

Tuesday, December 18, 2018, 2:00 pm
Tecumseh Town Hall
www.tecumseh.ca

Pages

1. Call to Order
2. Roll Call
3. Disclosure of Pecuniary Interest
4. Communications
 - a. Minutes - September 25, 2018 4 - 8
 - b. Communications - For Information
 - c. Communications - Requiring Action
 - d. Workplace Inspections
 1. Arena, 12021 McNorton 9 - 11
 - September 26, 2018
 - October 24, 2018
 - November 24, 2018
 2. Community Centre, 13731 St. Gregory 12 - 14
 - September 26, 2018
 - October 24, 2018
 - November 28, 2018
 3. Maintenance, 2391 St Alphonse 15 - 17
 - September 28, 2018
 - October 31, 2018
 - November 30, 2018

4.	Parks, 300 Manning	18 - 20
	<ul style="list-style-type: none"> • September 14, 2018 • October 15, 2018 • November 14, 2018 	
5.	Town Hall, 917 Lesperance	21 - 25
	<ul style="list-style-type: none"> • September 27, 2018 • September 27, 2018 (Completed) • October 30, 2018 • October 30, 2018 (Completed) • November 28, 2018 	
6.	Public Works, 1189 Lacasse	26 - 28
	<ul style="list-style-type: none"> • September 28, 2018 • October 30, 2018 • November 30, 2018 	
7.	Public Works, 2495 McCord	29 - 31
	<ul style="list-style-type: none"> • September 28, 2018 • October 31, 2018 • November 30, 2018 	
8.	Water, 1189 Lacasse	32 - 34
	<ul style="list-style-type: none"> • September 28, 2018 • October 30, 2018 • November 30, 2018 	
9.	Fire & Rescue Services, Fire Station #1, 985 Lesperance Road	35 - 37
	<ul style="list-style-type: none"> • September 4, 2018 • October 2, 2018 • November 6, 2018 	

10.	Fire & Rescue Services, Fire Station #2, 5520 Walker Road	38 - 40
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e.	Monthly Maintenance Packages	
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6.	Unfinished Business	
7.	New Business	
8.	Next Meeting	
9.	Adjournment	

Minutes of a Meeting of
The Joint Health and Safety Advisory Committee
for The Corporation of the Town of Tecumseh

A meeting of the Joint Health and Safety Advisory Committee (JHSAC) for the Town of Tecumseh was held on Tuesday, September 25, 2018 in the Tecumseh Meeting Room at Town Hall, 917 Lesperance Rd., Tecumseh at 2:00 pm.

Present:

Denis Berthiaume	Manager Water & Wastewater
Casey Colthurst	Manager Parks & Horticulture
Melissa Doetzel	Human Resources Officer
Ray Hammond	Manager Facilities
Denis Laforet	Landscape Technician/Groundskeeper
Shaun LaPorte	Water Employee
Chad Mactier	Deputy Fire Chief
Sam Paglia	Drainage Superintendent/Engineering Technologist
Scott Willoughby	Facility Attendant

1. Call to Order

2. Roll Call

3. Disclosure of Pecuniary Interest

There was no disclosure of pecuniary interest.

4. Communications

a. Minutes - April 24, 2018

Motion: JHSAC - 12/18

Moved By Denis Berthiaume
Seconded By Scott Willoughby

That the April 24, 2018 minutes of the Joint Health and Safety Advisory Committee, as was duplicated and delivered to the Members of the Committee, are accepted.

b. Communications - For Information

c. Communications - Requiring Action

1. Policy No. 7 - Health and Safety Policy

Motion: JHSAC - 13/18

Moved By Shaun LaPorte
Seconded By Casey Colthurst

That Policy No. 7 - Health and Safety Policy be adopted.

Carried.

2. Policy No. 68 - Violence and Harassment in the Workplace

Motion: JHSAC - 14/18

Moved By Sam Paglia
Seconded By Casey Colthurst

That Policy No. 68 - Violence and Harassment in the Workplace be adopted.

The Motion was **LOST**.

Committee members requested more information on Policy No. 68. Ms. Doetzel advised that the Human Resources Department had up to 21 days to respond to the request for additional information on this matter.

d. Workplace Inspections

1. Arena, 12021 McNorton
 - a. April 26, 2018
 - b. May 28, 2018
 - c. June 28, 2018
 - d. July 25, 2018
 - e. August 29, 2018
2. Community Centre, 13731 St. Gregory
 - a. April 29, 2018
 - b. May 31, 2018
 - c. June 28, 2018
 - d. July 25, 2018
 - e. August 29, 2018
3. Maintenance, 2391 St Alphonse
 - a. April 27, 2018
 - b. May 30, 2018
 - c. June 27, 2018
 - d. July 30, 2018
 - e. August 27, 2018
4. Parks, 300 Manning
 - a. April 18, 2018
 - b. May 14, 2018
 - c. June 14, 2018
 - d. July 14, 2018
 - e. August 14, 2018
5. Town Hall, 917 Lesperance
 - a. April 30, 2018
 - b. May 31, 2018
 - c. June 26, 2018
 - d. July 26, 2018
 - e. August 29, 2018
6. Public Works, 1189 Lacasse
 - a. April 30, 2018
 - b. May 30, 2018
 - c. June 29, 2018
 - d. July 30, 2018
 - e. August 30, 2018

7. Public Works, 2495 McCord
 - a. April 27, 2018
 - b. May 30, 2018
 - c. June 19, 2018
 - d. July 30, 2018
 - e. August 27, 2018
8. Water, 1189 Lacasse
 - a. April 30, 2018
 - b. May 30, 2018
 - c. June 29, 2018
 - d. July 30, 2018
 - e. August 30, 2018
9. Fire & Rescue Services, Fire Station #1, 985 Lesperance Road
 - a. April 3, 2018
 - b. May 1, 2018
 - c. June 5, 2018
 - d. July 3, 2018
10. Fire & Rescue Services, Fire Station #2, 5520 Walker Road
 - a. April 3, 2018
 - b. May 15, 2018
 - c. July 5, 2018
 - d. August 12, 2018
11. Pool
 - a. May 31, 2018
 - b. June 27, 2018
 - c. July 25, 2018
 - d. August 28, 2018

Motion: JHSAC - 15/18

Moved By Shaun LaPorte
Seconded By Scott Willoughby

That the Workplace Inspections as listed on the September 25, 2018 Joint Health and Safety Committee Agenda be received.

Carried.

e. Monthly Maintenance Packages

1. Dunk & Associates - April 2018
2. Dunk & Associates - May 2018
3. Dunk & Associates - June 2018
4. Dunk & Associates - July 2018
5. Dunk & Associates - August 2018

Motion: JHSAC - 16/18

Moved By Denis Laforet

Seconded By Denis Berthiaume

That the Monthly Maintenance Packages as listed on the September 25, 2018 Joint Health and Safety Committee Agenda be received.

Carried.

5. Reports**a. Incident Reports**

1. May 8, 2018
2. May 29, 2018
3. July 4, 2018
4. July 18, 2018
5. July 20, 2018
6. July 26, 2018
7. August 7, 2018
8. August 14, 2018
9. August 28, 2018

Motion: JHSAC - 17/18

Moved By Casey Colthurst

Seconded By Denis Laforet

That Reports 1) through 9) as listed on the September 25, 2018 Joint Health and Safety Committee Agenda be received.**6. Unfinished Business****7. New Business**

A meeting of the Joint Health and Safety Committee will be held on November 20, 2018 to discuss Policy No. 68.

8. Next Meeting

The next Joint Health and Safety Committee meeting will be held at 2:00 pm on Tuesday, December 18, 2018.

9. **Adjournment**

Motion: JHSAC - 18/18

Moved By Sam Paglia
Seconded By Casey Colthurst

That there being no further business, the September 25, 2018 meeting of the Joint Health and Safety Committee now adjourn at 3:45 pm.

Sam Paglia, Co-Chair

Melissa Doetzel, Human Resources Officer



Town of Tecumseh
Health and Safety Manual
 Section 8 – Workplace Inspection
 Monthly Workplace Inspection Report Form

Location: <u>Arena</u>					Time of Inspection: <u>1:00pm</u>				
					Date of Inspection: <u>8-2-2018</u>				
Safety Committee Inspection <input checked="" type="checkbox"/>			Senior Management Inspection <input type="checkbox"/>			Manager present during Inspection <input type="checkbox"/>			

Location	Hazards Observed	*Hazard Rating	Repeat Item		Recommended Action	By		Hazard Corrected	
			Yes	No		Whom	When	Yes	No
	No hazards observed								

Number of workers interviewed		Number of workers observed for safe work practices			
Manager Signature -		Senior Manager Inspection Signature -		Safety Committee Signature - <u>[Signature]</u>	
*Hazard Rating	H = Serious or significant hazard; Potential of Fatality, Loss of Body Part, Major Structural Damage	M = Moderate Hazard; Serious Injury or Serious Property Damage	L = Minor Hazard; Minor Loss or Minor Property Damage		
Copies To (For Action):		9			



Town of Tecumseh
Health and Safety Manual
Section 8 – Workplace Inspection
Monthly Workplace Inspection Report Form

Location: <u>Artna</u>					Time of Inspection: <u>7:30 am</u>				
					Date of Inspection: <u>Oct 24/18</u>				
Safety Committee Inspection <input checked="" type="checkbox"/>			Senior Management Inspection <input type="checkbox"/>			Manager present during Inspection <input checked="" type="checkbox"/>			
Inspection Details									
Location	Hazards Observed	*Hazard Rating	Repeat Item		Recommended Action	By		Hazard Corrected	
			Yes	No		Whom	When	Yes	No
	<u>No hazards observed</u>								
Number of workers interviewed <u>1</u>		Number of workers observed for safe work practices <u>1</u>							
Manager Signature - <u>[Signature]</u>			Senior Manager Inspection Signature -				Safety Committee Signature - <u>[Signature]</u>		
*Hazard Rating	H = Serious or significant hazard; Potential of Fatality, Loss of Body Part, Major Structural Damage		M = Moderate Hazard; Serious Injury or Serious Property Damage			L = Minor Hazard; Minor Loss or Minor Property Damage			
Copies To (For Action):					10				



Town of Tecumseh

Health and Safety Manual

Section 8 – Workplace Inspection

Monthly Workplace Inspection Report Form

Location: <u>Arena</u>					Time of Inspection: <u>6:00 AM</u>				
					Date of Inspection: <u>Nov 28/18</u>				
Safety Committee Inspection <input checked="" type="checkbox"/>			Senior Management Inspection <input type="checkbox"/>			Manager present during Inspection <input type="checkbox"/>			

Location	Hazards Observed	*Hazard Rating	Repeat Item		Recommended Action	By		Hazard Corrected	
			Yes	No		Whom	When	Yes	No
	<u>No hazards observed</u>								

Number of workers interviewed		<u>0</u>	Number of workers observed for safe work practices		<u>1</u>
Manager Signature - <u>[Signature]</u>		Senior Manager Inspection Signature -		Safety Committee Signature - <u>[Signature]</u>	
*Hazard Rating	H = Serious or significant hazard; Potential of Fatality, Loss of Body Part, Major Structural Damage		M = Moderate Hazard; Serious Injury or Serious Property Damage		L = Minor Hazard; Minor Loss or Minor Property Damage
Copies To (For Action):					



Town of Tecumseh
Health and Safety Manual
Section 8 – Workplace Inspection
Monthly Workplace Inspection Report Form

Location: <u>Community Center</u>					Time of Inspection: <u>1:30 pm</u>				
					Date of Inspection: <u>Sept 26/12</u>				
Safety Committee Inspection <input checked="" type="checkbox"/>			Senior Management Inspection <input type="checkbox"/>			Manager present during Inspection <input type="checkbox"/>			
Location	Hazards Observed	*Hazard Rating	Repeat Item		Recommended Action	By		Hazard Corrected	
			Yes	No		Whom	When	Yes	No
	<u>No hazards observed</u>								
Number of workers interviewed			Number of workers observed for safe work practices						
Manager Signature -			Senior Manager Inspection Signature -			Safety Committee Signature - <u>[Signature]</u>			
*Hazard Rating	H = Serious or significant hazard; Potential of Fatality, Loss of Body Part, Major Structural Damage			M = Moderate Hazard; Serious Injury or Serious Property Damage			L = Minor Hazard; Minor Loss or Minor Property Damage		
Copies To (For Action):					12				

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Town of Tecumseh

Health and Safety Manual

Section 8 – Workplace Inspection

Monthly Workplace Inspection Report Form

Location: <u>Community Center</u>					Time of Inspection: <u>6:50 Am</u>				
					Date of Inspection: <u>Nov 28/18</u>				
Safety Committee Inspection <input checked="" type="checkbox"/>			Senior Management Inspection <input type="checkbox"/>			Manager present during Inspection <input type="checkbox"/>			

Location	Hazards Observed	*Hazard Rating	Repeat Item		Recommended Action	By		Hazard Corrected	
			Yes	No		Whom	When	Yes	No
	No hazards observed								

Number of workers interviewed		Number of workers observed for safe work practices	
Manager Signature -		Senior Manager Inspection Signature -	
Safety Committee Signature -			

*Hazard Rating	H = Serious or significant hazard; Potential of Fatality, Loss of Body Part, Major Structural Damage	M = Moderate Hazard; Serious Injury or Serious Property Damage	L = Minor Hazard; Minor Loss or Minor Property Damage
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Copies To (For Action):	
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Copies to: Melissa Doetzel

Time of Inspection: **10:00AM**
 Inspected by: **Shawn Laporte**

[illegible]

Health and Safety Rep.

Sham Laporte
Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



Copies to: **Melissa Doetzel**

Time of Inspection: **9:45AM**
 Inspected by: **Shawn Laporte**

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



Location: 2391 St Alphonse

Department or Areas Covered: ☐

Date of Inspection: November 30, 2018

Copies to: Melissa Doetzel

Time of Inspection: **1:15PM**
Inspected by: **Shawn Laporte**

~~Attendee Signature~~

Health and Safety Rep.

Shaw Laporte
Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: **300 Manning**

Department or Areas Covered: ☐ Parks ☐

Date of Inspection: **September 14 2018**

Copies to: **Melissa Doetzel**

☐ Time of Inspection:
Inspected by: **Casey Colthurst**

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
NO ISSUES								

Attendee Signature

Health and Safety Rep.

Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: **300 Manning**

Department or Areas Covered: ☐ Parks ☐ ☐ ☐

Date of Inspection: **October 15 2018**

Copies to: **Melissa Doetzel**

Time of Inspection: ☐

Inspected by: **Casey Colthurst**

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
NO ISSUES.								

Attendee Signature

Health and Safety Rep.

Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: **300 Manning**

Department or Areas Covered: ☐ Parks ☐

Date of Inspection: **November 14, 2018**

Copies to: **Melissa Doetzel**

Time of Inspection:

Inspected by: **Denis Laforet**

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
	<i>No ISSUES</i>							

Attendee Signature

HL 7/16
Health and Safety Rep.

Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: **Town Hall**

Department or Areas Covered: ☐ **Corporate Services & Clerk** ☐ **CAO Department** ☐ **Financial Services** ☐ **Meeting Rooms** ☐ **Public Areas (Including Chambers)**

Date of Inspection: **2018-09-27**

Time of Inspection: **1:25pm**

Copies to: **Melissa Doetzel**

Inspected by: **Sam Paglia, Phil Bartnik**

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
Vault	Boxes/Clutter	Yes	B	Remove boxes from floor area and properly store.	S27(2)(c)	Ray		Click or tap to enter a date.
Office Trailer	Stairs	Yes	A	Discussions with CBO have determined that the stairs currently do not meet the minimum standards of the OBC Part 9 Section 9.8.4.4 for uniform height from the landing to the asphalt, and under Division B of the OBC Section 3.4.6.11(2) can be satisfactory provided that the step down to landing is less than 150mm (6"). Must conform and obtain final approval from CBO.	Reg 213/91 S77(1)(2)(b), OBC Part 9, Section 9.8.4.4	Ray		Click or tap to enter a date.
First Aid station in lunch room	There are no singles adhesive bandages.	No	D	Stock station				Click or tap to enter a date.
Building service counter	EL	No	C	Check	Reg.851 S21, Reg. 213/91SS 276(4) Reg. 67/93 S27			Click or tap to enter a date.
Clerks service counter	EES	No	C	Check				Click or tap to enter a date.
Front Line Staff	Excessive sunlight light causes hazard during morning hours when sunlight hits working areas	No	C	Install window blinds or other means to reduce sunlight to acceptable levels.				Click or tap to enter a date.

Attendee Signature

Health and Safety Rep.

Inspector – Phil Bartnik

Interviewed: 1) Enrico D (OK) 2) Dana R (OK)

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: Town Hall

Department or Areas Covered: ☐ Corporate Services & Clerk

☐ CAO Department

☐ Financial Services

☐ Meeting Rooms

☐ Public Areas (Including Chambers)

Date of Inspection: 2018-09-27

Time of Inspection: 1:25pm

Copies to: Melissa Doetzel

Inspected by: Sam Paglia, Phil Bartnik

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A - B - C - D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
Vault	Boxes/Clutter	Yes	B	Remove boxes from floor area and properly store.	S27(2)(c)	Ray	①	Click or tap to enter a date.
Office Trailer	Stairs	Yes	A	Discussions with CBO have determined that the stairs currently do not meet the minimum standards of the OBC Part 9 Section 9.8.4.4 for uniform height from the landing to the asphalt, and under Division B of the OBC Section 3.4.8.11(2) can be satisfactory provided that the step down to landing is less than 150mm (6"). Must conform and obtain final approval from CBO.	Reg 213/91 S77(1)(2)(b), OBC Part 9, Section 9.8.4.4	Ray	②	Click or tap to enter a date.
First Aid station in lunch room	There are no singles adhesive bandages.	No	D	Stock station				Click or tap to enter a date.
Building service counter	EL	No	C	Check	Reg.851 S21, Reg. 213/91SS 276(4) Reg. 67/93 S27			Click or tap to enter a date.
Clerks service counter	EES	No	C	Check				Click or tap to enter a date.
Front Line Staff	Excessive sunlight light causes hazard during morning hours when sunlight hits working areas	No	C	Install window blinds or other means to reduce sunlight to acceptable levels.			③	Click or tap to enter a date.

Attendee Signature

Health and Safety Rep.

Inspector - Phil Bartnik

Interviewed: 1) Enrico D (OK)

2) Dana R (OK)

APIR - Accident Prevention Investigation and Reporting

EES - Emergency Exit Sign

EL - Emergency Lights

③ meeting with window shading company to get pricing on a solution.

① - Spoke with Tom - there are finance boxes
2018-10-15 he was going to determine where boxes can go

② - CBO signal off on north set of stairs
- south set emergency exit only
2018-10-24 - signage posted
- all actions complete

Ray



WORKPLACE INSPECTION

Location: Town Hall
Department or Areas Covered: ☒ Town Hall ☒ Trailer ☐ Click or tap here to enter text. ☐ Click or tap here to enter text. ☐ Click or tap here to enter text.
Date of Inspection: 2018-10-30 Time of Inspection: 11:15am
Copies to: Melissa Doetzel Inspected by: Mike Voegeli, Tom Kitsos, Sam Paglia

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
Reception – Front line Staff	Window blinds	Y	B	Complete task within timeline	O. Reg 213/91 s. 45. (1)	Ray		Click or tap to enter a date.
Vault	Boxes/Clutter	Y	A	Remove boxes from floor area. This item was on the August,	S27(2)(c)	Ray		Click or tap to enter a date.
Main Lobby, south side	EL	N	B	Check Battery. Would be a good idea to put the batteries on a regular schedule to be replaced.	Reg 213/91 s 276(4)	Ray		Click or tap to enter a date.
Trailer	No asphalt	N	B	Place asphalt on the trench that was cut out to service the trailer that is in the pathway to the entrance of the trailer.	Trip	PWES		Click or tap to enter a date.
Trailer	Emergency Lighting	N	B	The trailer requires emergency lighting. (OBC)	Reg 213/91 s 276(4)	Ray		Click or tap to enter a date.
Hallway outside Dana's desk	EES	N	B	Check Battery. Would be a good idea to put the batteries on a regular schedule to be replaced.	Reg 213/91 s 276(4)	Ray		Click or tap to enter a date.

Attendee Signature

Health and Safety Rep.

Inspector - Mike Voegeli

Inspector - Tom Kitsos

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks; D – Other

Click or tap here to enter text.

Interviewed: 1) Leeann L (ok) 2) Dana R (ok)

APIR – Accident Prevention Investigation and Reporting
EES – Emergency Exit Sign
EL – Emergency Lights



WORKPLACE INSPECTION

Location: Town Hall

Department or Areas Covered: ☒ Town Hall ☒ Trailer

Date of Inspection: 2018-10-30 Time of Inspection: 11:15am

Copies to: Melissa Doetzel

☐ Click or tap here to enter text.

☐ Click or tap here to enter text.

☐ Click or tap here to enter text.

Inspected by:

Mike Voegeli, Tom Kitsos, Sam Paglia

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A - B - C - D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
① Reception - Front line Staff	Window blinds	Y	B	Complete task within timeline	O. Reg 213/91 s. 45. (1)	Ray	pricing.	Click or tap to enter a date.
Vault	Boxes/Clutter	Y	A	Remove boxes from floor area. This item was on the August,	S27(2)(c)	Ray CLERK	In Progress	Click or tap to enter a date.
Main Lobby, south side	EL	N	B	Check Battery. Would be a good idea to put the batteries on a regular schedule to be replaced.	Reg 213/91 s 276(4)	Ray	AD (New)	Click or tap to enter a date.
Trailer	No asphalt	N	B	Place asphalt on the trench that was cut out to service the trailer that is in the pathway to the entrance of the trailer.	Trip	PWES KIRBY	Resurfaced	Click or tap to enter a date.
Trailer	Emergency Lighting	N	B	The trailer requires emergency lighting. (OBC)	Reg 213/91 s 276(4)	Ray	AD (New)	Click or tap to enter a date.
Hallway outside Dana's desk	EES	N	B	Check Battery. Would be a good idea to put the batteries on a regular schedule to be replaced.	Reg 213/91 s 276(4)	Ray	BAT. ON ORDER Replaced	Click or tap to enter a date.

Attendee Signature

Health and Safety Rep.

Inspector - Mike Voegeli

Inspector - Tom Kitsos

Priority Codes: A - do immediately B - do within 3 days C - do within 2 weeks; D - Other

Click or tap here to enter text.

Interviewed: 1) Leeann L (ok)

2) Dana R (ok)

APIR - Accident Prevention Investigation and Reporting

EES - Emergency Exit Sign

EL - Emergency Lights

① waiting on pricing met with suppliers Oct. 25/18 to be measured and costing.
Nov 8/18



WORKPLACE INSPECTION

Location: **Town Hall**
Department or Areas Covered: ☒ **Town Hall**☒ **Trailer** ☐ Click or tap here to enter text. ☐ Click or tap here to enter text. ☐ Click or tap here to enter text.
Date of Inspection: **2018-11-28** Time of Inspection: **10:00am**
Copies to: **Melissa Doetzel** Inspected by: **Sam Paglia**

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
(2)- Southwest and northwest exits. (2) CAO office, Centre office (Dana's Desk). (2) – Council hallway over "Shred-it" unit, and east exit.	EES	Only (1) repeats (5) new	B	Replace all batteries in the Exit signs to meet the OBC and CSA codes of 30 minutes of illumination without steady power.	Reg 213/91 S276(4)	Ray		Click or tap to enter a date.
Vault	Boxes/Clutter	Yes	A	This is an ongoing issue that needs immediate attention.	S27(2)(c)	HR		Click or tap to enter a date.

Attendee Signature

Health and Safety Rep.
Sam Paglia

Inspector – Mike Voegeli

Inspector Lesley Racicot

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks; **D** – Other

Interviewed: 1) Mary D (ok) 2) Jamie K (ok)

APIR – Accident Prevention Investigation and Reporting
EES – Emergency Exit Sign
EL – Emergency Lights

Department or Areas Covered: ☐Date of Inspection: **September 28, 2018**

Copies to: Melissa Doetzel

Time of Inspection: **8:45 AM**
 Inspected by: **Shawn Laporte**

Attendee Signature

Attendee Signature _____
Health and Safety Rep. _____

Shawn Laporte
Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: 1189 Lacasse Public Works

Department or Areas Covered: ☐

Date of Inspection: October 30, 2018

Copies to: Melissa Doetzel

☐

Time of Inspection: 2:30 PM
Inspected by: Shawn Laporte

☐

☐

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
No Issue								

Attendee Signature

[Signature]
Health and Safety Rep.

Shawn Laporte
Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



Copies to: Melissa Doetzel

Time of Inspection: **11:00 AM**
Inspected by: **Shawn Laporte**

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: **1)** **2)**

EL – Emergency Lights



Copies to: Melissa Doetzel

Time of Inspection: **9:30AM**
 Inspected by: **Shawn Laporte**

[illegible]


Health and Safety Rep.

Sham Leporte
Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



Copies to: **Melissa Doetzel**

Inspected by: **Shawn Laporte**

Inspector

30



Copies to: Melissa Doetzel

Time of Inspection: **1:30PM**
 Inspected by: **Shawn Laporte**

Inspector

31



WORKPLACE INSPECTION

Location: 1189 Lacasse Water
Department or Areas Covered: ☐
Date of Inspection: September 28, 2018
Copies to: Melissa Doetzel

☐ Time of Inspection: 8:00AM
Inspected by: Shawn Laporte

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
No Issue								

Attendee Signature

Health and Safety Rep.

Inspector

Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting
EES – Emergency Exit Sign
EL – Emergency Lights



WORKPLACE INSPECTION

Location: **1189 Lacasse Water**
Department or Areas Covered: ☐
Date of Inspection: **October 30, 2018**
Copies to: **Melissa Doetzel**

☐ Time of Inspection: **2:00PM**
Inspected by: **Shawn Laporte**

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
No Issue								

Attendee Signature

Health and Safety Rep.


Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting
EES – Emergency Exit Sign
EL – Emergency Lights

Department or Areas Covered: ☐Date of Inspection: **November 30, 2018**

Copies to: **Melissa Doetzel**

Time of Inspection: **11:30AM**
Inspected by: **Shawn Laporte**

Attendee Signature

Attendee Signature

Health and Safety Rep.

Sham Laporte
Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: Fire Station #1
Department or Areas Covered: ☐ ALL
Date of Inspection: September 4, 2018
Copies to: Melissa Doetzel

☐ ☐ ☐ ☐
Time of Inspection:
Inspected by: 1200hrs

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
Lounge Area	NONE ↓							
Offices								
Truck Bay								
Utility Area								
Outside								
Training Room								

Attendee Signature

Chad Mac Chad Mac _____ _____
Health and Safety Rep. Inspector Inspector Inspector Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting
EES – Emergency Exit Sign
EL – Emergency Lights



☐ Time of Inspection:
Inspected by: 2000 h.s

[illegible]

Chris M.

Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights

Department or Areas Covered: ☐

Date of Inspection: November 6, 2018

Copies to: Melissa Doetzel

☐ Time of Inspection:

Inspected by: 1100hrs

Attendee Signature

Chad Man

Health and Safety Rep.

Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



WORKPLACE INSPECTION

Location: Fire Station 2
Department or Areas Covered: ☐ ALL
Date of Inspection: September 4, 2018
Copies to: Melissa Doetzel

☐ ☐ ☐
Time of Inspection:
Inspected by: 1400 hrs

Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
<u>Gear Room</u>	<u>None</u>							
<u>Outside</u>	}							
<u>Training Room</u>								
<u>Kitchen</u>								
<u>Weight Room</u>								
<u>Apparatus Floor</u>								
<u>Washrooms</u>								
<u>offices</u>								

Attendee Signature

Chris M...

Health and Safety Rep.

Chris M...

