**Safe Workplace Ontario (SWO) Self-Evaluation**

**General Information**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Health and Safety (H&S) Program Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date on last SWO Evaluation Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Status**

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1. **What is the total number of workers regularly employed in all company workplaces - including employees and subcontracted workers?**

*(‘workers’ include anyone paid to work or provide services in company workplaces)*

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1. **How many workplaces does the company normally have throughout the year?**

*(‘workplace’ means geographical location where company workers normally work)*

1. **For each of the company workplaces, indicate how many have 0-5 workers, 6-19 workers or 20+ workers ‘regularly employed’?** *(means for 3 months or more)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **0 – 5 workers** |  | **6 – 19 workers** |  | **20+ workers** |  |

1. **Indicate Type of Workplaces** *[circle appropriate choice(s)],* **and if they have company employees or subcontracted workers or both** *(check which applies)***:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Types of Workplace** | | | **Company Employees** | **Contracted Workers** |
| Forestry | Logging | Conventional Logging (chainsaw and cable skidder) |  |  |
| Mechanical Logging (feller buncher, grapple skidder, etc.) |  |  |
| Maintenance Garage |  |  |
| Silviculture | Tree Planting |  |  |
| Pre-Commercial Thinning |  |  |
| Herbicide Applications |  |  |
| Mechanical Scarification |  |  |
| Road Construction Company | |  |  |
| Woodlands Company | |  |  |
| Industrial Mills | Sawmill | |  |  |
| Planning Mill (with dry kiln or without dry kiln) | |  |  |
| Boardmill (Medium Density Fiber, OSB, pressboard, plywood, veneer) | |  |  |
| Pulp Mill | |  |  |
| Paper Mill | |  |  |
| Other: | |  |  |
| Other: | | |  |  |

**\*\*Attach a copy of workplace inspection report(s) to this Self Evaluation, that shows each of the above applicable company workplaces have been inspected.\*\***

**5. Have there been major changes/additions in company workplaces since last year? \_\_\_\_\_** *(Yes /No)*

If “Yes” then summarize the change/addition in chart below. ALSO, in the Self-Evaluation Report Form, describe in more detail how H&S program was changed to accommodate the changes/additions.

|  |  |
| --- | --- |
| Changes/Additions in Workplace | Description of Change/Addition |
| New Processes Introduced into Workplace  *(e.g. fire wood-processor, eliminate of conventional logging, applying herbicides, camps, etc.)* |  |
| New Types of Heavy Equipment Used In Workplace?  *(e.g. cut to length processor, roadside slasher, biomass grinder, chipper, etc.)* |  |
| New Types of Workplace Hazards to Address?  *(e.g. biological (bears & bugs), chemical (herbicides) or physical agents (noise, heat), confined spaces, etc.)* |  |

**Comments?**

**By March 31, complete this self-evaluation report, sign below and forward it, as well as a completed workplace inspection report - by mail or electronically, to:**

**Workplace Safety North** Toll Free: 1-888-730-7821

690 McKeown Avenue Facsimile: 705-472-5800

North Bay, ON P1B 9P1 [info@workplacesafetynorth.ca](mailto:info@workplacesafetynorth.ca)

I certify that, to the best of my knowledge, the information in this report is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Owner, Senior Manager) (Date)*

*[Please note: Workplace Safety North may conduct a full audit of any SWO health and safety program at any time to ensure it meets SWO program requirements and health and safety program due diligence.]*

