------------------------	---------------------------------------	-------------------------------------	------------------------------

Probability of reoccurrence:

<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low
-------------------------------	-----------------------------------	------------------------------

Risk Assessment (use the "Severity Level – Risk Assessment Matrix")

What was the risk rating of this incident?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What was the potential risk rating of this incident?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Mechanism of injury / property damage

<input type="checkbox"/> Fall from Elevation to Lower Level	<input type="checkbox"/> Struck Against (Running or Bumping Into)
<input type="checkbox"/> Fall on Same Level (Slip and Fall, Trip Over)	<input type="checkbox"/> Struck By
<input type="checkbox"/> Caught In (Pinch and Nip Points)	<input type="checkbox"/> Overstress, Overexertion, Ergonomic
<input type="checkbox"/> Caught On (Snagged, Hung)	<input type="checkbox"/> Equipment Failure or Productivity Loss
<input type="checkbox"/> Caught Between or Under (Crushed or Amputated)	<input type="checkbox"/> Abnormal Operation
<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Contact With: <i>Electricity, Heat, Cold, Radiation, Caustics, Toxics, Biological or Noise</i>
<input type="checkbox"/> Other	

Additional Relevant Information Attached:

<input type="checkbox"/> Sketch/Diagram	<input type="checkbox"/> Map	<input type="checkbox"/> Photos	<input type="checkbox"/> Other
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Immediate & Direct Causes:

Substandard Practices

- Inadequate awareness of surroundings
 - Inadequate use of safety devices
 - Failing to Use PPE Properly
 - Failure to Check/Monitor
 - Failure to Communicate/Coordinate
 - Failure to Follow Safe Work Procedures/Standards
 - Failure to Identify Hazard or Risk
 - Failure to Lock Out Equipment in Operation
 - Failure to Obtain Assistance
 - Failure to React/Correct
 - Failure to Secure (Employee)
 - Failure to Warn or Instruct
 - Other: _____
- Inadequate grip or hold
 - Improper Lifting/Pushing/Pulling
 - Improper Loading
 - Improper placement, storage, or securement
 - Improper Position for Task
 - Repetitive motion
 - Horseplay
 - Making Safety Devices Inoperable
 - Operating at Improper Speed
 - Operating Equipment without Authority
 - Under Influence of Alcohol and/or Other Drugs
 - Using Defective Equipment

Substandard Conditions

- Defective tools, equipment or materials
 - Fire and Explosion Hazards
 - Inadequate or Improper Protective Equipment
 - Inadequate (or absence of) Guards or Barriers
 - Inadequate information / data / labeling
 - Inadequate Instructions / Procedures
 - Inadequate or excess illumination/visibility
 - Inadequate preparation / planning
 - Inadequate support / assistance
 - Inadequate warning system
 - Other: _____
- Congestion or restricted Action
 - Noise Exposure
 - Poor Housekeeping / Disorder
 - Presence of Harmful Materials
 - Radiation Exposure
 - Road Conditions
 - Temperature Extremes
 - Weather Conditions
 - Inadequate Ventilation
 - Inadequate Communications, including:
Hardware / Software / Process

Comments

Root Causes / Personal Factors

Skills and Knowledge

- Inadequate employee skill
- Inadequate initial instruction
- Inadequate practice
- Infrequent performance
- Other: _____
- Inadequate work planning or programming
- Inadequate work planning or programming
- Lack of coaching
- Inadequate review

Mental Stress or Fatigue

- Emotional overload
- Fatigue due to lack of rest
- Fatigue due to mental task load or speed
- Extreme judgment/decision demands
- Preoccupation with problems
- Extreme concentration/perception demands
- Meaningless or “degrading” activities
- Confusing directions/demands
- Other: _____
- Routine, monotonous, demand for uneventful diligence
- Frustration
- Fears and phobias
- Poor judgment
- Poor coordination
- Slow reaction time
- Memory failure
- Mental illness