Inspector

Inspector

Inspector

Inspector

Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks D – Other

Interviewed: 1) 2)

APIR – Accident Prevention Investigation and Reporting


EES – Emergency Exit Sign

EL – Emergency Lights



Time of Inspection:
Inspected by: 1900 hrs

Attendee Signature


Inspector

Inspector

Inspector

Inspector

Priority Codes: **A** – do immediately **B** – do within 3 days **C** – do within 2 weeks **D** – Other

Interviewed: **1)** **2)**

APIR – Accident Prevention Investigation and Reporting

EES – Emergency Exit Sign

EL – Emergency Lights



☐ Time of Inspection:
Inspected by: 0900hrs

Attendee Signature

Chad Wilson

Inspector

Inspector

Inspector

Inspector

Interviewed: 1) 2)

EL – Emergency Lights

Investigations

An accident/incident investigation is a thorough examination of all contributing factors and causes involved in the accident/incident being investigated. If an accident or incident occurs in your workplace, an investigation needs to be conducted to identify contributing factors and root causes.

Assignment One: Investigation Assessment

For this month's assignment, we have included an assessment to ensure the investigations being completed in your workplace are meeting the requirements for accident/incident investigations. Provide a copy of the **Investigation Assessment** included in this package to the safety committee/representative to review and complete. If any of the questions are answered 'no', investigation requirements are not being met and actions need to be put in place to rectify.

Assignment Two: Safety Talk – What is Your Role in Investigations?

The Safety Talk is to be delivered, by the Manager/Supervisor in each department (not just posted) and attendance signed-off. Included with your Implementation Package you will find the safety talk and sign-off sheet for attendance. Keep all the safety talks and sign-offs in your safety binder or filing system. Before delivering the talk, make sure you are prepared with the information you need for the talk to be successful. Read the safety talk, find out any information you may not be aware of yourself, and know your stuff! Remember...Safety Talks are about two-way communication, they are not "Safety Tells."

Assignment Three: Root Cause Analysis and the Accident Weed Posters

Two new posters have been made available to you. This month, print and post these on your health and safety board or distribute to managers, safety committee members/representative for extra awareness!

Assignment Four: Policy Review Plan

Each month your assignments will focus on areas of your Health & Safety program to be addressed for compliance. While Hazard Assessments are the foundation of your Health & Safety program, Policies build the structure. Each month the Supervisor/Manager or Safety Committee/Safety Rep needs to complete the assigned policy reviews for the month. The policy review needs to be documented on the **Policy Review Sheet** which was included in January's package. The following are the policies to review this month:

- *Section 10 – Accident Incident Report Investigation*

Is your workplace following the details of each policy reviewed this month? If not, what changes need to be made in the workplace to comply? If you find changes should be made to your policies, the changes must be brought to Senior Management for review and approval. Remember your policies are written to be compliant with your provincial Occupational Health & Safety legislation.

Extra Resources: Listen to the Webinar Recording on Investigations from March (English Only)

In March, we had a webinar on Investigations. If you, your safety committee/representative or managers did not attend the webinar, be sure, or have them listen to the recording this month. To access the recorded copy of the webinar, follow the directions in the **Investigations Time to Improve Download Instructions** document included in this package.

"THINK: Do it the safe way, do it the right way, do it every day."

Need help? Contact Dunk & Associates.

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Monthly Implementation Package

October 2018 – Read First



Monthly Reminders:

- ☐ **Complete Monthly Inspection** - Make sure your Safety Rep or Safety Committee Worker Member completes the Monthly Workplace Inspection for this month on the whole workplace; it is a requirement of the law! It is also Best Practice to complete the Workplace Inspection with a Supervisor or Manager. Sign-offs on the inspection are required!
- ☐ **Complete Safety Report** - Refer to the resources section of your health and safety website for instructions on how to access the safety report.

Free Webinar: Return to Work

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **October 17th from 1-2pm EST**. This webinar will be recorded and available for playback if you can't attend live. For more information on how to register for a webinar, refer to the resources section of your health and safety website for the **Webinar Registration and Join Instructions**.

Resources:

Found under the Resources section of your Health & Safety website

- i. Safety Talk Instructional Guide
- ii. Safety Report Instructions
- iii. Webinar Registration and Join Instructions

Safety 24-7 Tip:

Put together an investigation toolkit. If an accident/incident happens, you can grab the toolkit and respond quickly. Don't leave yourself scrambling when there's an incident in the workplace.

"THINK: Do it the safe way, do it the right way, do it every day."

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Investigation Assessment

October 2018 – Assignment 1



Have the supervisors/ managers, safety committee members or safety representative answer the following questions regarding the completion of accident/incident investigations. If any issues are noted make the necessary improvements. All answers should be a “yes” answer.

<p>1. Are accident/incident reports being completed when workers are injured or there is significant damage to property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are all reports of harassment, violence and bullying being investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you following your policy on Investigations when it comes to timeframes for conducting investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are all investigators trained in the requirements for conducting accident investigation and investigation techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you identifying all direct and indirect causes on your investigation report? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do investigators always visit the actual location where the incident occurred to perform the investigation and take pictures and sketches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. During an investigation, are interviews conducted with witnesses to gather evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are corrective actions being recommended on identified hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is follow-up being conducted and after controls are implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Are you recording and documenting what follow-up has been completed and when it was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Do you have an investigation toolkit on hand for investigators? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Are investigation reports signed and dated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Are investigation reports distributed to the Safety Committee for review? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

Completed by: _____ Department: _____

Date Completed: _____

WHAT IS YOUR ROLE IN INVESTIGATIONS?

WHAT ARE ACCIDENTS/INCIDENTS:

If you are involved in, or are witness to an accident/incident, your participation in the investigation is important. You will be interviewed by an investigator to help them establish the facts that contributed to the accident and to determine the root causes.

Investigations are not to lay blame, but to determine what steps are needed to prevent the accident/incident from re-occurring. ***A good investigation may save your life one day!***

Your employer cannot punish you for participating or for providing a statement during the investigation that is done in good faith.



DURING AN INVESTIGATION:

- Information is gathered and recorded.
- It is important to have full disclosure at this stage to help everyone understand what happened.
- Analysis of the incident is completed. All factors are taken into account.
- Recommendations are made.
- The site is visited.
- Witnesses are asked about what happened before, during and after the incident occurred.
- Be honest, be truthful, a life may depend on it!

THE PURPOSE OF ALL OF THIS; PREVENTION OF SIMILAR INCIDENTS!

Safety Talk Sign-Off Sheet

October 2018 – What is Your Role in Investigations?



Location/Department: _____ Date: _____

Name (please print)	Signature	Date

ROOT CAUSES ANALYSIS

Are you getting to the root cause during an investigation?



Root Cause Analysis is a useful process for understanding and solving workplace hazard problems. Figure out what negative events are occurring. Then, look at the complex systems around those problems, and **identify** key points of failure. Finally, **determine** solutions to address those key points, or **root causes**. How do we find root cause? We use the 5 Whys. Asking “Why” helps us dive down into what the real problem is – or the root.

The "Accident Weed"

HAZARDOUS CONDITIONS

- Missing Guard
- Poor Housekeeping
- Defective Tools
- Equipment Failure
- No SDS's

HAZARDOUS PRACTICES

- Horseplay
- Ignored Safety Rules
- Didn't Follow Procedures
- Did not report hazard
- Don't know how

ROOT

- Poor work procedures
- No follow-up feedback
- Lack of Training
- Poor safety management

CAUSES

- Purchasing unsafe equipment
- Lack of Supervision
- Rules not enforced
- Lack of Safety leadership
- Poor safety leadership

Senior Management

Senior Management is responsible for creating and implementing a Health & Safety Program in your workplace, but their responsibilities don't stop there. They also need to be involved in various safety activities throughout the year and they need to be Safety Leaders! This month we are going to focus on Senior Management responsibilities in the workplace.

Assignment One: Senior Management Annual Inspection

Senior Management is required to complete and document an inspection of the entire workplace annually. Have Senior Management at your workplace complete and document a workplace inspection using your Workplace's **Workplace Inspection Forms** found on your safety site, if they have not yet completed one for this year. This inspection may be done with the Safety Committee/Rep inspection or separately. Either way, the Safety Committee Worker Reps./Safety Reps. must still inspect the entire workplace monthly as well. The Safety Committee must review the Senior Management inspection at their next committee meeting.

Assignment Two: Trends Review

Have your Safety Committee/Safety Rep complete a review of all your accidents for 2018 up to this point (January – November). Use the **Health & Safety Trend Review** document to help you analyze your accidents. This will help to identify areas where improvements have been made as well as areas that will need more focus. Once completed, post a copy of this on your Health & Safety Board.

Assignment Three: Senior Management Review

We need to close the loop on safety activities to ensure our due diligence. Senior Management is responsible for following up on safety goals, communication and continuous improvement of the health and safety program. Have Senior Management complete the **Senior Management Review Checklist** to ensure that they are following up on their safety responsibilities. Give Senior Management a copy of the Health & Safety Trends review from Assignment Two above, so they can prepare Health & Safety goals for 2019.

Assignment Four: Safety Talk – Leadership Roles

The Safety Talk is to be delivered, by the Manager/Supervisor in each department (not just posted) and attendance signed-off. Included with your Implementation Package you will find the safety talk and sign-off sheet for attendance. Keep all the safety talks and sign-offs in your safety binder or filing system. Before delivering the talk, make sure you are prepared with the information you need for the talk to be successful. Read the safety talk, find out any information you may not be aware of yourself, and know your stuff! Remember...Safety Talks are about two-way communication, they are not "Safety Tells."

Assignment Five: Policy Review Plan

Each month your assignments will focus on areas of your Health & Safety program to be addressed for compliance. While Hazard Assessments are the foundation of your Health & Safety program, Policies build the structure. Each month the Supervisor/Manager or Safety Committee/Safety Rep needs to complete the assigned policy reviews for the month. The policy review needs to be documented on the **Policy Review Sheet** which was included in January's package. The following are the policies to review this month:

- *Section 11 – Senior Management and/or Continuous Improvement Program*

Is your workplace following the details of each policy reviewed this month? If not, what changes need to be made in the workplace to comply? If you find changes should be made to your policies, the changes must be

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Monthly Implementation Package

November 2018 – Read First



brought to Senior Management for review and approval. Remember your policies are written to be compliant with your provincial Occupational Health & Safety legislation; *please contact Dunk & Associates to discuss any changes and to update policies online.*

Monthly Reminders:

- ☐ **Complete Monthly Inspection** - Make sure your Safety Rep or Safety Committee Worker Member completes the Monthly Workplace Inspection for this month on the whole workplace; it is a requirement of the law! It is also Best Practice to complete the Workplace Inspection with a Supervisor or Manager. Sign-offs on the inspection are required!
- ☐ **Complete Safety Report** - Refer to the resources section of your health and safety website for instructions on how to access the safety report.

Free Webinar: Building a Safety Culture: Tips for Engagement

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **November 21st from 1-2pm EDT**. This webinar will be recorded and available for playback if you can't attend live. For more information on how to register for a webinar, refer to the resources section of your health and safety website for the **Webinar Registration and Join Instructions**.

Resources:

Found under the Resources section of your Health & Safety website

- i. Safety Talk Instructional Guide
- ii. Safety Report Instructions
- iii. Webinar Registration and Join Instructions

Safety 24-7 Tip:

Looking for trends is one of the best ways to prevent future injury. Look to see if accidents, incidents or near misses are occurring in a similar area, look to find the most common injuries, look to see when injuries happen the most, etc. Ask yourself if there's anything you can be doing to prevent those. For example, could more training be done, does a program need to be put in place?

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Investigation Assessment

November 2018 – Assignment 1



Injury Overview	2018
Total # of all workplace injuries/illnesses	
Total # of critical injuries	
Total # of injuries/illnesses not requiring lost time or medical attention	
Total # of injuries/illnesses requiring medical attention	
Total # of lost time injuries/illnesses	
Total # of days lost	
Total # near misses	
Type of Injury	
# of Injuries resulting in Bruises and Contusions	
# of Injuries resulting in Chemical Related Injuries	
# of Injuries resulting in Burns or Scolds	
# of Injuries resulting in Cuts and Lacerations	
# of Injuries resulting in Sprains and Strains	
# of Injuries resulting in Breaks and Fractures	
# of Injuries resulting in Particle in the Eye	
# of Injuries resulting in Allergic reactions	
# of Injuries resulting in Occupational Illness	
# of Injuries resulting in Other: _____	
Cause of Injury	
Slip, Trip or Fall	
Overexertion	
Repetitive motion	
Lifting/Carrying	
Struck by/against an object	
Vehicle	
Machine/Tools	
Violence, Harassment or Bullying	
Improper equipment/machine use	
Not following rules and/or procedures and training	
Improper use of PPE, safety devices or guarding	
Defective/malfunctioning equipment	
Poor housekeeping	
Property damage	
Other: _____	

Checklist completed by: _____ Date: _____

Review this completed document at the next Safety Committee Meeting or with your Safety Rep. and make sure it is noted in the meeting minutes.

Date Reviewed: _____ Safety Rep Signature: _____

Senior Management Review Checklist

November 2018 – Assignment 2



Review the checklist below to help evaluate your overall Health & Safety Program, and to close the loop on annual safety activities. If you find any deficiencies, create an action plan to address the issues.

1. Health & Safety Goals

- ☐ Health & Safety goals were established for 2018.
- ☐ Health & Safety goals were communicated to all employees.
- ☐ Specific actions were taken to help achieve these goals. *If yes, specify action:*

- ☐ Health & Safety Goals were achieved or are on track for in 2018. *If no, briefly describe the status of the goals:*

*If you did not set Health & Safety Goals in 2018, consider creating 1 or 2 goals for 2019.

2. Policies

- ☐ Policies were reviewed in 2018 and updates made if needed.
- ☐ Policies revisions were communicated if policy updates were made.
- ☐ Policy review/revision dates were recorded for 2018.
- ☐ Senior Management signed off on the H&S Policy and the Workplace Violence & Harassment Policy.

