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	Rev. 1.0	Created: May 2024	Last review: June 2025

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	Empire Masonry Ltd.	Project:
	02.A JOB HAZARD ANALYSIS	

Job Hazard Analysis

Revision	Date	Written By	Approved By

RISK LEVEL ASSESSMENT MATRIX				
Hazards are assessed for risk by considering the SEVERITY & PROBABILITY of the hazard causing injury or damage.		SEVERITY		
		3 - LOW CONCERN/STRESS	2 - MODERATE MEDICAL AID	1 - HIGH FATALITY/CRITICAL ILLNESS
PROBABILITY	C - UNLIKELY (Unlikely to occur)	LOW	LOW	MODERATE
	B - LIKELY (Likely to happen)	LOW	MODERATE	HIGH
	A - CERTAIN (Almost certain)	MODERATE	HIGH	HIGH
>>> RISK RATING <<<				
LOW - Continue working with controls in place				
MODERATE - Report to Supervisor to discuss controls and develop plan				
HIGH - Stop all work and develop a plan				

ASSESS THE SEVERITY (1 - 4)

- Extreme Danger** – causing death, permanent impairment
- Serious** – severe injury or illness, property damage
- Minor** – non-serious injury, illness, or damage
- N/A** – not applicable

ASSESS THE PROBABILITY (A - D)

- Probable** – likely to occur immediately or soon
- Reasonably Probable** – likely to occur eventually
- Remote** – could occur at some point
- Extremely Remote** – unlikely to occur

ASSIGN THE RANK
 (e.g., 1A, 2C, 3B, etc.) (High, Moderate, Low)

PRIORITIZE THE HAZARDS



02.A PRE-JOB HAZARD ANALYSIS FORM

OHS Program – Element 2 – Workplace Hazard Assessment & Control

Created: May 2024

Last review: June 2025

Rev. 1.0

Item #	Activity / Task	Potential Hazards	Hazard Controls Measures / Procedures
1	Site Orientation	- Unknown ground conditions, soil types. - Overhead/below ground hazards. - Public or other trades - Traffic - Mobile Equipment	Moderate Risk Hazard
			- Project Start up meeting conducted, and orientations completed - H&S Plan, mobile equipment SWP's, Silica ECP and JHA(s) reviewed with all workers involved with task - Initial Site Inspection Conducted by Site Supervisor/Safety - Ensure Adequate Access/Egress and Emergency Procedures are in place - Pre – task meetings must be done between all work parties, to ensure everyone understands their role and responsibilities. - All workers to attend site orientation (General Contractors responsibility) - Ensure all workers have required training qualifications and competency evaluations - All known utilities to be visually verified - Ensure all required safety equipment is available on site (Air Horns, Fire Extinguishers, Spill Kits, First Aid Kit and Eye wash) - Always ensure adequate First Aid coverage - Site Supervisor to review safety procedures with all new workers prior to commencing work - Site Supervisor to ensure all workers are fit for duty - Ensure nearest utility shut offs are identified. - Assess general public locations and ensure controls (barriers are in place)

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Item #	Activity / Task	Potential Hazards	Hazard Controls Measures / Procedures
2	Delivery of Materials and Equipment	- Working Near Mobile Equipment - Dropped Objects - Uneven Ground - Vehicles/Pedestrian - Manual Handling of materials - Body in Line of Fire - Overhead powerlines - Rigging/cranes - Traffic Control - Hydro Mobile Lift	Moderate Risk Hazard
			- Review all load requirements to be transported, including trucking routes and schedule deliveries with project management team - Approved Traffic Management Plan by city to be in place to mitigate the hazards to protect pedestrians and passing traffic - All relevant personnel to review TMP and review worker qualifications - Dedicated route for transport vehicles. No obstructions/obstacles within the route. Route shall be well maintained and adequate for transport vehicles. - Designated competent spotter to be used to ensure proper routes and safety precautions are followed. - Spotter will discuss with driver the planned route, signals, and safety precautions. - Spotter will ensure the area designated for delivery is clear of all personnel, equipment, and machinery. - Have visual eye contact with operator before any vehicles or workers are directed into work area - Utilize proper communication methods on site, i.e., radios or hand signals. - Use appropriate signage and barriers to notify the public of what the directions of the work area will be. - Maintain required clearances from overhead power lines. - Ensure driver(s) are wearing appropriate PPE if exiting vehicle on site. - Riggers to be trained and competent - Materials and equipment loaded on pallets must be offloaded by forks. - Use mechanical equipment to move materials if possible. - Ensure products, materials and equipment are stored safely and can withstand loads. - Backup alarms on equipment and spotters used when in tight spaces. - Equipment insured for road usage

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Item #	Activity / Task	Potential Hazards	Hazard Controls Measures / Procedures
3	Mixing Station	- Working Near Mobile Equipment - Uneven/slippery ground - Manual Handling - Body in Line of Fire - Silica Hazards - Falling materials - Rotating mixer	Moderate Risk Hazard
			- Review and follow Silica Exposure Control Plan and ensure wetting or LEV is in place - Inspect work area, tools and equipment - Ensure guards are on mixing equipment - Storm drains are protected - Safe storage of materials - Clean work area (housekeeping) - Traffic control, spotters - Barriers with signage to restrict access - Review SDS for products - Wear required CSA PPE (high vis, hard hat, boots, proper clothing for the task, eye, hearing and hand protection when required by task or the employer) - Mixer secured from moving - Adequate Lighting - Fresh air fans for indoor mobile equipment - Electrical equipment inspected
4	Respectful Workplace (Robbery, assault, violence, harassment, bullying, theft etc)	- Mental health - Injuries from verbal interactions, fighting or physical altercation	Low Risk Hazard
			- Section 16 (Respectful Workplace Policy) of the Safety Manual will be adhered to at all times. Training provided to all workers. - Marcon will provide a harassment-free environment - Professional conduct is expected from all workers on this site - Mutual respect, cooperation and understanding, must be the basis of interaction between all employees, students and staff - Behaviour that is likely to undermine the dignity or self-esteem of an individual, or create an intimidating, hostile or offensive environment is not tolerated - Workers guilty of professional misconduct will be immediately removed from this project.

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Item #	Activity / Task	Hazards	Hazard Controls Measures / Procedures
5	Masonry Saws & Cut Off Saws	- Slips, trips, falls - Noise - Flying Debris - Sharp objects - Airborne hazards - Lacerations - Electrical - Kickback hazard - Fire Hazards - Repetitive Strain	Moderate Risk Hazard
			- Pre-use inspection of tools and equipment - Use wet saw techniques or LEV system to catch dust at the source - Cut outdoors when operating gas powered equipment - Guards on tools - Wear required CSA PPE (high vis, hard hat, boots, proper clothing for the task, eye (face shield), hearing and hand protection when required by task or the employer) - Workers trained on safe usage on tools and equipment - When using wet saw ensure drains are protected from contaminants - Hot works permits when cutting metal or other materials that can create fire ignition.
6	Concrete Drilling	- Repetitive Strain - Silica - Caught in/line of fire	Low Risk Hazard
			- Pre-use inspections to be conducted on all mobile equipment. - Wear required CSA PPE (high vis, hard hat, boots, proper clothing for the task, eye (face shield), hearing and hand protection when required by task or the employer) - Review and follow Silica Exposure Control Plan and ensure wetting or LEV is in place - Inspect work area, tools and equipment - Ensure good hand placement and body positioning. - Ensure drill is rated for the type of drill bit and work being performed.
7	Traffic Control	- Striking workers or pedestrians with vehicles - Damage to structures or equipment. - Violence (angry motorists or pedestrians) - Poor visibility	Moderate Risk Hazard
			- Traffic Management Plan and separate Risk assessment completed and to be reviewed with all Marcon staff. - Qualified TCP's, signage posted in required locations. - Class 2 or better TCP Personal Protective Equipment. - Use extreme caution while entering and exiting the job site. - Be aware of busy vehicle traffic. - Ensure spotters are always in place while moving equipment around and when deliveries arrive to the site.