**Important Notes on How to Complete SWO Self-Evaluation Report**

* Firms completing this evaluation for the first time must have already completed a full SWO Basic Evaluation and obtained SWO Certification from a WSN Consultant-Trainer (CT) the previous year.
* The person completing this Self-Evaluation must be a competent person familiar with company H&S Program and have access to all pertinent documents.
* The intent of this report is to recognize significant changes, additions or other events since the previous SWO Evaluation report. **It is unlikely that nothing has changed since the previous SWO Evaluation Report, so we encourage you to consider how your firm may have changed since the submission of your previous Self-Evaluation.** Comments could include new or revised policies/procedures; training completed; new types of equipment; hiring new employees; incidents that triggered action as per policy, etc.
* Documentation is required for many of the Standards. It must include key information (date, location, persons involved, findings, etc.) and must be kept for inspection by WSN CT or MOL inspectors. For example; training records, inspection reports, investigation reports, MOL orders, etc.
* Several SWO standards require an ‘assessment’ of the workplace to be done by a competent person (a person with the skills and knowledge to know what to look for). Assessments can be formal or informal reviews of the workplace to identify actual/potential hazards/concerns. Assessments should be done annually in case things have changed. New hazards identified will need a written control plan – indicate this change in this report. In some cases previously identified hazards/concerns may no longer exist - this should be noted too.

Companies must complete and submit to WSN two documents:

**1:** This fully completed self-evaluation. *Following is an example of the evaluator’s submission*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard 14: Health Hazards Monitoring and Controlling Program** | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | |
| 14.2 | A workplace assessment for health hazards is completed, including biological, chemical and physical agents? | Y | Has new hazardous material, process or equipment introduced a new health hazards to control? | *Yes or No*  No |
| 14.3 | Monitoring programs in place to measure the levels of health hazard in the workplace? | Y | Supervisors and safety personnel monitor workplace daily for noticeable increases in any health hazards. | |
| 14.4 | Appropriate measures in place to control worker exposure to health hazards? | N | **Problem:** Supervisor doesn’t implement controls consistently. No water provided on very hot days and operators required to work on hot days without air conditioning in their cabs.  **Action**: Policy needs to require supervisor to bring in extra water on hot days, and put a priority on fixing broken air conditioners in mobile equipment with closed cabs during summer months. | |
| 14.5 | Training in place for workers and supervision to recognize health hazards and implement controls? | Y | Employees reoriented into this policy in May | |

2: Companies must **complete and submit a separate Inspection Report** **for each workplace location** indicated on page 1. For example, where a company has three worksites such as a garage, harvest operation and office, an inspection report for each of these three locations for the current self-evaluation report period must be included. Companies can use their own inspection forms or SWO-provided forms.

**SWO Self-Evaluation Report Form**

The last page has a complete description of how to fill out this Self-Evaluation Report Form. Generally for each Standard:

Indicate **‘Y’** - If Standard is still compliant and fully implemented. Include comments to describe changes, training completed, incidents, etc. that have occurred since previous SWO Evaluation Report, including status of previous recommendations. In some Standards specific information is requested, and must be answered to be valid.

Indicate **‘N’** – If Standard is no longer compliant or fully implemented as per company policies or procedures. Describe the problem and action to be taken and when. A WSN CT will follow-up on these to ensure compliance.