Physical Stress or Fatigue

- Injury or illness
- Fatigue due to task load or duration
- Fatigue due to lack of rest
- Fatigue due to sensory overload
- Exposure to health hazards
- Exposure to temperature extremes
- Other: _____
- Oxygen deficiency
- Atmospheric pressure variation
- Constrained movement
- Blood sugar insufficient
- Drugs
- Alcohol

Physical Capability

- Inappropriate height, weight, size, strength, reach
- Restricted range of bodily movement
- Limited ability to sustain body positions
- Substance sensitivity or allergens
- Inadequate fitness for job functions
- Other: _____
- Vision deficiency
- Hearing deficiency
- Respiratory incapacity
- Other permanent physical capabilities
- Temporary disabilities

Motivation

- Improper performance is rewarded
- Proper performance is punished
- Lack of incentive
- Excessive frustration
- Improper attempt to save time or effort
- Improper attempt to avoid discomfort
- Other: _____
- Improper production incentives
- Improper supervisory example
- Inadequate performance feedback
- Inadequate discipline
- Inadequate performance reinforcement of proper behavior
- Inappropriate peer pressure

Abuse

- Improper conduct that is condoned – intentional
- Other: _____
- Improper conduct that is condoned – unintentional
- Improper conduct that is not condoned

Root Causes: Job/System Factors

Engineering or Design

- Inadequate consideration of human factors / ergonomics
- Inadequate standards, specifications, and/or design criteria
- Inadequate assessment of needs, risks and/or hazards
- Inadequate monitoring of construction
- Inadequate assessment of operational readiness
- Inadequate evaluation of changes

Inspections

- Inadequate assessment of inspection needs
- Inadequate inspection, monitoring and compliance

Maintenance or Purchasing

- Inadequate purchasing standards: tools, equipment, materials
- Inadequate assessment of needs
- Inadequate communication of needs
- Other: _____
- Inadequate vehicle/equipment maintenance/repair/adjustment
- Inadequate maintenance system
- Inadequate scheduling of work
- Equipment wear and tear

Supervision or Leadership

- Unclear or conflicting assignment of responsibilities
- Unclear or conflicting reporting relationships
- Improper or inefficient delegation
- Inadequate matching of individual qualifications for job / task requirements
- Giving objectives, goals or standards that conflict
- Lack of supervisory / management job knowledge
- Other: _____
- Inadequate or incorrect performance feedback
- Inadequate instructions, orientation and/or training
- Inadequate identification and evaluation of hazards
- Giving inadequate policy, procedure, practices or guidelines/communications
- Inadequate work planning or programming
- Inadequate performance measurement and evaluation

Risk Assessment

- Inadequate management process to identify, analyze, assess and control risks
- Inadequate employee training to identify hazards
- Other: _____

Tools, Equipment & Materials

- Inadequate assessment of needs and risks
- Inadequate human factors/ergonomics considerations
- Inadequate standards or specifications
- Inadequate availability
- Improper handling of materials
- Improper storage of materials
- Improper expansion of service life
- Improper transportation of materials
- Inadequate inspection and/or monitoring
- Improper loading or rate of use
- Inadequate maintenance
- Use by unqualified or untrained people
- Use for wrong purpose
- Other: _____

Training

- Inadequate initial training
- Inadequate update training
- Inadequate training needs analysis
- Inadequate training standard

Work Standards

- Inadequate development of standards
- Inadequate communication of standards
- Inadequate monitoring of compliance
- Other: _____

Communications

- Inadequate horizontal communication between peers
- Inadequate vertical communication between supervisor and crew
- Inadequate communication methods
- Other: _____
- Inadequate communication between work groups
- Inadequate communication between different organizations
- Incorrect instructions
- Inadequate communication standards

Corrective actions to be implemented to remove or reduce identified hazards

Corrective Actions to Implement (Description of Action Required)	Responsibility to Complete (Name)	Due by (Date)	Completed (Date, Initials)

Incident Investigator sign off

This incident (or close call) has been thoroughly investigated and all relevant information has been documented on this form and in a Safety Alert for distribution among Offices.

Signature

Date

Worker Representative sign off

I have reviewed this incident and agree with the investigation findings.