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Item #	Activity / Task	Hazards	Hazard Controls Measures / Procedures
8	Hoisting and Rigging	• Dropped objects • Crushing • Pinch Points • Lacerations • Line of fire • MSI's • Equipment Damage	Moderate Risk Hazard
			• Follow manufactures instructions and weight restrictions on the load. Slings should all be clearly marked with an identification number and their maximum capacity with certification externally validated within one year. • Perform an inspection on any rigging prior to commencing work tasks. Any chain rigging and wire rope must be certified within one year. Any rigging which fails the pre-use inspection must be visually tagged and taken out of service. • Follow the weather report and work within the limits of the equipment. High winds and rain can create addition hazards to the lift. • Never allow wire rope slings or any rope slings to lie on the ground for long periods of time, on damp / wet surfaces or be repeatedly pulled across abrasive surfaces. Use softeners to protect rope if it must be pulled across a surface. • Any overhead wires should be flagged, use the appropriate caution for the approach to the powerlines based on OHS Legislation. Maintain a 10 ft. distance or greater depending on 30M33 • Communication must be always maintained between rigger and operator. • Workers conducting hoisting / rigging operations must ensure they are taking regular stretch breaks to limit chances of strains / sprains
9	Electrical (panels, power cords and lighting)	• Cuts from sharp material or tools • Electrocution or arc flash • Improper wiring methods • Improper or lack of LOTO • Falling from heights • Overhead High Voltage lines • Building exterior and interior electrical rooms and suites	Moderate Risk Hazard
			• Only qualified electricians are approved to work on electrical systems and must follow Lock out SWP's • All tools and equipment must be inspected and in good working order. Fall protection must be used as required when working over guardrails. Live ends of electrical wires must be within approved boxes. • Temporary power panels to be identified and have breakers labelled. Storage of materials is prohibited in electrical rooms. • Temporary heaters must be used in accordance with manufacturers instructions, not be left on for long durations or overload outlets/breakers. • Contact BC Hydro for 30M33 power line assessment. Follow LOA • Overhead power lines pose a risk to employees during an earthquake. When lines are down do not move if possible, when moving shuffle feet and always contact 911

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Item #	Activity / Task	Hazards	Hazard Controls Measures / Procedures
10	Working at Height / Fall Protection	Fall from elevation, Dropped objects	High Risk Hazard
			- Fall protection in the form of 100% tie-off or properly guarded platforms must always be used when more than 3 meters above work surface (fall protection plan). - Conduct pre-use inspection on aerial lift - Work area to be delineated - Refer to SWP Handrails – Guardrails for further information. - Guardrails to be regularly inspected by a qualified person. - No access under aerial lift or scaffolding - Loose tooling to be tethered where possible - Workers to have valid Fall Protection training - Fall Protection equipment to be inspected prior to use - Workers to be always tied off while in aerial lift basket - Adequate catch platforms or nets must be provided to stop materials from falling into areas accessible to workers (if required). - Access below restricted - Follow manufacturers instruction and engineering requirements. - Anchor points must have engineering or meet WorkSafeBC requirements.
11	Ladders	- Falling from heights - Ladder failing under load. - Ladder moving while in use. - Improper usage - Floor openings/uneven surfaces - Pinch points	Moderate Risk Hazard
			- Ladders shall be construction grade 1 or 1A, be non-conductive when working around electricity, in good shape with no missing parts and used within manufacturers guidelines. - Access ladders are to be tied off and project 1 meter above the safe landing surface. - Extension ladder section is not to be separated. - Step Ladders are not to be leaned against the wall or equipment they are to be used only when in the open position. - Inspections prior to use. If work being conducted from a ladder is unsafe to a worker than a work platform must be used. - Use construction grade 1 ladders only and do not overreach.

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Item #	Activity / Task	Hazards	Hazard Controls Measures / Procedures
12	Outdoor Work	- Possibility of heat stress in summer months. - Possibility of hyperthermia or frostbite during the winter months. - Stings and bites from wildlife. - Air Quality during forest fire season - Poor visibility	Low Risk Hazard
			- Workers to be trained in Heat/Cold Stress requirements (SWP), dress in layers and always stay hydrated. - Check prior to each shift the weather forecast update workers during FLHA's. Frequent inspections for insects and wildlife. - Have insect/Bee repellent available on site. - Wear appropriate clothing and PPE
13	Scaffolding	- Scaffolding failing under load - Falling from heights - Headroom - Improper or inadequate access and egress - Electrical systems - Pinch points	Moderate Risk Hazard
			- All scaffolding is to be erected, maintained and dismantled in accordance with the manufacturers' specifications and CSA standards. - If the scaffold is erected over a means of access egress the erector will ensure a means of overhead protection is in place. - No worker shall work from a scaffold until such time that it is completely set up according to the local OHS Act & Regulations. - Scaffolding needs to be erected and inspected daily by a competent person. - Rolling metal frame scaffolding and or Baker type scaffolding may be used and will be equipped with guardrail systems.
14	Masonry	- Strains or sprains from heavy or awkward lifts - Falls or dropped objects from heights. - Crush and pinch points. - Exposure to dust and chemicals (respiratory) - Saws - Mobile equipment	Moderate Risk Hazard
			- Workers must wear all required PPE including respiratory protection for airborne hazards and chemical resistant PPE when working with chemicals. - Use proper work platforms rated for the work being performed. - Inspections of ladders, scaffolding, tools and equipment. - Follow manufacturers requirements. - Follow Silica ECP - Ensure block walls are secured and braced and dowel protection is capped

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

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

	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

All workers involved in the tasks listed JHA are to sign below to acknowledge their understanding of the proper hazard control measures. In addition, workers must be trained in all relevant SWP's

Worker Name (print)	Worker Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Supervisor Name: _____

Supervisor Signature:_____

	02.B FIELD LEVEL RISK ASSESSMENT FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: June 2025	Rev. 1.0

Date:		Project Name:		Weather:	
CONSIDER THE FOLLOWING POINTS BELOW BEFORE COMPLETING THE FLRA					
- What hazards will be present during today's activities? - Does the worker area need to be barricaded or signage posted? - Have there been any incident completing these tasks prior? - What do you need to do to ensure these tasks are completed incident free?			- Are safe work practices or procedures available for tasks? - Are workers properly trained to complete the tasks? - Is the work area well maintained and clean before/after the task? - Is a Safety Coordinator or Supervisor required prior to completing tasks?		
Physical Hazards - Noise, heat/cold stress, materials, airborne particulates, pinch point Biological Hazards – Body fluids, needles, condoms, Mould, Viruses, bacteria			Chemical Hazards - Corrosives, oxidizers, skin irritants, lung irritants, reactive products Ergonomic Hazards – Repetitive, Vibration, Awkward Position, Overexertion, weight		
#	Task	Present & Potential Hazards		Hazard Rating: L,M,H	Controls (to reduce or eliminate risks)
1.					
2.					
3.					
4.					
5.					
6.					
PPE Required & Inspected		☐  CSA Approved Footwear	☐  CSA Approved Headgear	☐  Fall Protection Equipment	☐  Seatbelt
☐  High Vis Vest	☐  Dust Mask (N95)	☐  Safety Eyewear	☐  Hand & Finger Protection	☐  Face Shield	
☐  Arc Flash Protection	☐  Respiratory Protection	☐  Hearing Protection	☐		☐
All workers involved in the task must print name and sign below					
Print Name		Signature		Print Name	
Supervisor Name:			Supervisor Signature:		

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

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

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

Site-wide hazards?	Controls Methods	Remaining Risk

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

Applicable SWP/SJP Reviewed for the job?	☐ YES	☐ NO	If yes, SJP name:
--	------------------------------	-----------------------------	-------------------