Indicate **‘NA’** – If the item does not apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Standard 1: Required Documents Program**  \**[these written policies are not legally required for companies with 5 or fewer workers but still recommended]* | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 1.1 | Written Policy/Procedures in place describing the posting of required documents? What do they consist of? |  |  |  | |
| 1.2 | \*Company Health and Safety Policy is signed, dated annually and posted in the workplace? |  | Provide signature date on company policy | *(Date)* | |
| 1.3 | \*Workplace Violence and Harassment Protection Policy is signed, dated annually and posted in the workplace? |  | Provide signature date on on company policy | *(Date)* | |
| 1.4 | Copy of Occupational Health and Safety Act (OHSA) and Industrial Regulations is posted or available in the workplace for all employees? |  |  | | |
| 1.5 | Where there is a Joint Health and Safety Committee (JHSC), names and work locations of members posted in workplace? |  |  | | |
| 1.6 | Ministry of Labour (MOL) orders issued are posted? |  |  | | |
| 1.7 | MOL poster ‘Health & Safety at Work: Prevention Starts Here’ posted in workplace? |  |  | | |
| 1.8 | MOL poster ‘What You Should Know About the Ont. Employment Standards Act’ posted in workplace? |  |  | | |
| 1.9 | First Aid documents posted as required by WSIB: 1st Aid Certificates; “1-2-3-4 In Case of Injury” Poster; Reg. 1101? |  |  | | |
| 1.10 | Workers made aware of posted/ available documents? |  |  | | |
| **Standard 2: First Aid Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 2.1 | Written First Aid Policy and Procedures in place? What do they consist of? |  |  | | |
| 2.2 | Are employees trained/oriented into this policy? |  |  | | |
| 2.3 | Documents posted as required: “1-2-3-4 In Case of Injury” Poster (form 82); Regulation 1101; 1st Aid Certificates: |  |  | |  |
| 2.4 | Are minimum # of First Aiders in company workplace(s)? |  | Indicate number of certified First Aiders | |  |
| 2.5 | First aid stations with appropriate supplies are to be readily accessible and maintained in the following locations |  |  | | |
| 2.6 | Where required, eye wash station(s) are available in the following location(s) |  |  | | |
| 2.7 | Eye wash station(s), first aid kits and contents are inspected? |  |  | | |
| 2.9 | Records of first aid treatment are to be kept on file? |  |  | | |
| **Standard 3: Fire Protection Program**  *\* these items deal with what to do in the event of a fire and should be included in the company’s Emergency Response Plan* | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 3.1 | Written Fire Prevention Policy and Procedures in place? What do they consist of? |  |  | | |
| 3.2 | Training for all employees or supervisors completed? |  |  | | |
| 3.3 | Is there a list of fire protection equipment, locations, and any stand-by supplies? |  |  | | |
| 3.4 | Inspection of fire protection equipment done as required? |  |  | | |
| 3.6 | Substandard or spent equipment replaced as needed? |  |  | | |
| 3.7 | Are there adequate provisions to remove accumulations of combustible materials from machinery and workplace? |  |  | | |
| 3.8 | Is a Hot Work procedure in place? Does it include a fire watch? |  |  | | |
| 3.9 | For woodlands operations, is there a Modified Operations Guideline in place? |  |  | | |
| 3.10 | \*Is there an Emergency Fire Plan describing who does what when a fire occurs? |  | Has the current SFL fire plan been included in your program | | *Yes or No* |
| 3.11 | \*Are Fire Drills done every year (or actual fires) to test this Plan? Are they documented? |  | Indicate number of fire drills or actual fire occurrences | |  |
| 3.12 | \*Is there a fire alarm or notification of emergency evacuation? Do all employees know what to do? |  |  | | |
| 3.13 | \*Is there is a fire response team? What responsibilities, training, PPE, etc. do they have? |  |  | | |
| **Standard 4: Lockout Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 4.1 | Written Lockout Policy and procedures in place? What do they consist of? |  |  | | |
| 4.2 | Workplace assessed for lockout requirements or deficiencies? |  | Frequency and by whom: | | |
| 4.3 | Newly acquired or modified equipment evaluated for lockout adequacy prior to first use: |  | Has lockout procedure been developed for modified or new equipment | | *Yes or No* |