3. Communication

- ☐ All recommendations from the Safety Committee have been responded to in writing. *If yes, what documentation do you have?*

- ☐ Safety information has been communicated to employees throughout the year (i.e. safety talks, meetings, performance reviews, emails, newsletters, training, etc.)
- ☐ Safety communication has been documented (i.e. meeting minutes, sign offs, etc.).
- ☐ Success of the Health & Safety program has been celebrated with employees. *If yes, how was it celebrated?*

- ☐ Areas for improvement of the Health & Safety program has been communicated to employees. *If yes, how?*

4. Continuous Improvement: the following items must be reviewed by Senior Management

- ☐ Outstanding items from safety committee meetings, investigation reports, and hazard reports are escalated to Senior Management.
- ☐ Action items from Continuous Improvement Plans and/or monthly package assignments are being completed, or are on track to be completed by the projected completion date.
- ☐ A Training Needs Review was conducted in 2018 and training is on track to be completed by the assigned due dates.
- ☐ The safety program is being implemented at all levels of the organization.
- ☐ Supervisors/Managers Safety performance has been reviewed to ensure they are competent.

Completed by: _____ Date: _____

Position: _____ Signature: _____

Senior Management Review Checklist

November 2018 – Assignment 2



If you find any deficiencies when completing the checklist, create a plan to address these issues. Print off additional copies of this page as needed depending on how many deficiencies you found.

Issue Found: _____

Action Plan: _____

Action Items Assigned to: _____

Projected Date for Completion: _____

Action Completion Date: _____ Sign off: _____

Issue Found: _____

Action Plan: _____

Action Items Assigned to: _____

Projected Date for Completion: _____

Action Completion Date: _____ Sign off: _____

Health & Safety is everyone's responsibility. Every employee should be a safety leader. While each employee has their own responsibilities when it comes to health and safety, those in leadership roles also have very specific health and safety responsibilities.

Supervisors/Managers health and safety responsibilities include:

- **Conduct information sessions** – it is your responsibility to pay attention and ask questions if you have any.
- **Conduct incident investigations** – it is your responsibility to co-operate in the investigation and report all incidents.
- **Perform job observations and correct substandard acts or conditions** – it is your responsibility to do what they say.
- **Enforce the safety rules** – this includes coaching and discipline if there are issues.
- **Advising workers of actual or potential hazards** – you need to speak up if you see something unsafe!
- **Handle recommendations for corrective actions** – if you are unsure of the status of something you reported, follow up with them.
- **Evaluating the safety performance of their workers** – this means your safety performance will be evaluated, documented, and reviewed with you.



You must participate in Health & Safety activities and co-operate with Supervisors, Managers and Senior Management as they fulfill their responsibilities. Remember to speak up if you see something unsafe, and escalate Health & Safety issues as needed to the appropriate people.

November 2018 – Leadership Roles

54

Return to Work (RTW)

Work is an important part of life and overall well-being. Studies have shown that returning to work following an injury can often be the most critical component to recovery. The goal of the Return to Work (RTW) program is to return the worker to the workplace and offer support to the worker while they are at a vulnerable point in their life. Recovery is more successful when the RTW program is well managed and monitored, as it brings a consistent approach and employees know what is expected of them. This month the focus is on ensuring that your program is effective.

Assignment One: Return to Work Program Self Evaluation Checklist

An effective Return to Work Program brings a consistent approach and ensures that your company is meeting all legislative and legal requirements. As part of due diligence, at your next supervisor/management meeting review and discuss the **Return to Work Program Self Evaluation Checklist**.

Assignment Two: The Benefits of Returning to Worker Poster

To continue to bring awareness to the return to work program, we ask that managers and supervisors review the poster provided with this month's package and post it in relevant areas. The poster is called **The Benefits of Return to Work**.

Assignment Three: Safety Talk – Return to Work

The Safety Talk is to be delivered, by the Manager/Supervisor in each department (not just posted) and attendance signed-off. Included with your Implementation Package you will find the safety talk and sign-off sheet for attendance. Keep all the safety talks and sign-offs in your safety binder or filing system. Before delivering the talk, make sure you are prepared with the information you need for the talk to be successful. Read the safety talk, find out any information you may not be aware of yourself, and know your stuff! Remember...Safety Talks are about two-way communication, they are not "Safety Tells."

Assignment Four: Policy Review Plan

Each month your assignments will focus on areas of your Health & Safety program to be addressed for compliance. While Hazard Assessments are the foundation of your Health & Safety program, Policies build the structure. Each month the Supervisor/Manager or Safety Committee/Safety Rep needs to complete the assigned policy reviews for the month. The policy review needs to be documented on the **Policy Review Sheet** which was included in January's package. The following are the policies to review this month:

- *Section 12 – Return to Work Program*

Is your workplace following the details of each policy reviewed this month? If not, what changes need to be made in the workplace to comply? If you find changes should be made to your policies, the changes must be brought to Senior Management for review and approval. Remember your policies are written to be compliant with your provincial Occupational Health & Safety legislation; *please contact Dunk & Associates to discuss any changes and to update policies online.*

Extra Resource: Safe Driving Package

This month we've also put together extra resources on safe driving. In the PDF package called Safe Driving, there is a couple Safety Talks, Posters, Vehicle inspection checklist, circle check etc. If you have employees that drive for your workplace, feel free to use this package for due diligence. Even if you have employees that don't drive for work, you can still use these as 'at home safety' for your workers.

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Monthly Implementation Package

December 2018 – Read First



Extra Seasonal Posters

We've also included in this package a couple extra seasonal posters for your workplace. Print and post as you wish in your workplace. Hang on the Health & Safety Board, bathrooms, use as pay stuffers etc.

1. Don't Drive Impaired Poster
2. Workplace Parties and Holiday Impairment Poster

Monthly Reminders:

- ☐ **Complete Monthly Inspection** - Make sure your Safety Rep or Safety Committee Worker Member completes the Monthly Workplace Inspection for this month on the whole workplace; it is a requirement of the law! It is also Best Practice to complete the Workplace Inspection with a Supervisor or Manager. Sign-offs on the inspection are required!
- ☐ **Complete Safety Report** - Refer to the resources section of your health and safety website for instructions on how to access the safety report.

Free Webinar: Lessons from Losses

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **December 19th from 1-2pm EDT**. This webinar will be recorded and available for playback if you can't attend live. For more information on how to register for a webinar, refer to the resources section of your health and safety website for the **Webinar Registration and Join Instructions**.

Resources:

Found under the Resources section of your Health & Safety website

- i. Safety Talk Instructional Guide
- ii. Safety Report Instructions
- iii. Webinar Registration and Join Instructions

Safety 24-7 Tip:

Ensure all your claims from 2018 or carried over claims from 2017 are closed up with the compensation board.

"Lead by example. We are only as strong as our weakest link."

Need help? Contact Dunk & Associates.

www.systems24-7.com • 1-866-754-8839 • info@systems24-7.com

Return to Work Program Self Evaluation Checklist



December 2018 – Assignment 1

Date of Review: _____ Completed by: _____

Return to Work (RTW) Policy	Yes	No	Comments
Does your company have a written RTW policy that is clear, concise and simple to understand?			
Is the policy endorsed by senior management?			
Does it outline your company's commitment to the program?			
Is the primary goal of the RTW program the timely, safe and sustainable return to work of injured workers?			
Is the policy accessible to all workers?			
Leadership	Yes	No	Comments
Are supervisors and managers accountable for the prevention and management of all workplace injuries?			
Has your company developed and implemented programs or strategies to minimize workplace injuries?			
Does your company have a strategy in place for reducing or containing costs associated with workplace injuries?			
Roles and Responsibilities	Yes	No	Comments
Does the RTW policy outline the roles and responsibilities of all applicable parties – workers, all levels of management, health care professional, provincial compensation board, and co-workers?			
Does your company regularly review worker's awareness of their rights, responsibilities and entitlements?			
Does the company regularly review supervisors'/managers' awareness of their roles and responsibilities under the RTW policy?			
Consultation and Communication	Yes	No	Comments
Are all workers aware of the RTW policy?			
When your company hires new workers, does their training and/or orientation include the company's RTW policy?			

Return to Work Program Self Evaluation Checklist



December 2018 – Assignment 1

Review and Evaluation	Yes	No	Comments
Is the policy reviewed regularly, ideally annually or as per the policy?			
Pre-Claim Activity/Early Intervention	Yes	No	Comments
Does your company have procedures that ensure the workplace is made safe following the accident?			
Following an injury, does someone from your company, such as a supervisor and/or the designated person, make immediate contact with the injured employee?			
Are procedures in place that ensure the required forms are forwarded to the provincial compensation board within the prescribed timelines?			
Are your company's supervisor, managers and case managers notified immediately of injuries or illnesses that could keep an employee from reporting to work?			
Return to Work Plans	Yes	No	Comments
Does your company develop individualized RTW plans in consultation with the injured worker, health care providers, supervisors/managers and provincial compensation board, as necessary?			
Are RTW plans outcome focused, with clear goals that can be achieved within realistic timeframes and not open ended?			
Do RTW plans address the consequences of a worker failing to participate or cooperate in the process?			
Is there regular dialogue between the injured worker, the immediate supervisor or designate person, and the provincial compensation board as necessary during the RTW plan?			
Does your company routinely review all provincial compensation board cases?			
If the plan is not progressing appropriately, do you contact all the key stakeholders?			
Are changes to the RTW plans developed in consultation with all stakeholders and are they justified and documented?			

Return to Work Program Self Evaluation Checklist



December 2018 – Assignment 1

Modified or Suitable Employment	Yes	No	Comments
Does your RTW policy commit to providing suitable employment for injured employees that is safe and productive?			
Does your RTW policy address the development of appropriate alternative duties, programs and/or job placement strategies for workers unable to return to pre-injury work?			
Return to Work Outcomes	Yes	No	Comments
Are there policies and procedures in place to ensure the closure of RTW plans?			
Is the RTW plan closure documented?			
Are employees monitored following their return to pre-injury work?			

Continue to next page **

Return to Work Program Self Evaluation Checklist

December 2018 – Assignment 1



SUMMARY OF THE ASSESSMENT

What is working		
Improvement opportunities		
Next Steps		
Step	Person Responsible	Date to be completed by



THE BENEFITS OF RETURNING TO WORK (RTW)

WHAT ARE THE BENEFITS TO THE RTW PROGRAM?

- Keeps the worker active and connected to the workplace.
- Shifts the attention away from what a worker “can’t do” to what they “can do”.
- Accelerates both physical and mental recovery.
- Financial security.
- Maintains morale in the workplace.
- Reduces the risk of similar injuries, once the hazards that caused the injury are identified and controlled.

WHAT YOU CAN DO TO HELP YOURSELF GET BACK TO WORK AFTER AN INJURY.

- Understand that you don’t have to be 100% recovered before you return to work.
- Try to stay positive and motivated.
- Be an active participant in return to work processes.
- Work with your employer to identify suitable duties and ways tasks can be modified.
- Work within the restrictions provided by your doctor so you don’t risk re-injury.
- Regularly communicate with your employer, especially when away from work.
- Make sure you raise any issues or concerns immediately.

THE ROAD TO RECOVERY

WORKER RESPONSIBILITIES

- Immediately report or as promptly as possible, all work-related injuries and incidents to your immediate supervisor.
- Obtain the necessary paperwork and return, all applicable paperwork to the employer in a timely manner.
- Cooperate with your supervisor/manager, Health Care Professional, Provincial Compensation Board, to find safe and suitable work in order to return to work as quickly as possible.
- Maintain regular communication with your employer, including your progress and any significant changes in health and income.

SUPERVISOR/MANAGER RESPONSIBILITIES

- Contact the worker as soon as possible after the accident and maintain regular communication, at least weekly.
- Investigate the injury/complaint in a timely manner.
- Ensure the necessary paperwork is completed and submitted.
- Document all communications.
- Make every effort reasonable to accommodate the worker within their capabilities and offer modified duties or suitable work.
- Reassess with the worker the modified duties as the worker recovers from their injury, to see if additional duties may be added, as this will help the worker build their way up to their pre-injury position.

HEALTH CARE PROFESSIONAL RESPONSIBILITIES

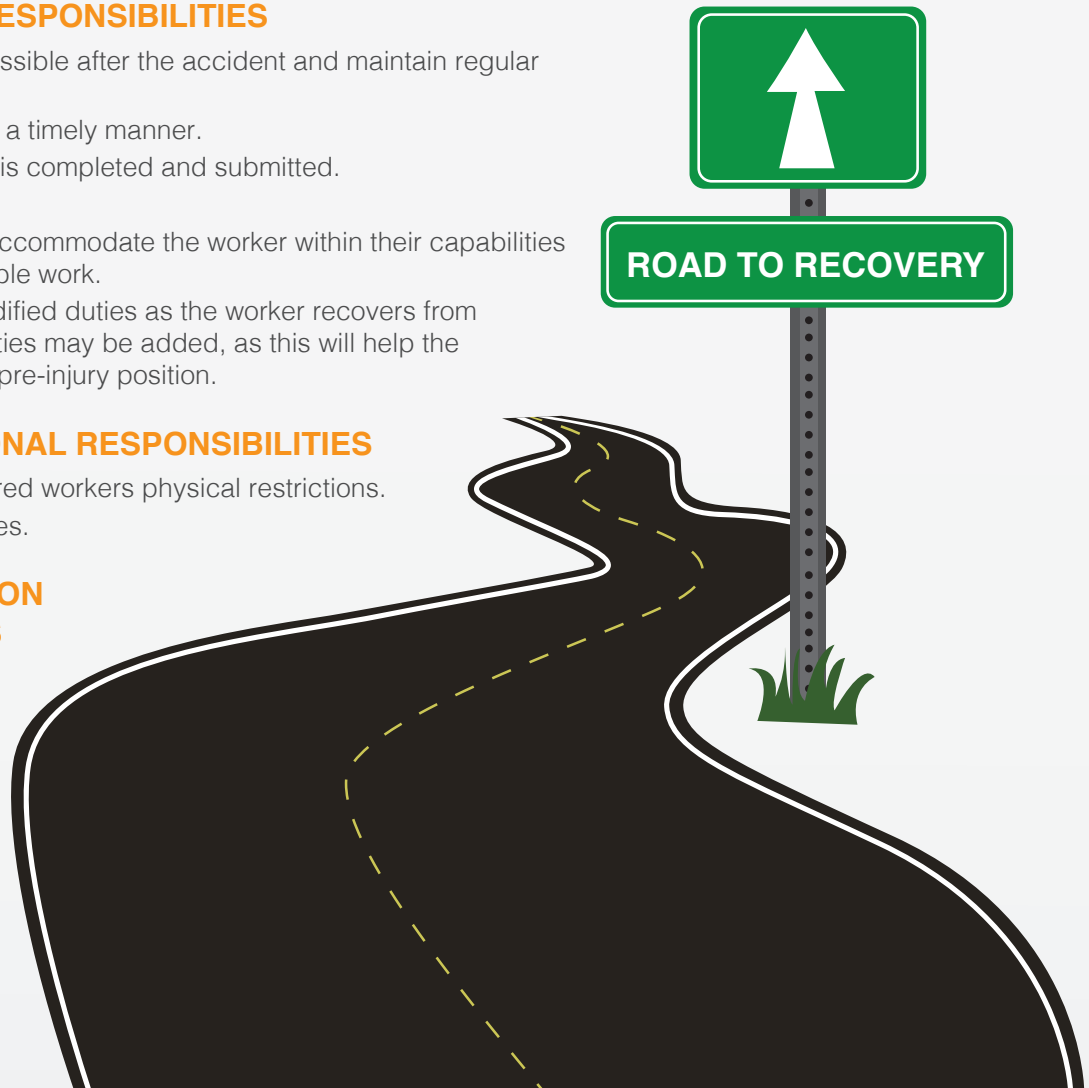
- Supply the employer with the injured workers physical restrictions.
- Notify the employer of any changes.