Work at height?	☐ N/A	Risk Matrix																																													
Workers trained	☐ YES ☐ NO	Use the matrix below to determine the risk level for each task step <table><tr><th colspan="4">RISK LEVEL ASSESSMENT MATRIX</th></tr><tr><td colspan="2" rowspan="2">Hazards are assessed for risk by considering the SEVERITY & PROBABILITY of the hazard causing injury or damage.</td><th colspan="3">SEVERITY</th></tr><tr><th>3 - LOW CONCERN/STRESS</th><th>2 - MODERATE MEDICAL AID</th><th>1 - HIGH FATALITY/CRITICAL ILLNESS</th></tr><tr><td rowspan="3">PROBABILITY</td><td>C - UNLIKELY (Unlikely to occur)</td><td>LOW</td><td>LOW</td><td>MODERATE</td></tr><tr><td>B - LIKELY (Likely to happen)</td><td>LOW</td><td>MODERATE</td><td>HIGH</td></tr><tr><td>A - CERTAIN (Almost certain)</td><td>MODERATE</td><td>HIGH</td><td>HIGH</td></tr><tr><td colspan="5">>>> RISK RATING <<<</td></tr><tr><td colspan="5">LOW - Continue working with controls in place</td></tr><tr><td colspan="5">MODERATE - Report to Supervisor to discuss controls and develop plan</td></tr><tr><td colspan="5">HIGH - Stop all work and develop a plan</td></tr></table>	RISK LEVEL ASSESSMENT MATRIX				Hazards are assessed for risk by considering the SEVERITY & PROBABILITY of the hazard causing injury or damage.		SEVERITY			3 - LOW CONCERN/STRESS	2 - MODERATE MEDICAL AID	1 - HIGH FATALITY/CRITICAL ILLNESS	PROBABILITY	C - UNLIKELY (Unlikely to occur)	LOW	LOW	MODERATE	B - LIKELY (Likely to happen)	LOW	MODERATE	HIGH	A - CERTAIN (Almost certain)	MODERATE	HIGH	HIGH	>>> RISK RATING <<<					LOW - Continue working with controls in place					MODERATE - Report to Supervisor to discuss controls and develop plan					HIGH - Stop all work and develop a plan				
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HIGH - Stop all work and develop a plan																																															
Equipment available and suitable	☐ YES ☐ NO																																														
Fall Pro Plan prepared if above 25 ft	☐ YES ☐ NO																																														
Protecting surrounding trades / public	☐ N/A																																														
Surrounding trades notified of work	☐ YES ☐ NO																																														
Public protected? (if affected by work)	☐ YES ☐ NO																																														
Risk of dropped objects controlled?	☐ YES ☐ NO																																														
Work involving Silica Dust	☐ N/A																																														
Exposure Control Plan applicable/followed	☐ YES ☐ NO																																														
Workers Fit tested	☐ YES ☐ NO																																														
Workers clean shaven	☐ YES ☐ NO																																														
Use of Vacuum/Wetting prioritized	☐ YES ☐ NO																																														

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

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

Print Name	Signature	Print Name	Signature

Crew Foreman Name:		Signature:	
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**OHS Program – 04.A - Safe Job Procedure**

Rev. 1.0

Created: May 2024

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SJP - 01

PART 1 – PROJECT INFORMATION

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

PART 2 – HAZARD IDENTIFICATION**POTENTIAL HAZARDS**

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

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

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

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

ENGINEERING

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

ADMINISTRATIVE

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

PERSONAL PROTECTIVE EQUIPMENT

☐		CSA Approved Footwear	☐		Hand & Finger Protection
☐		CSA Approved Headgear	☐		Safety Eyewear
☐		Fall Protection Equipment	☐		Hearing Protection
☐		Dust Mask (N95)	☐		Respiratory Protection
☐		High Visibility Vest (clothing)	☐		Face Shield
☐		Arc flash Protection	☐		Seatbelt
☐	Other		☐	Other	



OHS Program – 04.A - Safe Job Procedure

Rev. 1.0

Created: May 2024

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SJP - 01

RISK RATING AFTER CONTROLS -

PART 3 - RESPONSIBILITIES

MANAGEMENT AND SUPERVISORS' RESPONSIBILITIES

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

WORKER RESPONSIBILITIES

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

PART 4 - PRE-JOB PROCEDURE

PART 5 - SAFE JOB STEPS



OHS Program – 04.A - Safe Job Procedure

Rev. 1.0

Created: May 2024

Last review: June 2025

SJP - 01

PART 6 - DOCUMENTS, APPLICABLE LEGISLATION, STANDARDS OR OTHER

PART 7 - PREVENTATIVE MAINTENANCE

Any defective equipment shall be tagged and designated as “Out of Service” and reported to the Site Supervisor and / or Management designate immediately. DO NOT USE ANY ‘OUT OF SERVICE” equipment until required repairs have been conducted by a qualified person(s). Records of all maintenance and inspections will be maintained and be readily available in accordance with the manufacturer’s specifications and applicable standards.

PART 8 - EMERGENCY AND REPORTING REQUIREMENTS

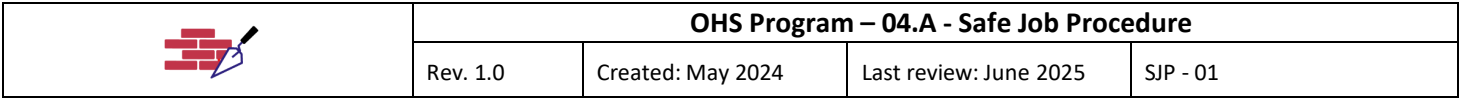
In the event of an emergency:

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

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

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

PART 9 - OTHER



	OHS Program – 04.A - Safe Job Procedure			
	Rev. 1.0	Created: May 2024	Last review: June 2025	SJP - 01

	OHS Program – 04.A - Safe Job Procedure			
	Rev. 1.0	Created: May 2024	Last review: June 2025	SJP - 01

	OHS Program – 04.A - Safe Job Procedure			
	Rev. 1.0	Created: May 2024	Last review: June 2025	SJP - 01

	OHS Program – 04.A - Safe Job Procedure			
	Rev. 1.0	Created: May 2024	Last review: June 2025	SJP - 01

	OHS Program – 04.A - Safe Job Procedure			
	Rev. 1.0	Created: May 2024	Last review: June 2025	SJP - 01

EMPLOYEE ACKNOWLEDGEMENT

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

[illegible]

SUPERVISORS REVIEW

PRINT NAME	SIGNATURE	DATE

This document has been provided for the safety of all applicable workers on site during the course of our construction. Enforcement of the contents of this document WILL be provided through designated management on site (the above signed) at all times.