| 4.4 | Machine specific de-energizing and lockout procedures in place? |  |  | | |
| 4.5 | What type of lockout system is used in workplace? Is it effective? |  |  | | |
| 4.6 | Affected personnel (workers, supervisors, maintenance, JHSC, contractors) have received appropriate training? |  |  | | |
| 4.7 | Workers demonstrate and are evaluated for their knowledge and ability to properly lockout? |  |  | | |
| 4.8 | Tags used as required? |  |  | | |
| 4.9 | The procedure for extending lockout beyond one shift or day is followed? |  |  | | |
| 4.10 | The procedure for removing forgotten locks is followed? |  |  | | |
| **Standard 5: Guarding Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 5.1 | Written Guarding Policy and procedures in place? What do they consist of? |  |  | | |
| 5.2 | Policies clearly state what to do with substandard, damaged, or missing safeguards? Do workers understand this? |  |  | | |
| 5.3 | Machine specific procedures contain machine hazards and safeguards? |  |  | | |
| 5.4 | Workers trained on Guarding policy and safe operating procedures (SOPs)? Maintenance trained on CSA guard designs? |  |  | | |
| 5.5 | Newly acquired or modified equipment or processes are to be evaluated for guarding adequacy prior to first use: |  | Has new SOP been prepared? Are additional safeguards identified and implemented? | | *Yes or No* |
| 5.6 | Are daily or monthly inspections conducted? Do checklists contain Guarding references? |  |  | | |
| 5.7 | Are periodic Guarding Assessments done to ensure adequate safeguards in workplace? |  |  | | |
| **Standard 6: PPE Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 6.1 | Written Personal Protective Equipment (PPE) Policy and procedures in place? What do they consist of? |  |  | |  |
| 6.2 | Training on PPE Policy? Includes different types of PPE, proper use and care, fit testing, storage, and maintenance? |  | Does a new process or hazard require additional PPE? Has policy changed to included it? | | *Yes or No* |
| 6.3 | Policy clarifies when PPE is worn-out and should be replaced? |  |  | | |
| 6.4 | General and/or Job-Specific PPE standards in place? |  |  | | |
| 6.5 | Appropriate PPE is identified on company SOPs for jobs/tasks requiring personal protection? |  |  | | |
| 6.6 | Loose clothing, jewelry and long hair controls in place and followed? |  |  | | |
| **Standard 7: Emergency Response Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 7.1 | Written Emergency Response Plan and procedures in place? What do they consist of? |  |  | | |
| 7.2 | Applicable emergencies are identified, including injuries, fires, and chemical spills? |  |  | | |
| 7.3 | Written procedures are prepared and made readily available for each emergency? |  |  | | |
| 7.4 | Evacuation procedures and marshalling point in place? |  |  | | |
| 7.5 | Key personnel are assigned duties for taking action in each emergency? |  |  | | |
| 7.6 | Key internal and external emergency contact numbers are readily available or posted in the workplace? |  |  | | |
| 7.7 | Communication systems are in place for internal and external emergency personnel? |  |  | | |
| 7.8 | Training for all employees, key personnel, and any non-employees consists of? |  |  | | |
| 7.9 | Is the effectiveness of emergency response procedures tested? How? |  |  | | |
| **Standard 8: Incident Investigation Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 8.1 | Written Accident Reporting or Investigation Policy and procedures in place? What do they consist of? |  |  | |  |
| 8.2 | What types of accidents/incidents are fully investigated and by whom? Does it include JHSC or H&S Rep participation? |  | Indicate number of incidents/injuries since last year? | |  |
| 8.3 | Investigation report form includes causes, recommendations, risk assessment, and JHSC or H&S Rep signature? |  | Indicate the number incident/injury investigation reports that were completed | |  |
| 8.4 | Training for various workplace parties consists of? Includes formal training for JHSC or H&S Rep and supervisors? |  |  | | |
| 8.5 | Is the process to follow-up on recommendations working? |  |  | | |
| 8.6 | Do JHSC members or H&S Reps get copies of all incident reports or investigations? |  |  | | |
| 8.7 | Are copies of reports kept on file and available for JHSC members or H&S Reps or MOL inspectors? |  |  | | |