PROVINCIAL COMPENSATION BOARD RESPONSIBILITIES

- Maintain contact with the injured worker and the employer.
- Provide assistance in the RTW process, if necessary.

CO-WORKERS RESPONSIBILITIES

- Provide support, encouragement and assistance to the injured worker.
- Always treat your co-workers with respect.



ALWAYS REMEMBER, SAFETY FIRST

Safety Talk Sign-Off Sheet

December 2018 – Return to Work



Location/Department: _____ **Date:** _____

[illegible]

The number one cause of workplace fatalities in Canada is motor vehicle accidents. Don't become a statistic!

- Are you ready for winter driving, do you have a car emergency kit? Blanket, candle, a little food, flares?
- Snow tires save lives, ensure yours are installed.
- Ice is dangerous and often unseen, slow down in icy conditions and keep focused on the road ahead.
- Obey the laws of the road, drive as the weather conditions indicate and do not use any mobile device – it is not worth the risk!
- Too many distractions while driving are unsafe. Put two hands on the wheel and focus on your driving. Do not eat, drink, smoke, fiddle with your electronics and gadgets, keep focused. Take some time to unwind, shut off the radio and the world, drive in peace and admire the scenery and pay attention to your fellow travelers. Don't rush. Relax when you drive. Spend a little time with your thoughts and breathe, slow measured breaths and relax. Before you know it you are safely at your destination and you feel relaxed and refreshed!

Questions:

- How can you relax when driving?
- What is in your emergency car kit?
- What are some driving distractions?



ALWAYS REMEMBER, SAFETY FIRST!

☐ **Safe Driving Safety Talk**[illegible]

Vehicle Inspection Checklist

Purpose: The Vehicle Inspection Checklist is to be used for the daily vehicle inspection. Only to be used on days when vehicle is used.

Vehicle: _____

Date: _____

Time: _____

Name and Signature of Person Preparing Report

Reviewed By

Inside:

List problems/concerns:

<input type="checkbox"/>	Gauges (including gas) and warning lights
<input type="checkbox"/>	Brake pedal & parking
<input type="checkbox"/>	Wipers/washers (incl. fluid)
<input type="checkbox"/>	Seat and Seatbelts
<input type="checkbox"/>	Heater/Defroster
<input type="checkbox"/>	Windshield/Windows
<input type="checkbox"/>	General Cleanliness

Parking Brake Set - Under the Hood

<input type="checkbox"/>	Fluid levels Power steering fluid, Oil, Coolant, Windshield washer fluid
<input type="checkbox"/>	Drive belts, Radiator, Hoses and components

Front:

<input type="checkbox"/>	Both headlights (high and low beam)
<input type="checkbox"/>	Directional signals
<input type="checkbox"/>	Grill and front bumper, licence plate

Rear:

<input type="checkbox"/>	Tail lights and license plate and light
<input type="checkbox"/>	Stop and back-up lights
<input type="checkbox"/>	Rear Tailgate/Doors

General:

<input type="checkbox"/>	Tires (inflation)
<input type="checkbox"/>	Hazard Lights (4-way)
<input type="checkbox"/>	Body damage
<input type="checkbox"/>	Fluid leaks under vehicle
<input type="checkbox"/>	Object hanging or wedged under vehicle
<input type="checkbox"/>	Mirrors
<input type="checkbox"/>	Vehicle is clear of snow and ice

Emergency Equipment

<input type="checkbox"/>	Flares or Reflectors
<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	First Aid Kit

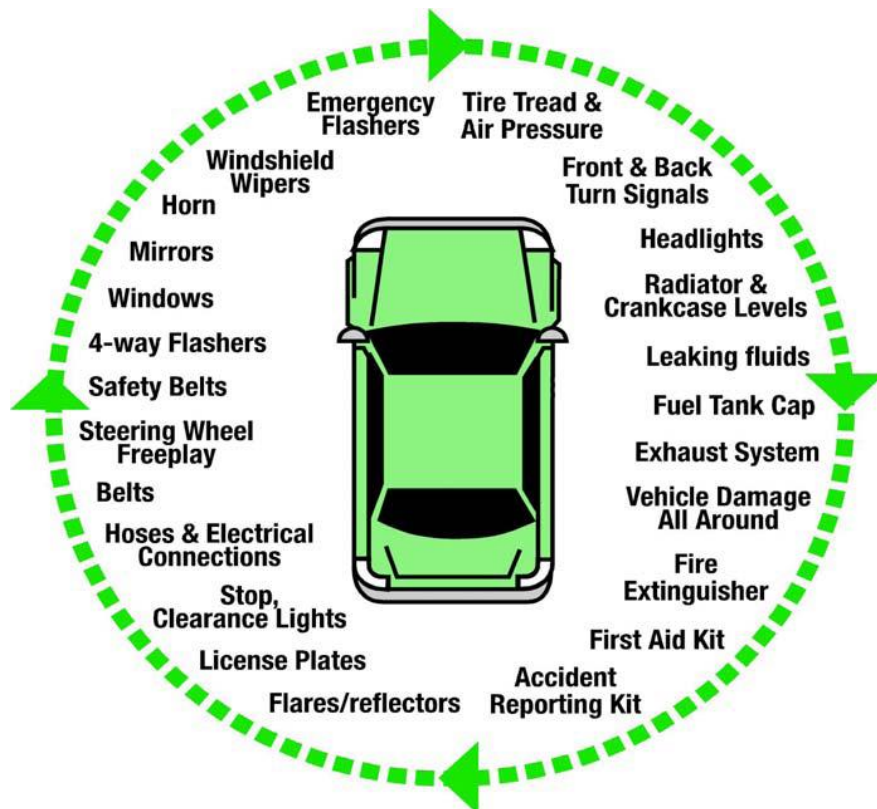
When completed please have
filed at the office.

Daily Circle Check – Personal or Company Vehicle

Before driving any vehicle for work purposes, be it your personal vehicle or a corporate car, ensure that it is safe to drive and that preventative maintenance (tune-ups, oil changes ect.) are being completed regularly. Complete the following inspection checklist on a daily basis prior to heading out on the road.

Pre Checklist

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Engine oil level <input type="checkbox"/> Brake lines <input type="checkbox"/> Windshield wiper blades <input type="checkbox"/> Power steering fluid / hoses <input type="checkbox"/> Parking brake operation <input type="checkbox"/> Mirrors: side and rear view <input type="checkbox"/> Transmission fluid level <input type="checkbox"/> Tire wear and inflation <input type="checkbox"/> Horn works <input type="checkbox"/> Washer fluid level <input type="checkbox"/> Chocks, bricks or boards (to prevent rolling) <input type="checkbox"/> Emergency kit – Should Contain: <ul style="list-style-type: none"> - Blanket - Candles - Matches or lighter - Spare fuses - Flashlight – extra batteries that fit - Shovel - Engine Fluids - Flares / cones / reflective device(s) - Tool kit - Water - Fire Extinguisher - Jumper Cables - Duct or Electrical tape - Jack/Lug nut wrench - Sand or Kitty litter | <ul style="list-style-type: none"> <input type="checkbox"/> Cooling system hoses <input type="checkbox"/> Break operation <input type="checkbox"/> Head lights / running lights <input type="checkbox"/> Exhaust system <input type="checkbox"/> Fan belts <input type="checkbox"/> Snow chains (where applicable) <input type="checkbox"/> Tail lights and back up lights (white) <input type="checkbox"/> Ensure that there is a spare tire, and that its inflated <input type="checkbox"/> Anti freeze level <input type="checkbox"/> Heater / AC functioning (Seasonally specific) <input type="checkbox"/> First aid kit – fully stocked |
|--|--|



WALK AROUND-CIRCLE CHECK

Vehicle Description:
DD/MM/YYYY:
Time of Day: (am/pm)
Employee Name:
Supervisor initial:
Corrective Actions Required? Please List Below:

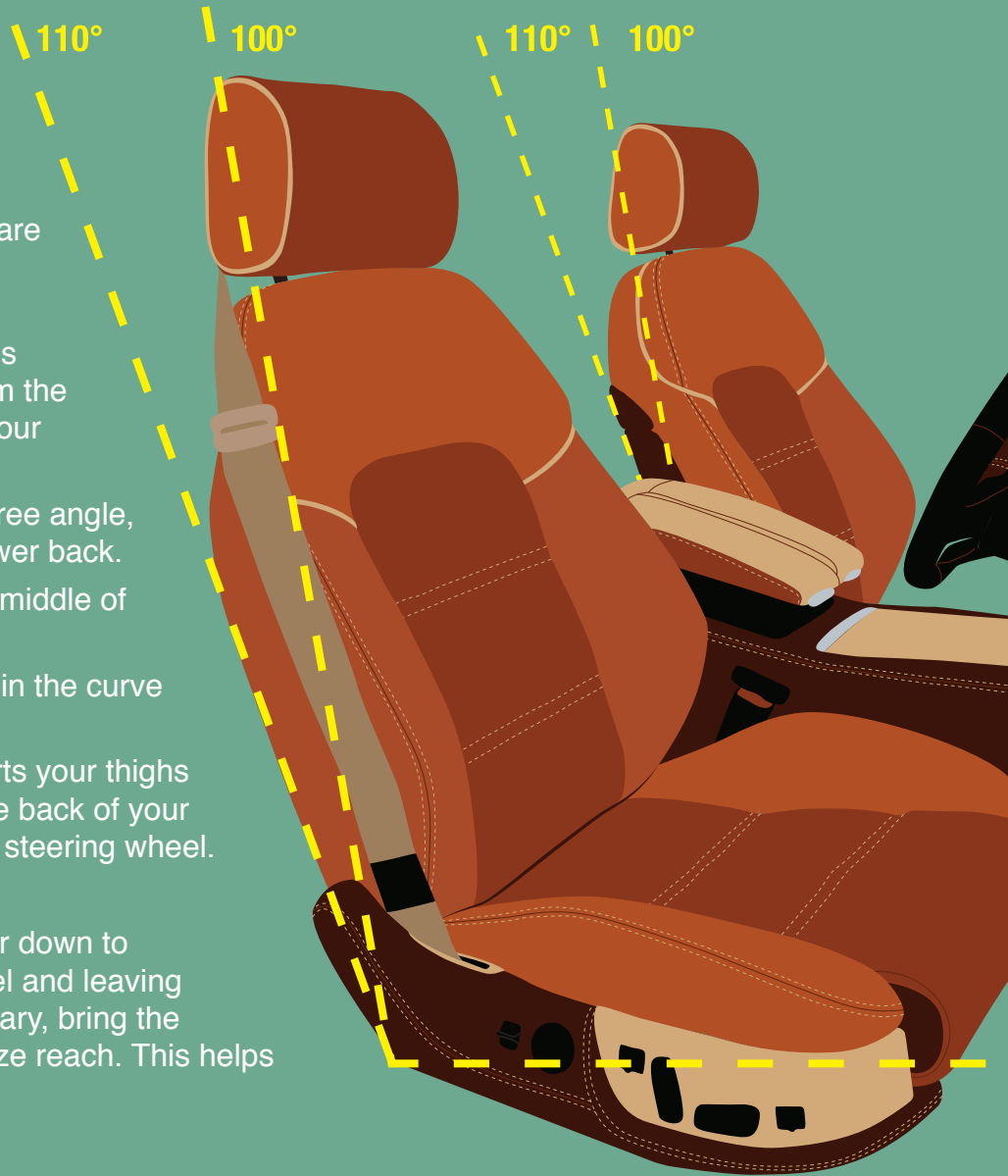
Driving Ergonomics

Powered By Systems 24-7

Driving can put stress on your neck and back. If you find yourself uncomfortable or in pain while driving, don't dismiss the discomfort, try some of these strategies to get into an ergonomically correct position and drive pain free.

Car seat Adjustments

- When adjusting your seat, begin with the seat all the way back and lowered so you start in a position to reset.
- Raise the seat up until you can see the road, instruments and your hips are level with your knees.
- Move the seat forward until you can completely press down all foot pedals without bringing your body away from the seat and you have a slight bend in your knees.
- Recline the seat to a 100 to 110 degree angle, to decrease the pressure on your lower back.
- Adjust the headrest so it rests in the middle of your head.
- Adjust the lumbar support so it rests in the curve of your back.
- Tilt the seat cushion so that it supports your thighs without pressure and does not hit the back of your knees or interfere with turning of the steering wheel.
- Adjust the seat belt to fit your height.
- Adjust the steering wheel either up or down to accommodate looking over the wheel and leaving adequate room for turning. If necessary, bring the steering wheel toward you to minimize reach. This helps your neck and upper back.



Remember:

Change your posture

- Remember to move your posture from time to time. Wait until driving conditions are suitable to allow you to wiggle in the seat to alleviate postural fatigue. Make seat adjustments as needed.

Take breaks

- Driving is tiring work and to avoid driver fatigue and minimize discomfort it is important to take frequent rest breaks at least every two hours. Don't forget to stand up, move around and stretch.