Signature

Date

I have reviewed this incident and agree with the investigation findings.

Signature

Date

Manager sign off

I have reviewed this incident and agree with the investigation findings.

Signature

Date

4.16 Employee Audit – Form

Policies & Procedures	Check ☑	Notes:
Emergency Response Plan (ERP)		
Can locate ERP		
Can identify “Safe” areas		
Can identify FA attendant(s)		
Has appropriate FA equipment		
Safe Work Procedures for task		
Can identify worksite hazards		
Is alert and focused on job		
Demonstrates safe use of tools & equip.		
Demonstrates Lock-out procedures		
Uses 3 point mount / dismount		
Has required license / certificate(s)		
Demonstrates proper use of seat belt		
Before “clear to approach” signal given		
Stops work & makes eye contact		
Stops all moving parts or tools		
Lowers blade / boom / head / saw		
Gives “clear to approach” signal		
Personal Protective Equipment (PPE)		
Hard hat of contrasting colour		
Uses appropriate eye / face protection		
Uses required hearing protection		
Wears high visibility / protective clothing		
Wears appropriate footwear for job		
Other:		
Notes:		

Supervisors Signature

Employee Signature

4.17 Vessel Inspection – Form

Vessel Name: _____	Operator: _____	Signature: _____
Date: _____	Start Hours: _____	Stop Hours: _____
Warm Up Time: _____	Engine Temp: _____	

<input type="checkbox"/> Fuel Levels <input type="checkbox"/> Engine Oil <input type="checkbox"/> Racor Filters (Water Drained) <input type="checkbox"/> Coolant <input type="checkbox"/> Bilge clean & no fuel smell <input type="checkbox"/> Bilge Pump (Elec. & Manual) <input type="checkbox"/> Battery & Elec. connections <input type="checkbox"/> Water Strainer Clean <input type="checkbox"/> Steering System <input type="checkbox"/> Auxiliary Engine and Fuel <input type="checkbox"/> Warm Up <input type="checkbox"/> Deck clean & free of hazards <input type="checkbox"/> Cabin clean & free of hazards <input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Navigation Lights <input type="checkbox"/> Spot Lights <input type="checkbox"/> Fenders <input type="checkbox"/> Ropes <input type="checkbox"/> Compass <input type="checkbox"/> GPS <input type="checkbox"/> RADAR <input type="checkbox"/> Depth Sounder <input type="checkbox"/> Horn <input type="checkbox"/> Wipers and Fluid <input type="checkbox"/> Radio (VHF) <input type="checkbox"/> Radio (UHF) <input type="checkbox"/> Antennas <input type="checkbox"/> Capacity Signage	<input type="checkbox"/> PFD For everyone aboard <input type="checkbox"/> Spill Kit <input type="checkbox"/> Anchor with Chain and rope <input type="checkbox"/> Bailer <input type="checkbox"/> Paddles <input type="checkbox"/> Flares (Expiry Date) <input type="checkbox"/> Life Ring <input type="checkbox"/> Throw Line <input type="checkbox"/> Air Horn <input type="checkbox"/> First Aid Kit (Min Level 1) <input type="checkbox"/> Blankets (3) <input type="checkbox"/> Local Charts <input type="checkbox"/> Spare Tools <input type="checkbox"/> Flashlight
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Safety Briefing Given
 Log Book Completed

NOTES:

4.18 Monthly Vehicle Inspection – Form

Vehicle Number:	Odometer Reading:	Date of Inspection:	Name of Inspector:

General Vehicle Operating Equipment Checklist

Items	Yes	No	n/a	Items	Yes	No	n/a
Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Log Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jack & Tire Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Trip Inspection Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumper Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Truck Binder (contents up to date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight w/ working batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radio Frequency List (in Truck Binder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1 First Aid Kit (fully stocked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VHF Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Blankets (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill Kit (fully stocked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tow Strap and/or Logger's Chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Fluids (optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher (if required by client)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tool Kit (optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seasonal Safety Equipment & Tools Checklist