| **Standard 9: Worker Education and Training Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 9.1 | Written Training Policy and procedures in place? What do they consist of? |  |  | |  |
| 9.2 | Are formal documented Generic H&S orientations provided to new employees? Include MOL H&S at Work Awareness training? |  | Indicate if any new employees were hired this year. Were they oriented into company H&S program? | | *Yes or No* |
| 9.3 | Are there periodic H&S refreshers for existing employees? |  | Indicate date of last ‘refresher’ for all employees into company H&S Manual. | | *(Date)* |
| 9.4 | Is formal documented Job-Specific SOP training provided to new or existing employees (that take on new jobs)? Is there SOP refresher training? |  |  | | |
| 9.5 | SOPs have been developed for all hazardous jobs/tasks? Was JHSC or H&S Rep consulted? Are copies available? |  | Has new SOP been developed for new acquired equipment | | *Yes or No* |
| 9.6 | Workers assigned to these SOP jobs/tasks have been trained, and records kept? Does it include hands-on demonstration? |  | Have existing employees received an SOP refresher? Indicate date it was done. | | *(Date)* |
| 9.7 | Are there procedures to deal with non-routine yet hazardous tasks, including risk assessments and safety talks? |  |  | | |
| 9.8 | How often are H&S Policies & Procedures, and SOPs reviewed and updated? Is JHSC or H&S Rep involved? |  |  | | |
| **Standard 10: WHMIS 2015/GHS Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 10.1 | Written WHMIS2015/GHS Policy and procedures in place? What do they consist of? |  |  | | |
| 10.2 | Workers received full WHMIS/GHS training, annual awareness training, and job-specific instruction? |  |  | | |
| 10.3 | Job-specific training covers MSDS/SDS, PPE, safe handling, transportation, storage, and emergency procedures for the hazardous materials? |  |  | | |
| 10.4 | An inventory of all WHMIS/GHS controlled products is maintained as follows: |  | Has new chemical hazards been introduced and WHMIS inventory & MSDS sheets updated? | | *Yes or No* |
| 10.5 | Current MSDSs or SDSs for each WHMIS/GHS controlled product maintained, and made available to all workers? |  | Indicate when MSDS sheets were last reviewed to ensure they are current. | | *(Date)* |
| 10.6 | Supplier or workplace labels are implemented in the workplace? Does it include labeling of tanks and pipes? |  |  | | |
| 10.7 | Proper storage facilities and transportation systems in place, and described in company policies or procedures? |  |  | | |
| 10.8 | Are hazardous waste products properly handled, stored, and transported? |  |  | | |
| **Standard 11: Visitors, Suppliers & Contractors Safety Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 11.1 | Written Visitor, Suppliers, Truckers, Contractor policy and procedures in place? What do they consist of? |  |  | | |
| 11.2 | Signage in place directing visitors to office and informing them of minimum PPE or safety requirements while on-site? |  |  | | |
| 11.3 | Are visitors, suppliers, truckers, contractors defined in the policy? Are rules or expectations established for each? |  |  | | |
| 11.4 | What training, orientations or instructions do visitors, suppliers, truckers, or contractors receive? |  | Were new subcontractors hired? Did the subcontracted workers receive H&S orientation? | | *Yes or No* |
| 11.5 | Roles and responsibilities of company employees towards non-employees are described in the policy or procedures? |  |  | | |
| 11.6 | Important documents obtained from contractors? Including WSIB clearances, records of training, etc? |  |  | | |
| **Standard 12: Dangerous Spaces Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| **CONFINED SPACES** | | | | | |
| 12.1 | Written Confined Space Entry Program in place? Does it include criteria listed in Sect 5 of Reg. 632? Was the JHSC or H&S Rep consulted? |  |  | |  |
| 12.2 | Does each confined space have a written hazard assessment that includes all possible hazards? Are they up-to-date? |  | Has a new process or equipment assessment resulted in a confined space being identified | | *Yes or No* |
| 12.3 | Does each confined space have a written control plan that includes criteria listed in Sect 7 of Reg. 632? |  | Has new entry/non-entry procedure been developed for each new confined space? | | *Yes or No* |