16 SAFETY TIPS FOR WINTER DRIVING

POWERED BY SYSTEMS 24-7

2

DRIVE CAREFULLY

Match your speed to the road and weather conditions. Avoid passing another vehicle when weather and road conditions are bad.



3

GIVE MORE SPACE

On a wet or slick road, allow yourself at least three times the normal following distance to stop.



1

SEE AND BE SEEN

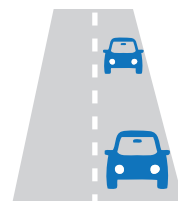
Remove all snow from your vehicle's hood, roof, windows and lights. Clear all windows of frost and fog. If visibility becomes poor, find a place to safely pull off the road as soon as you can.



4

START SLOWLY

Start slowly and accelerate gradually to maintain traction.



6

BLACK ICE

Black ice will make a road look shiny like new asphalt. Pavement should look grey-white in winter.



5

BE AWARE

Slow down when you see a sign warning that you are approaching a stop sign, stop light or a bridge. Steel and concrete bridges are likely to be icy even when there is no ice on the asphalt surface.



7

DO NOT USE CRUISE CONTROL

Do not use cruise control in the winter. Driving in the winter requires you to be in full control at all times.



8

ALWAYS SIGNAL

Make sure you signal well in advance if turning to give other motorists time to anticipate and react to your actions. Check your rear-view and side mirrors, and always shoulder check before changing lanes.



9

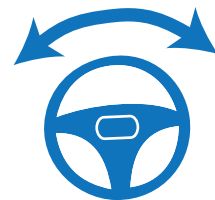
KNOW YOUR BRAKES

Whether you have antilock brakes or not, the best way to stop is threshold braking. Keep the heel of your foot on the floor and use the ball of your foot to apply firm, steady pressure on the brake pedal.

12

AVOID SUDDEN MOVES

Anticipate turns or lane changes. Abrupt changes in direction or slamming on the brakes could cause you to spin out of control.



10

SLOW DOWN

A good way to avoid skidding is to drive appropriately for road and weather conditions: Allow extra travel time and be very careful when you brake, change lanes, make turns and take curves.



11

ONCE IN A SKID

Take your foot off the brake if your vehicle begins to skid and steer in the direction you want to go. When the wheels regain their grip, brake firmly and smoothly. Don't over steer.



13

LIGHTS

Drive with low-beam headlights on. Not only are they brighter than daytime running lights, but turning them on also activates the tail lights, which makes your vehicle more visible.



14

SNOW PLOW AND SALT TRUCKS

When approaching road maintenance vehicles such as snow plows and salt or sand trucks, maintain a safe following distance. These vehicles throw up snow and spray, making it difficult to see.



15

CHANGING LANES

The ridge of snow that builds up between lanes will grab your wheels; minimize your steering angle to avoid getting stuck.



16

IF YOU GET STUCK

Straighten your wheels and clear a path in the snow. Accelerate in slow spurts; make sure you don't spin your wheels. Have someone gently push or rock your car if it's safe to do so. If this fails, call a tow truck.



Don't Drive Impaired

Fast facts about driving under the influence (DUI).

POWERED BY SYSTEMS24-7



50%

of cannabis users don't think that it affects their driving much, while **1 in 5** don't think it has any negative effect at all.



Over 1 in 3

39% of those who have used cannabis in the past year have driven within two hours of consuming it.



149

the number of fatally injured Canadian drivers who tested positive for cannabis in 2014.

72,029

the number of impaired driving incidents in 2015.



3,098

the number of incidents of driving under the influence of cannabis reported in Canada in 2016.



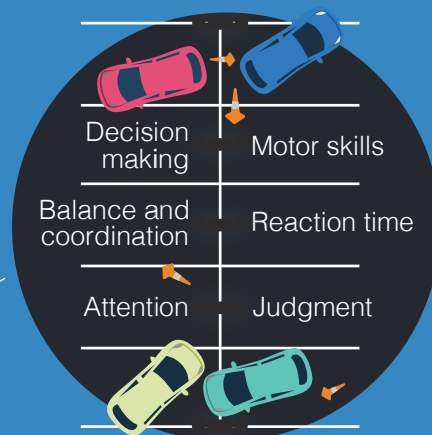
4

the number of people killed every day from crashes involving alcohol or drugs.



Almost half of all impaired driving incidents occur between **11:00pm and 4:00am**.

Drugs and alcohol impair your:



Source: Statistics Canada



Don't drive under the influence:



Use public transit



Use a designated driver



Call for a ride



Cab or ride-share



Stay overnight

If planning a holiday party, you should plan to send out communication in advance. Put up posters for a local taxi service that employees can call or places to spend the night safely, such as a nearby hotel.

**HOLIDAY PARTY
THIS SATURDAY**

**NO IMPAIRED DRIVING!!!
TAKE A TAXI BRING A DD**

If attending a party, you should plan in advance for a sober and designated driver.

WORKPLACE PARTIES AND HOLIDAY IMPAIRMENT

Know your limit and stay within it.

Have a buddy system where you can keep each other accountable.

Be a good friend. Don't pressure anyone to consume alcohol or drugs.

Remember, you must be fit for duty on your next work day. You cannot work impaired.

Don't leave any drink unattended.

Place your keys somewhere to prevent driving impaired and don't let anyone else drive impaired.

POWERED BY SYSTEMS24-7

We love to celebrate the holiday season with our friends, family and co-workers, but don't let your holidays be ruined because of impairment. Impairment is any loss of physical, psychological or physiological function. When we consume drugs, we reduce, impair or change our ability to process information. This puts us at a greater risk of accident and injury.

DON'T TURN YOUR HOLIDAYS INTO A TRAGEDY



Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT () INCIDENT (✓) PROPERTY DAMAGE () Tracking # 2018-22

Injured/Affected Party's Name: [REDACTED] Phone #: [REDACTED]

Employee (✓) Contractor () Visitor/Customer ()

Date of Accident/Incident: 09/25/18 Time: 21:00 Shift: Department: ARENA

Date & Time Reported: 09/25/18 Time: 21:03 Immediate Supervisor: [REDACTED]

Date of Investigation: Time: by phone.

Medical attention provided First Aid () Medical Care () None (✓)

Position: [REDACTED] Length of time at area of accident:

Length of time in position: Was this their regular job? Yes No
Overtime: Yes No

Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.)

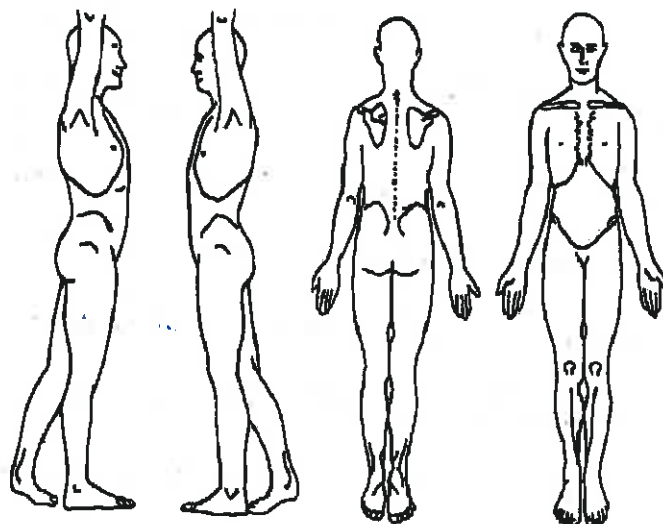
Tecumseh Arena: Outside / Lobby area

Description/Comments:

~~fracture~~ Severe thunderstorms were in the area. Severe weather alerts for possible tornados came to everyone's phones. [REDACTED] and I stood outside and watched radars. Our area got nothing more than a light thunderstorm
(Continued on back) →

AREA OF INJURY: (Please check all that apply)

___ Head
___ Upper back
___ Lower back
___ Face
___ Teeth
___ Neck
___ Shoulder R ___ L ___
___ Wrist R ___ L ___
___ Hip R ___ L ___
___ Ankle R ___ L ___
___ Eye(s) R ___ L ___
___ Chest
___ Abdomen
___ Arm R ___ L ___
___ Hand R ___ L ___
___ Thigh R ___ L ___
___ Foot R ___ L ___
___ Ear(s) R ___ L ___
___ Pelvis
___ Elbow R ___ L ___
___ Finger(s) R ___ L ___
___ Knee R ___ L ___
___ Toe(s)
___ Other



Right Left Back Front
Please indicate the injury area(s) with an X or arrow

Identify the size, weight and type of equipment or material involved:

Explain what the worker was doing & the effort involved:

There was no children in the building at the time. There was one rental remaining on both pads.

As they entered the building, we advised them of the potential tornado threat. They were instructed to stay in dressing rooms and wait for us to ~~the~~ tell them to get dressed. We waited 15 minutes for the system to move through the area. Once we were certain there was no weather threat, we advised the patrons in the rooms to go ahead and get ready to go on the ice.

Statement.

██████████ called me at 9:03 pm Tues Sept 25/18 as per Emergency Procedure we discussed the situation. I instructed ██████████ and Co-worker ██████████ to have patrons on the ice move to dressing room area - as procedure is to do this only if tornado is sighted. They made the decision to monitor the situation outside with radar weather radar on their phones and let everyone keep participating. Once the actual threat was deemed over they allowed others to leave building and resume activity.

What happened to cause the Injury or near miss:

Provide the names and contact details of any eye witnesses:

Provide the names and contact details of any third parties who may have contributed to the accident/incident:

CAUSE OF INJURY (Check in each column)			TYPE OF INJURY (Check all that apply)		CAUSE OF ACCIDENT (Check all that apply)	
YES	NO					
		Struck/Caught		Fatality		Operating without authority
		Overexertion		Critical Injury		Failure to secure or loose
		Repetition		Non-Critical Injury		Working at unsafe speed
		Slip/Trip		Sudden Specific Event /Occurrence		Unsafe Equipment
		Fall		Gradually Occurring over Time		Unsafe loading, placing, mixing, etc.
		Fire/Explosion		Occupational Disease		Unsafe position or posture
		Harmful Substance / Environmental Exposure				Failure to use personal protective equipment
		Assault		Cut		Hazardous method or procedure
		Motor Vehicle		Bruise		Working on moving equipment
		Other:		Burn		Wheeled equipment operation
MEDICAL STATUS (Check in each column)				Puncture		Not guarded or improperly guarded
				Amputation		Inadequate training
		On-site First Aid		Fracture		lack of supervision/leadership
		Ambulance		Pinch/Squeeze		Horseplay, distracting, teasing
		Emergency department		Foreign object		Willful misconduct
		Admitted to hospital		Other		Hazardous personal attire
		Health Professional				Inadequate lighting
		Clinic				Workplace hazards uncorrected
EMPLOYEE STATUS (Check in each column)						Outside hazardous condition
						Housekeeping
		Return to Regular Job				Other(explain):
		Return to modified work				
		Lost Time				

ACTION(S) TO PREVENT RECURRENCE

	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.					
2.					
3.					

Immediate Action:


Supervisor's Signature

Date

Sept 26, 2018


Safety Rep

Date

Sept 26, 2018


Departmental Manager Signature

Date

Sept 26, 2018

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Employee's Statement	Tracking # 2018-22
----------------------	--------------------

Name: [REDACTED]

Date of Injury: 09/25/18 Time: 21:00 Location: Tec Arena

Reported to: [REDACTED] Date: 09/25/18 Time: 21:00

Medical attention received? No () Yes () First Aid only () Other ()

Witnesses Yes (✓) No ()

Names of Witnesses: [REDACTED]

Description of Incident (How): Severe weather warnings

Location at time of incident (Where): Lobby

Parts of Body Involved:

Conditions contributing to Incident (Why):

Any previous similar problems? Yes () No () If Yes, give details:

Suggestions on how to prevent this from happening again?
(Guarding, PPE, equipment modification, etc.)

Signature: [REDACTED] Date: 10/04/18

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Witness Statement	Tracking # 2018-22
-------------------	--------------------

Re: Name: _____

Your Name: _____ Telephone # _____

Are you an eye witness? Yes () No ()

Were you first on the scene? Yes () No ()

Are you aware of any other witnesses? Yes () No ()

If yes, please list names below:

Details of Knowledge

Where:

When:

Age Group	Percentage
18-24	85%
25-34	75%
35-44	65%
45-54	55%
55-64	45%
65-74	35%
75-84	25%
85+	10%

Describe what you witnessed:

[illegible]

Part(s) of body affected:

Signature: _____ Date: _____

Identify the size, weight and type of equipment or material involved:

ACCORDING TO PHYSIOTHERAPIST, THE INJURIES ARE ASSUMED TO BE RELATED TO COMPUTER / TYPING.