	05.A NON-COMPLIANCE FORM			
	OHS Program – Element 5 – Company Rules	Created: May 2024	Last review: June 2025	Rev. 1.0

INFORMATION				
Date:		Non-Compliance Date:		Time:
Worker Name:		Orientation Date:		
Company Name:		Supervisor Name:		
NON-COMPLIANCE DETAILS				
Violation: Is this a repeat Non-Compliance of a previous warning? ☐ Yes ☐ No				
Minor Violation: ☐ 1 st Offence – Verbal Warning ☐ 2 nd Offence – Written Warning ☐ 3 rd Offence Suspension or Termination				
Major Violation: ☐ 1 st Offence – Verbal Warning ☐ 2 nd Offence – Suspension ☐ 3 rd Offence Termination				
Verbal Warning Date	Written Warning Date	Suspension Date	Return to Site Date	Termination Date
Description of Non-compliance (indicate policy and/or regulation reference)				
Worker Corrective Action/Prevention ☐ Company Policy Reviewed ☐ Safe Work Practice/Safe Job Procedure Reviewed ☐ Job Training				
Worker Corrective Action/Prevention Description				
Copies Sent/Given To ☐ Supervisor ☐ Worker ☐ Human Resources ☐ Other _____				
Issuer Name:		Issuer Signature		
Supervisor Signature		Worker Signature		

	07.A - TOOL & EQUIPMENT INSPECTION FORM			
	OHS Program – Element 7 – Preventative Maintenance	Created: April 2024	Last review: June 2025	Rev. 1.0

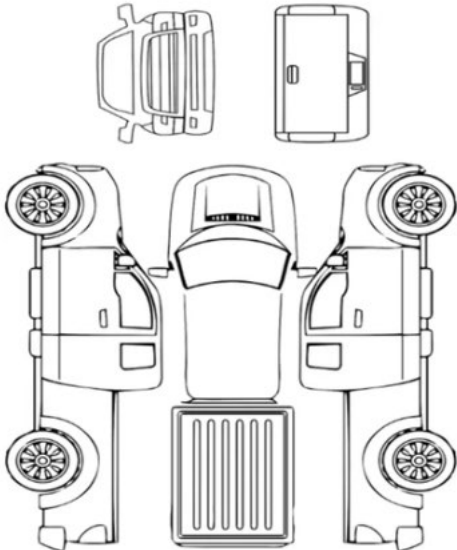
INFORMATION					
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Date:	Location:	Inspector Name:
--------------	------------------	------------------------

Equipment Type (drill, skidsteer)	Make	Model	Serial Number	Safe Operating Condition	Tag out of service maintenance required
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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

	07.B – MONTHLY VEHICLE INSPECTION FORM		
	OHS Program – Element 7 – Preventative Maintenance	Created: April 2024	Last review: June 2025
		Rev. 1.0	

MONTHLY VEHICLE INSPECTION CHECKLIST					
Date:			Driver/Operator Name:		
Vehicle Make:			Vehicle Model:		
Vehicle Year:			Vehicle #:		
Licence Plate #:			Mileage: km's		
Inspection Item	OK	Service Required	Inspection Item	OK	Service Required
Insurance/Vehicle Registration	☐	☐	Headlights	☐	☐
Accident Form in Vehicle	☐	☐	Turn Signals	☐	☐
Oil Level	☐	☐	Hazard Lights	☐	☐
Antifreeze Level	☐	☐	Brake & Backup Lights	☐	☐
Windshield Wipers & Fluid Level	☐	☐	Mirrors	☐	☐
Transmission Fluid Level	☐	☐	Horn	☐	☐
Heater/Aid Conditioning	☐	☐	Parking Brake	☐	☐
Windshield	☐	☐	Spare Tire & Jack & Tools	☐	☐
Interior Condition/Cleanliness	☐	☐	Exterior Condition/Cleanliness	☐	☐
Emergency Equipment	☐	☐		☐	☐
Circle Damaged Locations 			Notes:		
Arrangements for Maintenance if any (describe):					
Driver/Operator Signature:					

	08.A ORIENTATION FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: June 2025	Rev. 1.0

INFORMATION					
Company/Employer Name:			Orientation Date:		
Worker Name:			Project Address:		
Worker Contact/Cell Phone #:			Occupation/Position:		
Emergency Contact Name:			Emergency Contact #:		
Are you under the age of 25 and/or new to construction? ☐ Yes ☐ No *if yes, complete N&Y worker orientation in addition					
TOPICS REVIEWED					
SAFETY PROGRAM	Y	N	SAFE WORK PRACTICES & PROCEDURES	Y	N
Health & Safety Policies	☐	☐	Project/ Work Area Access	☐	☐
Rights & Responsibilities	☐	☐	Loading/Unloading & Traffic Control	☐	☐
Workplace Hazard Assessment & Control	☐	☐	Hazard Controls/ Control Zones	☐	☐
Company Rules & Disciplinary Policy	☐	☐	Electrical (Limits of approach, cords, panels etc)	☐	☐
Personal Protective Equipment (specialized/basic)	☐	☐	Fall Protection	☐	☐
Preventative Maintenance	☐	☐	Hot Works / Fire Watch / Fire Protection	☐	☐
Training & Safety Meetings	☐	☐	Working Alone	☐	☐
Inspections	☐	☐	Silica Exposure Control	☐	☐
Incident Reporting Requirements	☐	☐	Ladders	☐	☐
Emergency Preparedness	☐	☐	Scaffolding & Work Platforms	☐	☐
JHSC/ Health Safety Representatives	☐	☐	Mobile Equipment	☐	☐
Workplace Violence/Bullying & Harassment	☐	☐	Confined Space	☐	☐
Provincial Regulations & Legislation	☐	☐	Overhead Hazards/Leading Edge Work	☐	☐
Respiratory Protection Program	☐	☐	Public Safety	☐	☐
Hearing Conservation Program	☐	☐	Tools & Equipment	☐	☐
Ergonomics	☐	☐		☐	☐
Allergies/Illnesses/Medical Conditions:					
Please list all valid training certificates and attach copies:					
Worker Signature:					
Instructor/Orientator Name:			Instructor/Orientator Signature:		

	08.B ORIENTATION QUIZ FORM		
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: June 2025

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

	08.C NEW & YOUNG WORKER ORIENTATION FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: June 2025	Rev. 1.0

INFORMATION	
Company/Employer Name:	Orientation Date:
Worker Name:	Project Address:
Worker Contact/Cell Phone #:	Occupation/Position:
Emergency contact Name:	Emergency Contact #:

COMPANY ORIENTATION			
General – this section to be confirmed was completed during company orientation session			
☐ Safety Program ☐ Hazard Awareness/Controls ☐ Hearing Conservation ☐ Violence in the Workplace ☐ Ergonomics ☐ Accident Investigations ☐ WorkSafeBC Claim Process ☐	☐ Health and Safety Policy ☐ Reporting Procedures ☐ Responsibilities ☐ Preventative Maintenance ☐ Safe Driving ☐ First Aid ☐ Bullying & Harassment ☐	☐ Worker Rights ☐ Ask for Instructions ☐ General Safety Rules ☐ Training ☐ WHMIS ☐ Emergency Procedures ☐ ☐	☐ Drug & Alcohol Policy ☐ PPE ☐ Disciplinary Process ☐ Equipment Operation ☐ Workplace Inspections ☐ Safety Committee ☐ ☐
Supervisor/Foreman Section: Please ensure that your new employee has been orientated and instructed (with demonstration when necessary) on all topics that are applicable for your project. Project orientation items are listed below in the checklist. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your employees' responsibilities.			

PROJECT ORIENTATION			
☐ Workplace Walkthrough ☐ Safety Committee ☐ Toolbox Meetings ☐ Muster Station ☐ (M)SDS Location ☐	☐ Smoking ☐ Equip/Vehicle Inspections ☐ WorkSafeBC Regulations ☐ First Aid ☐ Attendance ☐	☐ PPE ☐ Incident Reporting ☐ Emergency Exits ☐ Fire Extinguishers ☐ Housekeeping ☐	☐ Supervisor Contact Info ☐ Emergency Procedures ☐ Safety Board ☐ Tool Area ☐ ☐

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

	08.C NEW & YOUNG WORKER ORIENTATION FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: June 2025	Rev. 1.0

The following section is to assist Supervisors in identifying the required authorization and training prior to a new employee using any equipment. All equipment orientation and training performed must be recorded and maintained as documentation. Identify all required training.