| 12.4 | The control plan includes isolation of energy and controls of material movement as per Sect 14 of Reg. 632? |  |  | | |
| 12.5 | Has JHSC or H&S Reps received training in legal and company requirements on confined space entry? |  |  | | |
| 12.6 | Do entrants and attendants receive specific training in entry permit, control plan, air testing, and emergency procedures? |  |  | | |
| 12.7 | An entry permit system meets criteria in Sect 10 of Reg. 632? A competent person signs and posts it near entrance? |  |  | | |
| 12.8 | Is there adequate means to test and confirm acceptable atmospheric levels? Done before each entry and recorded? |  |  | | |
| 12.9 | Is there a rescue plan in place for each confined space? Is adequate rescue equipment readily available and inspected? |  |  | | |
| 12.10 | Does policy describe attendant roles and training? Is adequate communication in place? |  |  | | |
| 12.11 | Does policy describe how key documents are kept on file as per Sect. 21 Reg. 632? |  |  | | |
| 12.12 | Are confined space entrances adequately secured when not in use? Do they have signage to warn against entry? |  |  | | |
| **BULK MATERIAL STORAGE STRUCTURE** | | | | | |
| 12.13 | Written Bulk Material Storage Structure policy and procedures in place? Was the JHSC or H&S Rep consulted? |  |  | |  |
| 12.14 | Each bulk material storage structure (that is not a confined space) has been identified and assessed for hazards? |  | Has a new process or equipment assessment found new bulk storage structures in workplace? | | *Yes or No* |
| 12.15 | Written procedures and control measures in place to safely enter and work inside? |  | Has new entry/non-entry procedure been developed for each new Bulk Storage Structure? | | *Yes or No* |
| 12.16 | Are workers entering these structures adequately trained in its hazards, and safe entry procedures? |  |  | | |
| 12.17 | Are emergency procedures and equipment, including a life line, in place for each bulk material storage structure? |  |  | | |
| 12.18 | Does policy describe attendant roles, communication and training, to attend a bulk material storage structure entry? |  |  | | |
| **RESTRICTED AREAS [Optional]** | | | | | |
| 12.19 | Written Restricted Areas policy and procedures in place? Are restricted areas defined in the policy? |  |  | | |
| 12.20 | Are restricted areas identified by signage? |  |  | | |
| 12.21 | Is there special training/orientation for workers entering or working in proximately to restricted areas? |  |  | | |
| **Standard 13: Hazard Recognition & Inspection Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 13.1 | Is there a Hazard Recognition and Inspection policy describing company programs to identify and assess hazards, including workplace inspections and circle checks on mobile equipment. |  |  | | |
| 13.2 | Those who conduct workplace inspections (i.e. JHSC/H&S Reps) have received formal Workplace Inspection training? |  |  | | |
| 13.3 | Workplace inspections are carried out on a monthly basis and the results are documented on an inspection form? |  | Indicate number of formal workplace inspections (PWI) conducted during report period | |  |
| 13.4 | Identified hazards are assessed for level of risk? |  |  | | |
| 13.5 | Hazard recognition/inspection reports are reviewed by JHSC, supervisors, and management? |  |  | | |
| 13.6 | Identified hazards are controlled in a timely manner by supervisor and/or management? |  |  | | |
| 13.7 | Inspection reports are followed-up to ensure control measures have been implemented and working as intended? |  |  | | |
| 13.8 | Records of inspection or hazard recognition forms are kept on file for appropriate amount of time? |  |  | | |
| **Standard 14: Health Hazards Monitoring and Controlling Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 14.1 | There is a Workplace Health Hazards Monitoring and Control program in place. |  |  | |  |
| 14.2 | A workplace assessment for health hazards is completed, including biological, chemical and physical agents? |  | Has new hazardous material, process or equipment introduced a new health hazards to control? | | *Yes or No* |
| 14.3 | Monitoring programs in place to measure the levels of health hazard in the workplace? |  |  | | |
| 14.4 | Appropriate measures in place to control worker exposure to health hazards? |  |  | | |
| 14.5 | Training in place for workers and supervisors to recognize health hazards and implement controls? |  |  | | |