Explain what the worker was doing and the effort involved:

RELATED TO ONGOING COMPUTER WORK

What happened to cause the Injury or near miss:

RELATED TO ONGOING COMPUTER WORK

Provide the names and contact details of any eye witnesses:

NONE

Provide the names and contact details of any third parties who may have contributed to the accident/incident:

NONE

CAUSE OF INJURY (Check in each column)			TYPE OF INJURY (Check all that apply)		CAUSE OF ACCIDENT (Check all that apply)	
	Yes	No				
Struck/Caught			Fatality		Operating without authority	
Overexertion			Critical Injury		Failure to secure or loose	
Repetition	✓		Non-Critical Injury	✓	Working at unsafe speed	
Slip/Trip			Sudden Specific Event /Occurrence		Unsafe Equipment	
Fall			Gradually Occurring over Time	✓	Unsafe loading, placing, mixing, etc.	
Fire/Explosion			Occupational Disease		Unsafe position or posture	
Harmful Substance / Environmental Exposure			Cut		Failure to use personal protective equipment	
Assault			Bruse		Hazardous method or procedure	
Motor Vehicle			Burn		Working on moving equipment	
Other:			Puncture		Wheeled equipment operation	
MEDICAL STATUS (Check in each column)			Amputation		Not guarded or improperly guarded	
	YES	NO	Fracture		Inadequate training	
On-site First Aid			Pinch/Squeeze		lack of supervision/leadership	
Ambulance			Foreign object		Horseplay, distracting, teasing	
Emergency department			Other	✓	Willful misconduct	
Admitted to hospital					Hazardous personal attire	
Health Professional	✓				Inadequate lighting	
Clinic					Workplace hazards uncorrected	
EMPLOYEE STATUS (Check in each column)					Outside hazardous condition	
	YES	NO			Housekeeping	
Return to Regular Job	✓				Other(explain):	✓
Return to modified work	✓					
Lost Time		✓				

ACTION(S) TO PREVENT RECURRENCE

	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	WORKSTATION ASSESSMENT				
2.	PHYSIOTHERAPY				
3.	HAND / WRIST BRACE				

Immediate Action:

 Supervisor's Printed Name

 Supervisor's Signature

 Date

02-29/18

Safety Rep Printed Name

Safety Rep Signature

Date

Departmental Manager Printed Name

Departmental Manager Signature

Date

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Not Applicable: ☐

Employee's Statement

Tracking # 2018-25

Name: [REDACTED]

Date of Injury: NON-SPECIFIC

Time: _____

Location: _____

Reported to: [REDACTED]

Date: OCTOBER 23, 2018

Time: 3:48 PM

Medical attention received? No ☐

Yes ☒

First Aid only ☐

Other ☐

Witnesses: Yes ☐ No ☒

Names of Witnesses:

Description of Incident (How):

OVER THE LAST 6 MONTHS, I HAVE BEEN EXPERIENCING PAIN IN FINGERS, HANDS, WRISTS. THE PAIN HAS BEEN PROGRESSIVELY GETTING WORSE. ON SEPTEMBER 27, 2018 ATTENDED FAMILY PHYSICIAN TO DISCUSS CONCERNS. REFERRED FOR X-RAY, PRESCRIBED HAND/WRIST BRACE AND PHYSIOTHERAPY. SINCE THAT TIME, I HAVE BEEN RECEIVING PHYSIOTHERAPY AT THE RIVERSIDE PHYSIOTHERAPY CLINIC (FORMERLY, SMITH PHYSIOTHERAPY CLINIC). ON OCTOBER 23, 2018, FOLLOW-UP APPOINTMENT WITH FAMILY PHYSICIAN - REFERRED TO CONTINUE WEARING BRACE AND CONTINUE WITH PHYSIOTHERAPY. FAMILY PHYSICIAN SUGGESTED THAT AN ASSESSMENT BE DONE TO WORK STATION. DOCTOR REQUESTED TO FOLLOW-UP IN 4 WEEKS.

Location at time of incident (Where):

NON-SPECIFIC - COMPUTER WORKSTATION

Parts of Body Involved:

HANDS, WRISTS, FINGERS

Conditions contributing to Incident (Why):

ONGOING COMPUTER WORK

Any previous similar problems? Yes ☐ No ☒ If Yes, give details:

Suggestions on how to prevent this from happening again? (Guarding, PPE, equipment modification, etc.)

REVIEW OF WORKSTATION SET-UP

Signature: [REDACTED]

Date: October 24, 2018

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Not Applicable: ☐

Witness Statement	Tracking # 2018-25
--------------------------	---------------------------

Re: Name: _____

Your Name: _____ Telephone # _____

Are you an eye witness? Yes ☐ No ☐

Were you first on the scene? Yes ☐ No ☐

Are you aware of any other witnesses? Yes ☐ No ☐

If yes, please list names below:

Details of Knowledge

Where:

When:

Describe what you witnessed:

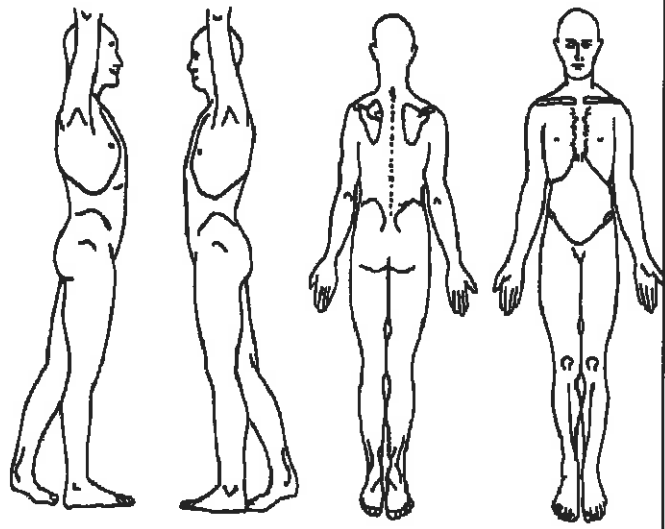
Part(s) of body affected:

Signature: _____ Date: _____



Town of Tecumseh Health and Safety Manual

Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT (X) INCIDENT () PROPERTY DAMAGE (X)		Tracking # 2018-26	
Injured/Affected Party's Name: [REDACTED]		Phone #: [REDACTED]	
Employee (X) Contractor () Visitor/Customer ()			
Date of Accident/Incident: <u>Nov 4, 2018</u>		Time: <u>10:00</u>	Shift: [REDACTED] Department: [REDACTED]
Date & Time Reported: <u>Nov 4/18</u>		Time: <u>10:00</u>	Immediate Supervisor: [REDACTED]
Date of Investigation: <u>Nov 4/18</u>		Time: <u>10:00</u>	
Medical attention provided First Aid () Medical Care () None (X)			
Position: [REDACTED]		Length of time at area of accident: <u>6 MONTHS.</u>	
Length of time in position: <u>6 MONTHS</u>		Was this their regular job? <u>Yes</u> No Overtime: <u>Yes</u> No	
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.) <u>STATION 2</u>			
Description/Comments: <u>PULLING ENGINE 2 OUT OF BAY. STRUCK BAY DOOR WITH ENGINE.</u> <u>3 PANELS BROKE</u>			
AREA OF INJURY: (Please check all that apply) <u>N/A</u>			
<ul style="list-style-type: none">___ Head___ Upper back___ Lower back___ Face___ Teeth___ Neck___ Shoulder R ___ L ______ Wrist R ___ L ______ Hip R ___ L ______ Ankle R ___ L ______ Eye(s) R ___ L ______ Chest___ Abdomen___ Arm R ___ L ______ Hand R ___ L ______ Thigh R ___ L ______ Foot R ___ L ______ Ear(s) R ___ L ______ Pelvis___ Elbow R ___ L ______ Finger(s) R ___ L ______ Knee R ___ L ______ Toe(s)___ Other		 Right Left Back Front Please indicate the injury area(s) with an X or arrow	
Identify the size, weight and type of equipment or material involved:			
Explain what the worker was doing & the effort involved: <u>DRIVING ENGINE 2.</u>			

What happened to cause the Injury or near miss: FAILED TO OBSERVE DOOR CLOSING
DUE TO TIMER.

Provide the names and contact details of any eye witnesses:

Provide the names and contact details of any third parties who may have contributed to the accident/incident:

CAUSE OF INJURY (Check in each column)			TYPE OF INJURY (Check all that apply)		CAUSE OF ACCIDENT (Check all that apply)	
	YES	NO				
Struck/Caught			Fatality		Operating without authority	
Overexertion			Critical Injury		Failure to secure or loose	
Repetition			Non-Critical Injury		Working at unsafe speed	
Slip/Trip			Sudden Specific Event /Occurrence		Unsafe Equipment	
Fall			Gradually Occurring over Time		Unsafe loading, placing, mixing, etc.	
Fire/Explosion			Occupational Disease		Unsafe position or posture	
Harmful Substance / Environmental Exposure					Failure to use personal protective equipment	
Assault			Cut		Hazardous method or procedure	
Motor Vehicle			Bruise		Working on moving equipment	
Other:			Burn		Wheeled equipment operation	✓
MEDICAL STATUS (Check in each column)			Puncture		Not guarded or improperly guarded	
			Amputation		Inadequate training	
On-site First Aid			Fracture		lack of supervision/leadership	
Ambulance			Pinch/Squeeze		Horseplay, distracting, teasing	
Emergency department			Foreign object		Willful misconduct	
Admitted to hospital			Other		Hazardous personal attire	
Health Professional					Inadequate lighting	
Clinic					Workplace hazards uncorrected	
EMPLOYEE STATUS (Check in each column)					Outside hazardous condition	
					Housekeeping	
Return to Regular Job	✓				Other(explain):	
Return to modified work						
Lost Time						

ACTION(S) TO PREVENT RECURRENCE

	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	FURTHER DRIVER TRAINING				
2.					
3.					

Immediate Action:


Supervisor's Signature

Date

Safety Rep

Date

Departmental Manager Signature

Date

Nov 4/18

Nov 4/18

Nov 5/18

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Employee's Statement

Tracking # 2018-26

Name: [REDACTED]

Date of Injury: N/A Time: 10:15 Location: Station 2

Reported to: [REDACTED] Date: Nov. 4/18 Time: 12:15

Medical attention received? No (☒) Yes () First Aid only () Other ()

Witnesses Yes (☒) No ()

Names of Witnesses: [REDACTED]

Description of Incident (How):

Bay door for Engine 2 was already open, when pulling the truck out of the bay the timer for the bay door ended and the door started closing.

Location at time of incident (Where):

Station 2

Parts of Body Involved: N/A

Conditions contributing to Incident (Why):

Any previous similar problems? Yes () No () If Yes, give details: N/A

Suggestions on how to prevent this from happening again?
(Guarding, PPE, equipment modification, etc.)

Signature: [REDACTED]

Date: Nov. 4/18

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Witness Statement	Tracking #2018-26
-------------------	-------------------

Re: Name: _____

Your Name: _____ **Telephone #** _____

Are you an eye witness? Yes () No ()

Were you first on the scene? Yes () No ()

Are you aware of any other witnesses? Yes () No ()

If yes, please list names below:

Details of Knowledge

Where:

When:

Describe what you witnessed:

[illegible]

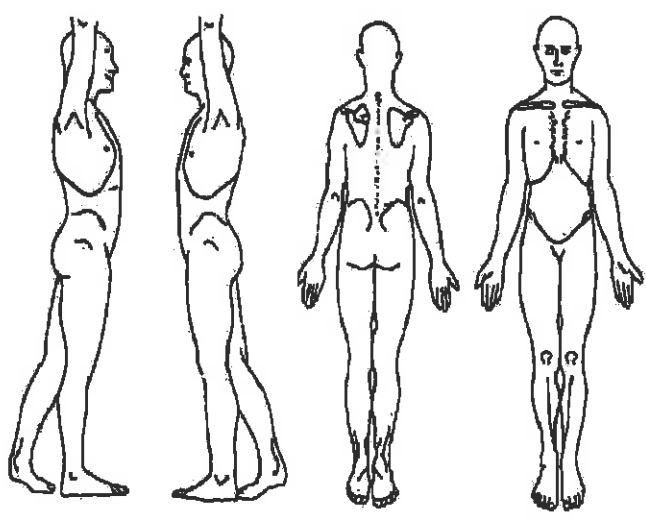
Part(s) of body affected:

Signature: _____ Date: _____



Town of Tecumseh Health and Safety Manual

Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT <input checked="" type="checkbox"/>		INCIDENT <input type="checkbox"/>		PROPERTY DAMAGE <input type="checkbox"/>		Tracking # <u>2018-27</u>	
Injured/Affected Party's Name: <u> </u>				Phone # : <u>519-735-2184, ext. 113</u>			
Employee <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Customer <input type="checkbox"/>							
Date of Accident/Incident: <u>November 15, 2018</u>		Time: <u>3:00pm</u>		Shift: <u> </u>			
Department: <u>Mayor's Office</u>							
Date & Time Reported: <u>November 15, 2018</u>		Time: <u>3:30pm</u>					
Immediate Supervisor: <u> </u>							
Date of Investigation: <u> </u>		Time: <u> </u>					
Medical attention provided: First Aid <input type="checkbox"/> Medical Care <input type="checkbox"/> None <input checked="" type="checkbox"/>							
Position: <u> </u>		Length of time at area of accident: <u> </u>					
Length of time in position: <u> </u>		Was this their regular job? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Overtime: Yes <input type="checkbox"/> No <input type="checkbox"/>							
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.) <u>At the employee's workstation.</u>							
Description/Comments: <u>I caught my foot on the recycle bin which was placed at the side of my workstation, lost my balance and fell (hard!!).</u>							
AREA OF INJURY: (Please check all that apply)							
<input type="checkbox"/> Head <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Face <input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder R <input type="checkbox"/> L <input checked="" type="checkbox"/> <input type="checkbox"/> Wrist R <input type="checkbox"/> L <input checked="" type="checkbox"/> <input type="checkbox"/> Hip R <input type="checkbox"/> L <input checked="" type="checkbox"/> <input type="checkbox"/> Ankle R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Eye(s) R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Hand R <input type="checkbox"/> L <input checked="" type="checkbox"/> <input type="checkbox"/> Thigh R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Foot R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Ear(s) R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Pelvis <input type="checkbox"/> Elbow R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Finger(s) R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Knee R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Toe(s) <input type="checkbox"/> Other <u> </u>				 <p style="text-align: center;">Right Left Back Front</p> <p style="text-align: center;">Please indicate the injury area(s) with an X or arrow</p>			

Identify the size, weight and type of equipment or material involved:

Recycle bin, 1lb., 12" x 18"

Explain what the worker was doing and the effort involved:

Walking back to my desk

What happened to cause the injury or near miss:

Falling hardly on the floor

Provide the names and contact details of any eye witnesses:

No witnesses

Provide the names and contact details of any third parties who may have contributed to the accident/incident:

None

CAUSE OF INJURY (Check in each column)			TYPE OF INJURY (Check all that apply)		CAUSE OF ACCIDENT (Check all that apply)	
	Yes	No				
Struck/Caught			Fatality		Operating without authority	
Overexertion			Critical Injury		Failure to secure or loose	*
Repetition			Non-Critical Injury		Working at unsafe speed	
Slip/Trip	*		Sudden Specific Event /Occurrence	*	Unsafe Equipment	
Fall	*		Gradually Occurring over Time		Unsafe loading, placing, mixing, etc.	
Fire/Explosion			Occupational Disease		Unsafe position or posture	
Harmful Substance / Environmental Exposure			Cut		Failure to use personal protective equipment	
Assault			Bruise	*	Hazardous method or procedure	
Motor Vehicle			Burn		Working on moving equipment	
Other:			Puncture		Wheeled equipment operation	
MEDICAL STATUS (Check in each column)			Amputation		Not guarded or improperly guarded	
	YES	NO	Fracture		Inadequate training	
On-site First Aid			Pinch/Squeeze		lack of supervision/leadership	
Ambulance			Foreign object		Horseplay, distracting, teasing	
Emergency department			Other Stiffness	*	Willful misconduct	
Admitted to hospital					Hazardous personal attire	
Health Professional					Inadequate lighting	
Clinic					Workplace hazards uncorrected	
EMPLOYEE STATUS (Check in each column)					Outside hazardous condition	
	YES	NO			Housekeeping	
Return to Regular Job	*				Other(explain): Clumsiness	*
Return to modified work						
Lost Time						

ACTION(S) TO PREVENT RECURRENCE					
	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	Move the recycle bin to another location	Recycle has been moved so that it is no longer located in areas where employees walk	[REDACTED]	November 15, 2018	Complete
2.					
3.					