SITE EQUIPMENT AUTHORIZATION AND TRAINING IDENTIFICATION		
☐ Confined Space ☐ Fall Protection ☐ Mobile Elevated Work Platform ☐ Traffic Control ☐ Skidsteer ☐ Electrical ☐ TDG & WHMIS ☐ Hydro Mobile Lift	☐ Ladders ☐ Scaffolding ☐ Pressure Washer ☐ First Aid ☐ Cranes ☐ Fire Extinguisher ☐ ☐	☐ Storage of Material ☐ Rough Terrain Forklift ☐ Trailer Towing ☐ Light Vehicles ☐ Hand Tools ☐ Power Tools ☐ ☐

EQUIPMENT AUTHORIZATION AND TRAINING IS THE RESPONSIBILITY OF THE SUPERVISOR	
Supervisor Comments/Notes:	
Identified Field Mentor/Supervisor Name: ☐ N/A	
The identified field mentor is used to ensure an employee is oriented during their exposure to fieldwork. Field mentors must ensure a new employee does not attempt to perform tasks they have not been authorized or trained to do so If this is not necessary, check N/A.	
I have been instructed and understand the foregoing information. Employee Signature: _____ Date: _____	
I have instructed the foregoing information with the above employee and believe that they have an acceptable understanding of the information and have demonstrated competency.	
Date: _____	
Supervisor Name: _____	Supervisor Signature: _____
Orientator/Trainer Name: _____	Orientator/Trainer Signature: _____

	08.D TOOLBOX MEETING FORM		
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: June 2025 Rev. 1.0

INFORMATION	
Project Name:	Project Address:
Supervisor Name:	Date:
SAFETY TOPICS DISCUSSED	
SAFE WORK PRACTICES OR SAFE JOB PROCEDURES REVIEWED	
RECOMMENDATIONS OR ACTIONS TO BE COMPLETED	
INCIDENTS REVIEWED	
SUPERVISOR AND WORKER COMMENTS - RECOMMENDATIONS	
RECORD OF ATTENDANCE (SIGNATURE)	

**08.E RECORD OF TRAINING FORM**

OHS Program – Element 8 – Training & Communication

Created: May 2024

Last review: June 2025

Rev. 1.0

INFORMATION

Project/Location:

Date:

Instructor:

Training Topic(s):

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

	09.A JOBSITE INSPECTION FORM			
	OHS Program – Element 9 – Inspections	Created: May 2024	Last review: June 2025	Rev. 1.0

INFORMATION			
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Project Name:		Project Address:	
Site Supervisor Name:		Date:	Time: am ☐ pm ☐
General work activities taking place:			

Hazard Classification:	A - HIGH (Immediate action without delay) B - MODERATE (Action within 1 day) C – LOW (Action as indicated by inspector)
-------------------------------	--

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

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

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

	09.B OFFICE & YARD INSPECTION FORM			
	OHS Program – Element 9 Inspections	Created: May 2024	Last review: June 2025	Rev. 1.0

Location/Address:		Date:		Time:																				
HAZARD IDENTIFICATION																								
Instructions: Use a ✔ for sufficient/safe items. Mark an ✘ for and deficient or hazardous items. Mark N/A if not inspected/applicable																								
Area / Topic		Description		Description																				
Electrical		1. Do all appliances have 3-pronged plugs for grounding?		2. No exposed wiring, electrical hazards																				
Emergency Preparedness		3. Emergency access/egress free of obstructions		4. Are emergency contacts and numbers, fire procedures, map & directions to hospital posted?																				
		5. Every office desk has space underneath for earthquake shelter		6. Earthquake/Emergency kits are stocked/available																				
		7. Are emergency exit signs functional i.e. not burnt out?		8. Are personnel familiar with the emergency evacuation plan, including egress routes, pull stations, extinguisher location, muster station?																				
Fire Safety		9. Correct size / type of fire extinguisher available in each area of the office		10. Fire extinguishers inspected monthly																				
		11. Are pull stations clearly visible?		12. Is the fire extinguisher accessible and seal intact?																				
First Aid		13. First Aid Attendants designated		14. First Aid supplies stocked & available																				
Office ladder / Dolly		15. In good working condition		16. Setup / stored properly																				
Material Storage		17. Stored in a secure manner		18. Overhead material hazards (i.e., boxes) secured																				
Office Equipment		19. Free from damage and modifications		20. Used safely																				
Workplace Conditions		21. Housekeeping		22. Lunchroom clean, tidy, no spills																				
		23. Lighting		24. Floors Walkways & work environment																				
WHMIS		25. SDS readily available in office		26. Controlled products labelled																				
PPE		27. Accessible when needed		28. Good condition																				
Postings		29. JHSC/Safety Meetings posted		30. Previous inspection reports posted (3 months)																				
		31. Near Miss/Incident investigation reports posted																						
		32. BC OHS Regulations readily available in office																						
		33. Office Safe Work Practices & Safe Job Procedures readily available in office																						
Corrective Action Plan (log all deficiencies here)																								
Priority High – Potential loss of life, body part, or extensive loss of structure, equipment or material. Medium – Potential serious injury, illness, or property damage Low – Potential non-disabling injury or non-disruptive property damage				<table border="1"> <tr> <th rowspan="2">LIKELIHOOD OF OCCURRENCE</th> <th colspan="3">SEVERITY OF LOSS</th> </tr> <tr> <th>LOW</th> <th>MEDIUM</th> <th>HIGH</th> </tr> <tr> <td>UNLIKELY</td> <td>LOW</td> <td>LOW</td> <td>MEDIUM</td> </tr> <tr> <td>LIKELY</td> <td>LOW</td> <td>MEDIUM</td> <td>HIGH</td> </tr> <tr> <td>CERTAIN</td> <td>MEDIUM</td> <td>HIGH</td> <td>HIGH</td> </tr> </table>		LIKELIHOOD OF OCCURRENCE	SEVERITY OF LOSS			LOW	MEDIUM	HIGH	UNLIKELY	LOW	LOW	MEDIUM	LIKELY	LOW	MEDIUM	HIGH	CERTAIN	MEDIUM	HIGH	HIGH
LIKELIHOOD OF OCCURRENCE	SEVERITY OF LOSS																							
	LOW	MEDIUM	HIGH																					
UNLIKELY	LOW	LOW	MEDIUM																					
LIKELY	LOW	MEDIUM	HIGH																					
CERTAIN	MEDIUM	HIGH	HIGH																					
#	Deficiency	Corrective Action	Priority	By Whom	Target Date	Corrected																		
Communcation (was this posted on the safety board or discussed in a safety talk?)																								
How was this inspection report communicated to affected workers?																								
Performed By		Name / Position		Signature																				
Worker Rep																								
Worker Rep																								
Reviewed By																								
Management Rep																								

	09.B OFFICE & YARD INSPECTION FORM			
	OHS Program – Element 9 Inspections	Created: May 2024	Last review: June 2025	Rev. 1.0

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

	09.B OFFICE & YARD INSPECTION FORM			
	OHS Program – Element 9 Inspections	Created: May 2024	Last review: June 2025	Rev. 1.0

Workplace Conditions 21. Housekeeping 22. Lunchroom clean, tidy, no spills 23. Lighting 24. Floors and Walkways 25. Work environment	Are lighting levels in work areas adequate? Are windows covered with blinds, drapes, or other means of controlling light in high glare/contrast areas? Are lunchroom areas clean, disinfected regularly and garbage removed regularly? Are aisles clear of materials or equipment? Are doorways clear of materials or equipment? Are flooring in good condition, free of loose or lifting carpeting? Are floors clean and free of water, slipping/tripping hazards? If supplies or materials are stored on the floor, are they clear of doors and aisles and stacked not more than 4' or boxes high? Does indoor air quality appear to be adequate? Are workers protected from cool drafts or excessive or irritating noise?
WHMIS 26. SDS readily available in lunchroom 27. Controlled Products Labelled	Are SDS provided for all hazardous products or other products? (Cartridge toners, cleaning supplies, disinfectants) Are products correctly and clearly labelled? Are hazardous/other products used, handled, stored, and disposed of properly?
PPE (Personal Protective Equipment) 28. Accessible when needed	Is PPE accessible and in good condition?
Postings 29. JHSC/Safety Meeting Minutes 30. Previous inspection reports posted (3months) 31. Near Miss/Incident investigation reports posted 32. WorkSafeBC Regulations readily available 33. Office Safe Work Practices & Safe Job Procedures readily available	Are all required documents posted? *See below list Are posted documents current? (List of JHSC members, list of first aiders, OHS Regulations)
Required Documents for Health & Safety Board - Example	
• WorkSafeBC Handi Guide or Notice Informing Workers • (M)SDS (most current versions) • Safe Work Practices/Safe Job Procedures Reference to location • Health & Safety Policy Statement • H&S Program Binder • JHSC Member List • Company Office Rules • Notice to Workers • Communicable Disease Prevention Plan	• First Aid Assessment • First Aid Certificates • Emergency Response Plan • Map to Hospital/Clinics • Office Emergency Contact List • Safety Meeting Minutes • Safety Plan/Map of property