<u>Fire Season (Apr 1 to Oct 31)</u>				<u>Winter Conditions</u>			
Items	Yes	No	n/a	Items	Yes	No	n/a
Backpack Water Can – filled w/ water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Chains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shovel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sandbags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulaski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Assessment of Vehicle Condition (Circle Check)

Items	Good	Fair	Poor	Items	Good	Fair	Poor
Tire Tread & Air Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel & Lug Nuts Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Pedal & Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head & Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals & Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator/Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery & Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Transmission Fluid (if app)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any fluid leaks observed?	_____		
Driver's floor mat in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any dash warnings?	_____		

General Comments

Summary Declaration of Vehicle Condition

- This vehicle is:**
- Safe to drive and has passed all inspection items listed above.
 - Safe to drive but requires attention to correct the deficit items noted above.
 - Unsafe to drive and must be repaired immediately.

4.19 Injury Management Program - Medical Practitioner and Work Readiness (Forms)

Dear Medical Practitioner,

Our employee has recently suffered a workplace injury and is now seeking your medical attention and care. Our firm has an active Injury Management Program which assists and encourages injured workers to return to employment as soon as it is physically appropriate.

We require your participation in our injury management process to facilitate our employee's return to work. We are committed to providing the employee with work consistent with their physical abilities and limitations. In order to determine these limitations, we require that you complete the **Release of Information Declaration** (below) and the attached **Work Readiness Form**. The forms must be returned to the employee who is then responsible for submitting to our Injury Management Coordinator immediately.

The information you will be providing is integral to the success of our program. Once we receive this information, we will determine whether we have job duties which suit the abilities of our employee at this time. Under no circumstances will the injured worker be required to perform duties that are inconsistent with his/her physical limitations. Some examples of modified duties that IOG has provided in the past are;

- Computer data entry
- Administration
- Map Creation

Thank you for your time and assistance in returning our employee to productive and suitable employment.

Sincerely,

Injury Management Coordinator

Injured Employee’s Release of Information Declaration:

(to be completed by injured worker)

I hereby authorize the release medical information (as related to my injury) to my employer, for the purposes of coordinating an Injury Management Plan and occupational health and safety reporting.		
Print Name or Stamp	Signature of Employee	Date (dd/mm/yy)

Medical Practitioner’s Release of Information Declaration:

(to be completed by Medical Practitioner)

I hereby authorize the release of medical information relating to this workplace injury (including diagnosis and treatment) to my employer for the purposes of coordinating an Injury Management Plan and occupational health and safety reporting.		
Print Name or Stamp	Signature of Medical Practitioner	Date (dd/mm/yy)

Work Readiness Form

General Information: (to be completed by Injured Worker)

Name of Worker	Date of Injury
_____	_____
Name of Doctor	Doctor’s Phone #
_____	_____
Date of Appointment	Appointment Number
_____	_____
	(1 st , 2 nd , 3 rd , etc.)
Description of Injury	

Work Readiness Evaluation: *(to be completed by Qualified Medical Practitioner)*

This worker is presently able to engage in the following: (check one)

- Full and Unrestricted Pre-Injury Duties (PID) Restricted and/or Modified Work Duties Unable to Return to Work In Any Capacity

Pease indicate physical limitations of injured worker:

- Prolonged Standing** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Sitting** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Walking** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Hiking** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Climbing Hills** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Climbing Stairs** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Outdoor Work** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Bending** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Squatting** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Lifting/Carrying** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week
- Driving** No Restrictions Some Restrictions Unable to Perform
Activity restricted to: _____ Hours per Day _____ Days per Week

Specific Restrictions and/or Comments:

Estimated duration of work restrictions: 1 2 3 4 5 6 7 8 9 10 11 12

days/weeks/months/years

Estimated recovery time for this type of injury: 1 2 3 4 5 6 7 8 9 10 11 12

days/weeks/months/years

Estimated date of return to full Pre-Injury Duties:

dd/ mm / yy

Next medical appointment is scheduled for:

dd/ mm / yy

Is the worker prescribed treatment that is likely to impair safety or performance at work?

No

Yes (please explain):

Is the worker referred for other treatment?

No

Yes (please explain):