| **Standard 15: Return To Work (RTW) Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 15.1 | There is a RTW policy that describes responsibilities of key workplace parties and the steps in the RTW process. |  |  | | |
| 15.2 | RTW training/qualifications in place for person(s) responsible to administer RTW program; and supervisors & employees? |  |  | | |
| 15.3 | There is a process to obtain functional abilities information from Doctor? |  |  | | |
| 15.4 | There is a process to contact injured workers unable to return to work? |  |  | | |
| 15.5 | A work plan is developed outlining the modified work that meets the injured employee’s functional abilities? |  | Indicate number of workers involved in a RTW work plan for this reporting period. | |  |
| 15.6 | A work journal is maintained showing the modified work actually done and changes to the work plan? |  |  | | |
| **Standard 16: Fuel Safety Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 16.1 | Policy describes the safe transportation, storage, and handling of gasoline, propane, and diesel? Other fuels? |  | Have any new fuels, or processes with expanded fueling system been identified and addressed in the fuel safety program? | | *Yes or No* |
| 16.2 | Policy describes standardized containers to store the various fuels? Containers are properly labelled and secured? |  |  | | |
| 16.3 | Special precautions in place for ‘flammable’ fuels as per regulations? |  |  | | |
| 16.4 | Fuel and chemical storage areas have spill control features? Spill clean-up supplies in place? |  |  | | |
| 16.5 | Installation or repair of fuel burning appliances done properly as required. Do they meet ULC or CSA standards? |  |  | | |
| 16.6 | Are employees trained in this policy? Is special TDG or Propane training in place as needed? |  |  | | |
| **Standard 17: Musculoskeletal Disorders Prevention Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 17.1 | There is an MSD or Sprains and Strains prevention policy in place? |  |  | |  |
| 17.2 | Workplace has been assessed for MSD susceptible jobs/tasks? Physical Demands Analysis (PDA) forms used? |  | Has new process or equipment been assessed for MSD risk factors | | *Yes or No* |
| 17.3 | MSD prevention controls are in place? They include ergonomic re-design & worker procedural control methods? |  |  | | |
| 17.4 | Employees are trained on MSD risk factors and controls? |  |  | | |
| **Standard 18: Safety Personnel Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 18.1 | There is a policy and/or Terms of Reference describing the establishment, roles and functions of the JHSC or H&S Reps. |  |  | |  |
| 18.2 | The H&S Reps or JHSC members are properly selected such that they adequately represent all workers? Names posted? |  | Have new H&S Res or JHSC members been selected since last year? | | *Yes or No* |
| 18.3 | Safety Personnel received training in the OHSA & Regs, Due Diligence, Accident Investigations, & Workplace Inspections? |  | If yes above, have they received required training yet? | | *Yes or No* |
| 18.4 | At least one management and at one worker member of the JHSC have completed mandatory Certification training? |  |  | | |
| 18.5 | The H&S Rep or JHSC worker members inspect the workplace each month? |  |  | | |
| 18.6 | There is provision for the H&S Rep or JHSC to make formal written recommendations to the employer? |  | Has there been any Formal Recommendations submitted since last year? | | *Yes or No* |
| 18.7 | H&S Rep or JHSC worker member are involved in the investigation of incidents or injuries? |  |  | |  |
| 18.8 | The JHSC meets at least every three months? Minutes of meetings are kept on file and posted in workplaces? |  |  | |  |
| **Standard 19: Working Alone Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 19.1 | There is Working Alone policy that describes how company protects workers working alone. |  |  | | |
| 19.2 | The policy defines what Working Alone means and what jobs/tasks are normally done by workers working alone? |  |  | | |
| 19.3 | Communication system in place for emergency calls, and to contact workers working alone during the shift? |  |  | | |
| 19.4 | Contact person knows the travel plan of workers working alone and can raise an alarm if they don’t return on time? |  |  | | |