	10.A INCIDENT INVESTIGATION REPORT		
	OHS Program – Element 10 – Investigations & Reporting	Created: May 2024	Last review: June 2025
		Rev. 1.0	

PROJECT AND INCIDENT INFORMATION	
Project Name:	Project Address:
Incident Date:	Incident Time: ☐ AM ☐ PM
Report Date:	Report Time: ☐ AM ☐ PM
Company Involved:	Project Superintendent Name:
Weather:	Employee Supervisor Name:
Witness #1 Name:	Witness #1 Phone:
Witness #2 Name:	Witness #2 Phone:
Witness #3 Name:	Witness #3 Phone:
INCIDENT CLASSIFICATION	
☐ Environmental ☐ Property Damage ☐ Near Miss ☐ Report Only ☐ Medical Aid ☐ Lost Time ☐ First Aid	
☐ 48hr Pre-liminary Investigation Report ☐ 30-Day Final Investigation Report	
Reportable to WorkSafeBC: ☐ Yes ☐ No	WorkSafeBC Contact Name:
INCIDENT DESCRIPTION	
Describe the Incident Location:	
What were the conditions at the time of the incident? (i.e., weather, temperature, poor housekeeping, maintenance, etc)	
Sequence of events that preceded the Incident (required in pre-liminary report):	

	10.A INCIDENT INVESTIGATION REPORT			
	OHS Program – Element 10 – Investigations & Reporting	Created: May 2024	Last review: June 2025	Rev. 1.0
Describe and unsafe conditions, acts or procedures that significantly contributed to the incident:				
Was the worker(s) involved carrying out their regular duties: ☐ Yes ☐ No				
What instructions were given to the worker(s) prior to commencing their task?				
Description of the Incident, summarize the sequence of events, unsafe factors, and the result:				
Were written work procedures available? ☐ Yes ☐ No		Were work procedures being followed? ☐ Yes ☐ No		
If no, why?				

	10.A INCIDENT INVESTIGATION REPORT			
	OHS Program – Element 10 – Investigations & Reporting	Created: May 2024	Last review: June 2025	Rev. 1.0

INCIDENT CAUSES (check all that apply)			
☐ Combative Person(s)	☐ Improper Guarding	☐ Inadequate Lighting	☐ Unsafe Storage
☐ Defective Equipment	☐ Inadequate Ventilation	☐ Contact w/ Irritants	☐ Hazardous Weather
☐ Distractions by Others	☐ Inadequate Warning	☐ Unsafe Surface	☐ Faulty Safety Equipment
☐ Faulty / Poor Design	☐ PPE Not Used	☐ Contact w/ Toxin	☐ Unsecured Equipment
☐ Hazardous Procedures	☐ Insect / Animal Attack	☐ Poor Housekeeping	☐ Unsafe Procedures
☐ Unauthorized Use	☐ Incorrect Tool Used	☐ Inhaled Toxin	☐ Unsafe Rate of Work
☐ Insufficient Training	☐ Improper Apparel	☐ Unsafe Position	☐ Unsafe Positioning
☐ Worker Error	☐ Failure to Follow/observe Policy, Rules, or Regulations		☐ Lack of Supervision
☐		☐	
Other Causes:			

CONTRIBUTING FACTORS
What were the contributing factors to this incident?

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

	10.A INCIDENT INVESTIGATION REPORT			
	OHS Program – Element 10 – Investigations & Reporting	Created: May 2024	Last review: June 2025	Rev. 1.0

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

DISTRIBUTION		
☐ Site Supervisor/Prime Contractor	☐ WorkSafeBC (if applicable)	☐ WorkSafeBC
☐ Worker H&S Representative	☐ Worker's Employer (trade)	☐ Other
☐ Manager/Supervisor	☐ Joint Health & Safety Committee	☐ Other

	11.A FIRST AID ASSESSMENT FORM		
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: June 2025

INFORMATION	
Company Name:	Date:
Project Name:	Project Address:
ASSESSMENT	
Assigned Hazard Rating: <i>(according to WorkSafeBC assessment letter)</i>	☐ Low ☐ Moderate ☐ High
Job Functions, Work Processes and Tools:	
Typical of Industry?	☐ Yes ☐ No
Potential Types of Injuries:	
Typical of Industry?	☐ Yes ☐ No
Rating Adjustment: <i>(If hazard rating is adjusted provide, provide supporting documentation)</i>	☐ Low ☐ Moderate ☐ High
Surface Travel Time to Hospital:	☐ Greater than 20 minutes ☐ 20 minutes or less
Total Number of Workers per Shift: <i>(including dispatched workers)</i>	
Barriers to Reach Medical Aid or Hospital:	
ASSESSMENT RESULTS (WorkSafeBC schedule 3a)	
Supplies, Equipment & Facilities Required:	
Level of First Aid Attendants:	☐ OFA 1 Total:_____ ☐ OFA 2 Total:_____ ☐ OFA 3 Total:_____
Transportation Required:	☐ Yes ☐ No (if yes, describe)
ASSESSMENT VALIDATION	
Assessment Date:	
Members Consulted in this Assessment: <i>(names and positions)</i>	
Assessor(s) Names:	
Assessor(s) Signature(s):	

	11.B EMERGENCY CONTACT INFORMATION FORM			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: June 2025	Rev. 1.0

PROJECT INFORMATION	
Project Name:	Project Address:
Company Name:	Date:
EMERGENCY INFORMATION	
Emergency Response Team Names:	
Nearest Hospital:	
Hospital Address:	Hospital Phone #:
Nearest Medical Centre / Clinic:	
Medical Centre / Clinic Address:	Medical Centre / Clinic Phone #:
Gas Company: Fortis BC 1-800-663-9911 (24hrs)	Electrical Utility Provider: BC Hydro 1-888-769-3766
Call Before you Dig: BC OneCall 604-257-1940	
City Water Dept Phone #:	Environmental Agency Phone #:
WorkSafeBC Emergency Reporting Phone #: 604-276-3100	
Supervisor Name:	Supervisor Phone #:
Assistant Supervisor/Foreman Name:	Assistant Supervisor/Foreman Phone #:
CSO/OFA Name:	CSO/OFA Phone #:
Head Office Address:	Head Office Phone #:
Name of Person Completing this Document:	Signature of Person Completing this Document:
IN CASE OF EMERGENCY, CALL 911 (POLICE, FIRE, AMBULANCE)	

	11.C EMERGENCY DRILL FORM			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: June 2025	Rev. 1.0

EMERGENCY DRILL INFORMATION			
Project Name:		Project Address:	
Date of Practice Drill:		Emergency Drill Coordinator Name:	
Select Type of Emergency Drill Tested	☐ Fire ☐ First Aid (specify type): _____ ☐ Medical Aid (serious incident) ☐ Jobsite Evacuation ☐ Confined Space ☐ Excavation Collapse		☐ Gas Leak ☐ Water Main Leak ☐ Electrical Emergency ☐ Dedicated Emergency Platform (DEP) ☐ Suspended Worker (fall protection) ☐ Chemical Spill ☐ Other
	Start Time: ☐ AM ☐ PM		Completed Time: ☐ AM ☐ PM
EMERGENCY DRILL EVALUATION			
Describe what went well: 			
Describe opportunities for improvements: 			
Next Emergency Drill Date:			
DRILL REVIEW & SIGN-OFF RECORD			
Supervisor Name:		Supervisor Signature:	
CSO/OFA Name:		CSO/OFA Signature:	
Name of Person Completing this Form:		Signature of Person Completing this Form:	

	11.D EMERGENCY RESPONSE PLAN FORM			
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EMERGENCY RESPONSE PLAN INFORMATION			
Project Name:		Project Address:	
Date:		Supervisor Name:	
Potential Emergencies	☐ Fire ☐ First Aid ☐ Medical Aid (serious incident) ☐ Jobsite Evacuation ☐ Confined Space ☐ Excavation Collapse		☐ Gas Leak ☐ Water Main Leak ☐ Electrical Emergency ☐ Dedicated Emergency Platform (DEP) ☐ Suspended Worker (fall protection) ☐ Chemical Spill ☐ Other
	EMERGENCY RESPONSE EQUIPMENT & SUPPLIES		
	Equipment or Supplies	Location of Equipment or Supplies	
	☐ Air horn		
	☐ Fire Extinguisher		
	☐ First Aid Kit, AED and Oxygen		
	☐ Eye Wash Station		
☐ Spill Kits			
☐ Blankets			
☐ Burn Kit			
☐ Spine Board & Basket Carrier			
☐ Designated Emergency Platform (DEP)			
EMERGENCY RESPONSE TEAM			
First & Last Name	Role	Phone #	
	Emergency Coordinator (Primary)		
	Emergency Operation Coordinator (Secondary)		
	Fire Safety Director		
	Deputy Fire Safety Director		
	First Aid Attendant (Primary)		
	First Aid Attendant (Secondary)		
	Ambulance Escort #1		

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EMERGENCY PROTOCOLS

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

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

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

Person who discovers the incident:

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

For All Emergencies

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

EMERGENCY EVACUATION ROUTE

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

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

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COMMUNICATIONS

First Aid/Medical Assistance:

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

Fire/Evacuation:

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

Rescue:

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

Hazardous Substance Spills:

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

Natural Disasters:

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

Threat:

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

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

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

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

Radio Communications

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

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

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

Security – Do not transmit confidential information on the radio.

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

The designated radio channel for emergency response is _____

EMERGENCY TRANSPORTATION

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

FIRE

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

R = REMOVE those in immediate danger.

E = ENSURE room doors/windows are closed.

A = ACTIVATE the emergency communication devices.

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

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

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

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

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

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

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

Personnel are not permitted to do the following:

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

When a Person is on Fire

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

EARTHQUAKE

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

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

- Drop, Cover and Hold on.

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

After the earthquake:

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

If outdoors:

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

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

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

Additional Considerations:

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

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

TRENCH AND EXCAVATION COLLAPSE

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

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Instead, do the following:

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

UTILITY DAMAGE

Emergencies Involving Powerlines

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

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

Overhead Electrical

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

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



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

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

Stay Put

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

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

Jump Clear

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

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

Stay Away

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

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Underground Electrical

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

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

Water Main

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

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

Gas

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

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

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

Sanitary/Storm Line

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

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

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CHEMICAL SPILLS

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

General response in all instances should be:

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

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

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

EXCAVATION OR TRENCH COLLAPSE

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

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

Bulk Excavation

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

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

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Stage 1:

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

Stage 2:

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

Stage 3:

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

Stage 4:

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

CONFINED SPACE

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

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

STRUCTURE COLLAPSE

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

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

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

	11.D EMERGENCY RESPONSE PLAN FORM			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: June 2025	Rev. 1.0

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

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

Crane Collapse

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

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

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

LIGHTNING

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

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

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

	11.F WORKING ALONE PERMIT			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: June 2025	Rev. 1.0

PROJECT INFORMATION				
Project Name:		Project Address:		
Company Name:		Date:		
Supervisor Name:		Supervisor Phone #:		
EMPLOYEE WORKING ALONE DETAILS				
Alone Worker Name:		Alone Worker Phone #:		
Company Name:	Time In:	☐ AM ☐ PM	Time Out:	☐ AM ☐ PM
Project/work area location description:				
Expected duties/tasks:				
Risk/hazard level:	☐ Low	☐ Moderate	☐ High	
COMMUNICATION PROCEDURES				
Site Contact:				
Check-in Period	☐ 15 minutes	☐ One (1) Hour	☐ Three (3) Hours	
	☐ 30 minutes	☐ Two (2) Hour	☐ Four (4) Hours	
Method of Contact	☐ Radio	☐ Cellular Phone	Number:	
	Tested/Working ☐ Yes ☐ No	Tested/Working ☐ Yes ☐ No		
Check-in Questions	1. Location of Worker:			
	2. Status of Worker:			
RESPONSE PROCEDURES				
Response period	☐ Immediate	☐ 10 Minutes	☐ 20 Minutes	
	☐ 5 Minutes	☐ 15 Minutes	☐ 25 Minutes	
NOTE	If the worker cannot be reached by either modes of contact or does not respond within the specified response period, then the designated site contact will arrange for face-to-face contact to be made with the employee by the following:			
Contact Method	☐ Foot/Walking	☐ Security	☐ Other	
	☐ Vehicle	☐ Field Individual		
Unsafe Situation	If an unsafe situation is encountered while working alone or in isolation, the worker shall immediately contact the designated project contact, and where necessary 9-1-1			

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

OHS Program – Element 12 – Records & Statistics

Created: May 2024

Last review: June 2025

Rev. 1.0

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

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



	12.B MONTHLY INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

	12.B MONTHLY INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

	12.B MONTHLY INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

	12.B MONTHLY INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

	12.B MONTHLY INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

Month:	Person completing form:
--------	-------------------------

Month:	Person completing form:
--------	-------------------------

INCIDENT & INJURY TOTALS

[illegible]

INCIDENT & INJURY CODES					

INCIDENT & INJURY CODES					
C/#	Injury Location	C/Letter	Injury Type	C/abbr	Incident Type
1.	Head	A.	Abrasion/Laceration	CC	Chemical Contact
2.	Eye	B.	Bite (Insect, animal etc)	CR	Crush
3.	Neck	C.	Bruise	DFG	Dust, Fumes, Gas
4.	Shoulder	D.	Burn/Chemical Reaction	ES	Electrical Shock
5.	Back	E.	Fracture/Dislocation	FFE	Fall from Elevation
6.	Chest	F.	Infection/Illness	FFG	Falls from Grade
7.	Abdomen	G.	Irritation	FO	Falling Objects
8.	Pelvic	H.	Puncture	FLO	Flying Objects
9.	Arm	I.	Sprain/Strain	HO	Heat Exposure
10.	Hand & Wrist	J.	Recurring Injury	OE	Overexertion
11.	Leg	K.	Fatal	PI	Pinch
12.	Knee	L.	Other	RM	Repetitive Motion
13.	Ankle	M.		SOO	Step on Object
14.	Foot	N.		SA	Struck Against
				SB	Struck By



12.D - BCCSA COR Audit Documentation Requirements

OHS Program – Element 12 Records & Statistics

Created: May 2024

Last review: June 2025

Rev. 1.0

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

	12.D - BCCSA COR Audit Documentation Requirements			
	OHS Program – Element 12 Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

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

	12.D - BCCSA COR Audit Documentation Requirements			
	OHS Program – Element 12 Records & Statistics	Created: May 2024	Last review: June 2025	Rev. 1.0

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

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

	14.A JOINT HEALTH & SAFETY COMMITTEE MEETING AGENDA FORM			
	OHS Program – Element 14 – Joint Health & Safety Committee	Created: May 2024	Last review: June 2025	Rev. 1.0