| 19.5 | All workers are oriented into this policy and instructed on how to use communication system and travel plan. |  |  | | |
| **Standard 20: Competent Supervisor Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 20.1 | Is there a policy describing how the company will ensure the competency of their supervisors? How is this competency maintained? |  |  | | |
| 20.2 | Are employees with supervisory authority identified? Does policy summarize their key legislated and company duties and responsibilities, and their level of authority? |  |  | | |
| 20.3 | Sufficient supervision to effectively monitor all workers, in all shifts, in all locations? |  |  | | |
| 20.4 | Have supervisors been oriented into the MOL 5-Step Supervisor H&S Awareness program |  |  | | |
| 20.5 | Have supervisors received training in the OHSA & Regs, Due Diligence, Workplace Inspections and Injury Investigations? |  | Have new supervisors been hired and received training during current report period | | *Yes or No* |
| 20.6 | Are supervisors held accountable to comply with their H&S duties? |  |  | | |
| **Standard 21: Slips, Trip & Fall Protection Program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 21.1 | A written Slips, Trips and Falls Prevention policy is in place and it describes prevention for falls from same level, ladder safety, and falls from heights? |  |  | |  |
| 21.2 | Workplace assessed for jobs/tasks that have slip, trip or falls, including falls from elevated work surfaces? |  | Has new process or equipment introduced a new slip, trip or fall hazard? | | *Yes or No* |
| 21.3 | Appropriate procedures in place for fall protection is determined for each identified task: |  | Have procedures been developed for new slip, trip or fall hazards identified above? | | *Yes or No* |
| 21.4 | Portable and fixed ladders assessed for compliance with the appropriate legislative requirements |  |  | | |
| 21.5 | If travel restraint, restricted fall arrest, or fall arrest systems are required, all components installed/inspected as required by law? |  |  | | |
| 21.6 | Have workers been oriented into this policy? Have they received formal training for fall protection systems from above 3 metres? Where required, MOL Working at Heights safety training completed? |  |  | | |
| **Standard 22: Violence and Harassment protection policy and program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 22.1 | Violence and Harassment protection policy is in place, signed by employer, and posted? |  |  | | |
| 22.2 | Policies define behaviours that constitute violence or harassment? |  |  | | |
| 22.3 | Workplace has been assessed for risk of violent encounters? Have JHSC/H&S Rep and supervisors been involved? |  |  | | |
| 22.4 | Are there procedures in place describing how workers report incidents of violence or harassment? |  |  | | |
| 22.5 | Are procedures in place describing how incidents of violence or harassment will be investigated? |  |  | | |
| 22.6 | Have workers received information and instruction on the contents of violence and harassment programs? |  |  | | |
| **Standard 23: Motor Vehicle Incident Prevention program** | | | | | |
| ***Std #*** | ***Item*** | ***Y or N*** | ***Comments*** | | |
| 23.1 | Written Policy/Procedures are in place that describes how motor vehicles are maintained in good condition, and operator qualifications, training and responsibilities; reviewed annually? |  |  | | |
| 23.2 | Policy describes how motor vehicles are maintained in good condition? Are company roadways also in safe condition? |  |  | | |
| 23.3 | What driver qualifications, licenses or training are required for operators/drivers of company vehicles? Are they evaluated for their skills and knowledge? Is defensive driving included in the training? |  |  | | |
| 23.4 | Are safe operating procedures (SOPs) developed for each type of vehicle the company uses? Do they include tasks such as the securing a load, using trailers/ramps, and/or changing flat tires? |  |  | | |
| 23.5 | Is there ongoing monitoring, testing and/or competency verification of operators/drivers? Are annual MOT drivers abstracts obtained? |  |  | | |
| 23.6 | Do motor vehicle incidents get investigated? Do operators know how to handle an accident scene? |  |  | | |
| 23.7 | Is there a process for supervisors and the employer to track driver behaviours, address any reported concerns /complaints? |  |  | | |

January 2020