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

	14.B JOINT HEALTH & SAFETY COMMITTEE MEETING MINUTES FORM			
	OHS Program – Element 14 – Joint Health & Safety Committee	Created: May 2024	Last review: June 2025	Rev. 1.0

JHSC MEETING INFORMATION					
Meeting Date:		Call to order: am ☐ pm ☐		Adjourned: am ☐ pm ☐	
Previous meeting date:		Next meeting date:			
Minutes approved: yes ☐ no ☐					
Last committee evaluation:			Next committee evaluation:		
COMMITTEE MEMBERS PRESENT					
Yes ☐ No ☐			Yes ☐ No ☐		
Yes ☐ No ☐			Yes ☐ No ☐		
Yes ☐ No ☐			Yes ☐ No ☐		
Yes ☐ No ☐			Yes ☐ No ☐		
REPORT TOTALS					
Date	Risk assessments conducted	Site inspections conducted	OHS program reviews	Training courses	Recommendations made to the employer
This period					
This period last year					
Year-to-date					
REPORTS					
First aid summary reports	• • •				
Incidents	• • •				
Inspections	• • •				
Other OHS reports	• • •				
Training and education	• • •				

OLD BUSINESS			
Item #	Details	Who	Action due date
NEW BUSINESS			
Item #	Details	Who	Action due date

15.A FIRST AID RECORD FORM

OHS Program – Element 15 – Injury Management

Created: May 2024

Last review: June 2025

Rev. 1.0

FIRST AID REPORT

Name (first & last):

Phone number:

Project Name/address:

Occupation:

Reporting date/time: _____ am ☐ pm ☐Date/time of Injury/Illness: _____ am ☐ pm ☐

Report sequence #:

Follow-up report date/time: am ☐ pm ☐

DETAILED DESCRIPTION OF INCIDENT (what happened?)

DETAILED DESCRIPTION OF THE NATURE OF THE INJURY, EXPOSURE OR ILLNESS (what did you see - signs & symptoms)

DETAILED DESCRIPTION OF THE TREATMENT GIVEN (what did you do?)

NAME OF WITNESS & PHONE NUMBER (must provide & attach all statements)

1.

2.

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

Provided worker handout: yes ☐ no ☐

A form to assist in return to work and follow-up was with the worker to medical aid? yes ☐ no ☐

Alternate duties discussed: yes ☐ no ☐

Provided report to worker: yes ☐ no ☐

Rejected first aid: yes ☐ no ☐ (if yes, why?)

Supervisor notified: yes ☐ no ☐

Supervisor's name (first/last):

Patients signature:

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

OHS Program – Element 15 – Injury Management

Created: May 2024

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WORKER INFORMATION

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

COMMUNICATION LOG

Date	Discussion	Follow-up date



	15.D – MODIFIED WORK OFFER			
	OHS Program – Element 15 – Injury Management	Created: May 2024	Last review: June 2025	Rev. 1.0

First Name:	Last Name:	Date (yyyy-mm-dd)
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In keeping with our commitment to provide accommodation opportunities that are individualized, and employee focused, we are offering the following duties to promote recovery and rehabilitation:

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

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

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

	15.E – WORKER LETTER			
	OHS Program – Element 15 – Injury Management	Created: May 2024	Last review: June 2025	Rev. 1.0

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

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

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

SAME DAY OR NEXT SHIFT

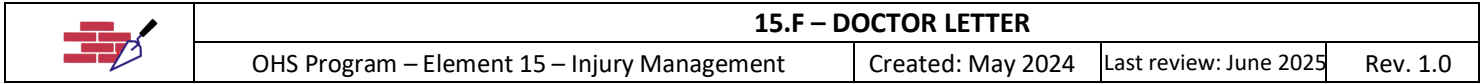
Meet with your supervisor:

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

ONGOING

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

Notes:



OHS Program – Element 15 – Injury Management

Last review: June 2025

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	15.H – FUNCTIONAL ABILITIES ASSESSMENT FORM		
	OHS Program – Element 15 – Injury Management	Created: May 2024	Last review: June 2025 Rev. 1.0

EMPLOYEE INFORMATION			
First Name:		Last Name:	
Middle Initial:			
Dominant Hand (if applicable) ☐ Left ☐ Right		Date Of Assessment (yyyy-mm-dd)	
Occupation:			
Nature of Injury (please indicate left of right)			
LIMITATIONS			
These typical physical limitation guidelines are based on the official disability guidelines (ODG) published by the Work Loss Data Institute.			
☐ Neck	☐ Shoulder	☐ Elbow/Forearm	☐ Wrist/Hand
Limit ☐ Activities with arms above shoulder level, including reaching down. ☐ Activities with lifting and carrying to light or medium loads. ☐ Hanging Weights ☐ Ladder Climbing Avoid ☐ Lifting and carrying with arms above shoulder level ☐ Extremes of looking up, down, or over the shoulder especially if sustained for more than a few seconds	Limit ☐ Climbing ladders ☐ Activities using arm above shoulder level, including reaching down. ☐ Activities which require lifting and carrying light or mediums loads. Avoid ☐ Holding the arm outstretched for periods especially while holding weights and applying force. ☐ Lifting and carrying with arm above shoulder level	Limit ☐ Repetitive or sustained gripping, especially where high forces are required. ☐ Repetitive elbow bending ☐ The total time spent keyboarding or driving. ☐ The use of impact tools (including power tools and hammers) Avoid ☐ Hanging weights ☐ Forearm rotations, pressure on the elbow	Limit ☐ Repetitive gripping, especially where high or sustained forces are needed. ☐ Lifting and carrying to light or medium loads. ☐ The total time keyboarding or driving. Avoid ☐ Extreme postures of the wrist, especially with force. ☐ Long durations of time
☐ Low Back	☐ Knee	☐ Ankle	
Limit ☐ Walking on uneven ground ☐ Lifting and carrying to light or medium loads, depending on frequency and postures Avoid ☐ Jarring ☐ Repetitive bending ☐ Long static standing or sitting ☐ Extreme bending of the back ☐ Twisting of the back	Limit ☐ Walking on uneven ground Avoid ☐ Long periods of standing or walking ☐ Deep squatting, kneeling, or crouching ☐ Pivoting the knee ☐ Participating in activities requiring bracing, balancing, or running. ☐ Stair use or ladder climbing	Limit ☐ The use of stairs Avoid ☐ Long periods of standing or walking ☐ Walking on uneven ground ☐ Climbing ladders ☐ Deep squatting and crouching ☐ Activities requiring balancing, bracing, or running	
Additional recommendations or comments			
Healthcare Providers Name (please print)		Healthcare Providers Signature	
Clinic Name		Clinic Phone Number	

	16.A BULLYING & HARASSMENT COMPLAINT FORM			
	OHS Program – Element 16 - Bullying & Harassment	Created: May 2024	Last review: June 2025	Rev. 1.0

REPORTING INFORMATION

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

Personal statement instructions:

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

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

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

Signature:	Date:
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	16.B BULLYING & HARASSMENT COMPLAINT INVESTIGATION FORM			
	OHS Program – Element 16 - Bullying & Harassment	Created: May 2024	Last review: June 2025	Rev. 1.0

REPORTING INFORMATION				
Project Name:		Date Incident Occurred:		Approx Time:
Supervisor Name:		Employer/Company name:		
Occupation:		Contact/Cell Phone #:		
Types of Bullying/Harassment (check all that apply)				
Verbal ☐	Physical ☐	Psychological ☐	Other (specify) ☐	
First & Last Name of Investigator(s): 1) 2)				
Full description of the situation <i>(dates, words, actions, etc)</i> and impact <i>(e.g., humiliated, intimidated)</i>				
Did workplace bullying or harassment occur? Yes ☐ No ☐			Reported to WorkSafeBC? Yes ☐ No ☐	
Reason(s) for this conclusion:				
Corrective actions/measures <i>(training, disciplinary etc)</i> :				