Immediate Action:

Supervisor's Printed Name

Supervisor's Signature

November 16, 2018

Date

Safety Rep Printed Name

Safety Rep Signature

Date

Departmental Manager Printed Name

Departmental Manager Signature

Date

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Not Applicable: ☐

Employee's Statement

Tracking # 2018-27

Name: _____

Date of Injury: _____ **Time:** _____ **Location:** _____

Reported to: _____ **Date:** _____ **Time:** _____

Medical attention received? No ☐ Yes ☐ **First Aid only** ☐ **Other** ☐ _____

Witnesses: Yes ☐ No ☐

Names of Witnesses:

Description of Incident (How):

Location at time of incident (Where):

Parts of Body Involved:

Conditions contributing to Incident (Why):

Any previous similar problems? Yes ☐ No ☐ **If Yes, give details:**

Suggestions on how to prevent this from happening again? (Guarding, PPE, equipment modification, etc.)

Signature: _____ **Date:** _____

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Not Applicable: ☐

Witness Statement

Tracking # 2018-27

Re: Name: _____

Your Name: _____ **Telephone #** _____

Are you an eye witness? Yes ☐ No ☐

Were you first on the scene? Yes ☐ No ☐

Are you aware of any other witnesses? Yes ☐ No ☐

If yes, please list names below:

Details of Knowledge

Where:

When:

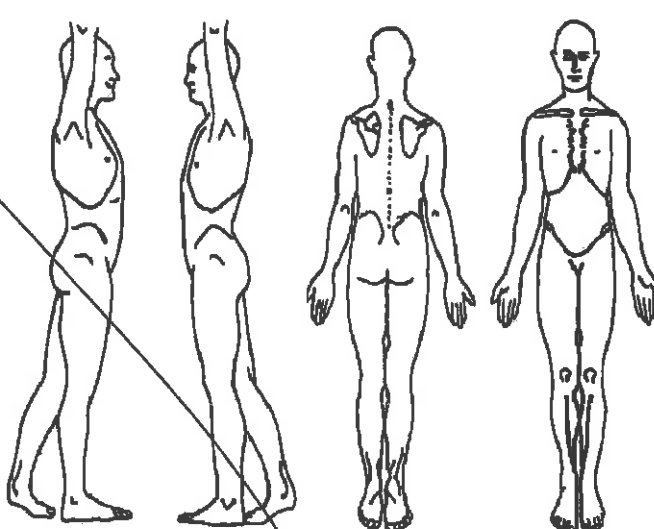
Describe what you witnessed:

Part(s) of body affected:

Signature: _____ **Date:** _____

Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT () INCIDENT (X)		PROPERTY DAMAGE (X)		Tracking # 218-28	
Injured/Affected Party's Name: [REDACTED]		Phone # : [REDACTED]			
Employee (X) Contractor () Visitor/Customer ()					
Date of Accident/Incident: Nov 22/18		Time: 11:40am		Shift: Department: Water	
Date & Time Reported: Nov 22/18		Time: 11:45am		Immediate Supervisor: [REDACTED]	
Date of Investigation: : Nov 22/18		Time: 11:45am			
Medical attention provided First Aid () Medical Care () None (X)					
Position: [REDACTED]		Length of time at area of accident:			
Length of time in position: [REDACTED]		Was this their regular job? Yes X No			
		Overtime: Yes No			
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.)					
[REDACTED]					
Description/Comments:					
<p>On Nov 22, 2018 at 11:40am at [REDACTED], I hit the gas meter located at the at the property line with the backhoe rear bucket damaging the customer line going to the house (located on the gas meter see pictures attached), while I was backfilling a hole that was dug with a vac truck hired by the Town. I called [REDACTED] to inform Union Gas, I shut gas off at the gas meter, Union Gas replaced a damaged steel line on the gas meter. KZ Plumbing was hired by the Town to pressure test the customer gas line as per gas reg's and the pressure test failed. [REDACTED] called Hauler Mechanical to make arrangements to replace gas line on Friday Nov 23 2018. [REDACTED] from the Town arrived at [REDACTED] 8:00 am. Gtel arrived to provide emergency locates @ 8:20 am and at 9:00am Rapid Drainage hired by Town arrived to drill in 1 1/4" gas line. I arrived on site@ 11:30am @ 11:40am the Hauler rep notified me that the electrical ground in the house was bad and causing a short in the wiring system thus the gas repairs could not be completed until the electrical issues were repaired. The main electrical breaker was shut off. [REDACTED] called Vollmer Contracting to investigate electrical issues. They arrived at 12:30 pm and put in a new ground plate. Vollmer called Hydro One and it was determined that there was a bad neutral electrical line coming from road. Hydro One fixed neutral line and power was turned back on 7:45 pm. At 9:50 pm Union Gas arrived to turn gas on at the road, Hauler purged the gas line in the house re-lite hot water tank and turned the furnace on. I left site at 10:40pm job complete.</p>					
<p>AREA OF INJURY: (Please check all that apply)</p>					

<ul style="list-style-type: none"> ___ Head ___ Upper back ___ Lower back ___ Face ___ Teeth ___ Neck ___ Shoulder R ___ L ___ ___ Wrist R ___ L ___ ___ Hip R ___ L ___ ___ Ankle R ___ L ___ ___ Eye(s) R ___ L ___ ___ Chest ___ Abdomen ___ Arm R ___ L ___ ___ Hand R ___ L ___ ___ Thigh R ___ L ___ ___ Foot R ___ L ___ ___ Ear(s) R ___ L ___ ___ Pelvis ___ Elbow R ___ L ___ ___ Finger(s) R ___ L ___ ___ Knee R ___ L ___ ___ Toe(s) ___ Other 	 <p style="text-align: center;"> Right Left Back Front Please indicate the injury area(s) with an X or arrow </p>
--	---

Identify the size, weight and type of equipment or material involved:

Explain what the worker was doing & the effort involved: Back filling a hole with a backhoe machine

SEE COMMENTS - FRONT PAGE

What happened to cause the injury or near miss:


Provide the names and contact details of any eye witnesses:

Provide the names and contact details of any third parties who may have contributed to the accident/incident:

CAUSE OF INJURY (Check in each column)		TYPE OF INJURY (Check all that apply)		CAUSE OF ACCIDENT (Check all that apply)	
YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Struck/Caught	<input type="checkbox"/>	Fatality	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overexertion	<input type="checkbox"/>	Critical Injury	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Repetition	<input type="checkbox"/>	Non-Critical Injury	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slip/Trip	<input type="checkbox"/>	Sudden Specific Event /Occurrence	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fall	<input type="checkbox"/>	Gradually Occurring over Time	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire/Explosion	<input type="checkbox"/>	Occupational Disease	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Harmful Substance / Environmental Exposure	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Assault	<input type="checkbox"/>	Cut	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>	Bruise	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	Burn	<input type="checkbox"/>
MEDICAL STATUS (Check in each column)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Puncture	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Amputation	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	On-site First Aid	<input type="checkbox"/>	Fracture	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ambulance	<input type="checkbox"/>	Pinch/Squeeze	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency department	<input type="checkbox"/>	Foreign object	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Admitted to hospital	<input type="checkbox"/>	Other	<input type="checkbox"/>

Health Professional					Inadequate lighting	
Clinic					Workplace hazards uncorrected	
EMPLOYEE STATUS (Check in each column)					Outside hazardous condition	
					Housekeeping	
Return to Regular Job					Other(explain):	
Return to modified work						
Lost Time						

ACTION(S) TO PREVENT RECURRENCE

	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	Ensure operators are aware when the gas meter is near the excavation and not the house as it is normally	Meet with all operators to discuss		Nov 27/18	Completed
2.					
3.					

Immediate Action:



Supervisor's Signature



Safety Rep



Departmental Manager Signature

Nov 27, 2018

Date

Nov 27, 2018

Date

Nov 27, 2018

Date



Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT () INCIDENT (✓) PROPERTY DAMAGE ()		Tracking # 2018-29																																																																									
Injured/Affected Party's Name: [REDACTED]		Phone #: [REDACTED]																																																																									
Employee (✓) Contractor () Visitor/Customer ()																																																																											
Date of Accident/Incident: <u>Nov. 29/2018</u>		Time: <u>1:00 Pm</u>																																																																									
		Shift: [REDACTED] Department: <u>WATER</u>																																																																									
Date & Time Reported: <u>Nov. 29/2018</u>		Time: <u>2:30 Pm</u> Immediate Supervisor: [REDACTED]																																																																									
Date of Investigation: [REDACTED]		Time: [REDACTED]																																																																									
Medical attention provided First Aid () Medical Care () None (✓)																																																																											
Position: [REDACTED]		Length of time at area of accident: <u>15 min.</u>																																																																									
Length of time in position: [REDACTED]		Was this their regular job? <u>Yes</u> <u>No</u> Overtime: <u>Yes</u> <u>No</u>																																																																									
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.) <u>HOWARD METER CHAMBER</u>																																																																											
Description/Comments: <u>I WAS ENTERING THE HERB GRAY PARKWAY PROPERTY OFF HOWARD AVE. TO GET TO THE METER CHAMBER SAMPLING STATION WHERE I WAS TO TAKE A CHLORINE RESIDUAL. ON ENTERING I RUBBED UP AGAINST A BOLLARD ON THE PASSENGER SIDE OF THE TRUCK W8-17</u>																																																																											
AREA OF INJURY: (Please check all that apply)																																																																											
<table border="0"><tr><td>___ Head</td><td></td><td></td></tr><tr><td>___ Upper back</td><td></td><td></td></tr><tr><td>___ Lower back</td><td></td><td></td></tr><tr><td>___ Face</td><td></td><td></td></tr><tr><td>___ Teeth</td><td></td><td></td></tr><tr><td>___ Neck</td><td></td><td></td></tr><tr><td>___ Shoulder</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Wrist</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Hip</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Ankle</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Eye(s)</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Chest</td><td></td><td></td></tr><tr><td>___ Abdomen</td><td></td><td></td></tr><tr><td>___ Arm</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Hand</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Thigh</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Foot</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Ear(s)</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Pelvis</td><td></td><td></td></tr><tr><td>___ Elbow</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Finger(s)</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Knee</td><td>R ___ L ___</td><td></td></tr><tr><td>___ Toe(s)</td><td></td><td></td></tr><tr><td>___ Other</td><td></td><td></td></tr></table>		___ Head			___ Upper back			___ Lower back			___ Face			___ Teeth			___ Neck			___ Shoulder	R ___ L ___		___ Wrist	R ___ L ___		___ Hip	R ___ L ___		___ Ankle	R ___ L ___		___ Eye(s)	R ___ L ___		___ Chest			___ Abdomen			___ Arm	R ___ L ___		___ Hand	R ___ L ___		___ Thigh	R ___ L ___		___ Foot	R ___ L ___		___ Ear(s)	R ___ L ___		___ Pelvis			___ Elbow	R ___ L ___		___ Finger(s)	R ___ L ___		___ Knee	R ___ L ___		___ Toe(s)			___ Other			<p>Right Left Back Front</p> <p>Please indicate the injury area(s) with an X or arrow</p>	
___ Head																																																																											
___ Upper back																																																																											
___ Lower back																																																																											
___ Face																																																																											
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___ Shoulder	R ___ L ___																																																																										
___ Wrist	R ___ L ___																																																																										
___ Hip	R ___ L ___																																																																										
___ Ankle	R ___ L ___																																																																										
___ Eye(s)	R ___ L ___																																																																										
___ Chest																																																																											
___ Abdomen																																																																											
___ Arm	R ___ L ___																																																																										
___ Hand	R ___ L ___																																																																										
___ Thigh	R ___ L ___																																																																										
___ Foot	R ___ L ___																																																																										
___ Ear(s)	R ___ L ___																																																																										
___ Pelvis																																																																											
___ Elbow	R ___ L ___																																																																										
___ Finger(s)	R ___ L ___																																																																										
___ Knee	R ___ L ___																																																																										
___ Toe(s)																																																																											
___ Other																																																																											
Identify the size, weight and type of equipment or material involved:																																																																											
Explain what the worker was doing & the effort involved: <u>SEE COMMENTS</u>																																																																											

Provide the names and contact details of any eye witnesses:

CAUSE OF INJURY (Check in each column)			TYPE OF INJURY (Check all that apply)		CAUSE OF ACCIDENT (Check all that apply)	
YES	NO					
Struck/Caught			Fatality		Operating without authority	
Overexertion			Critical Injury		Failure to secure or loose	
Repetition			Non-Critical Injury		Working at unsafe speed	
Slip/Trip			Sudden Specific Event /Occurrence		Unsafe Equipment	
Fall			Gradually Occurring over Time		Unsafe loading, placing, mixing, etc.	
Fire/Explosion			Occupational Disease		Unsafe position or posture	
Harmful Substance / Environmental Exposure					Failure to use personal protective equipment	
Assault			Cut		Hazardous method or procedure	
Motor Vehicle			Bruise		Working on moving equipment	
Other:			Burn		Wheeled equipment operation	
MEDICAL STATUS (Check in each column)			Puncture		Not guarded or improperly guarded	
			Amputation		Inadequate training	
On-site First Aid			Fracture		lack of supervision/leadership	
Ambulance			Pinch/Squeeze		Horseplay, distracting, teasing	
Emergency department			Foreign object		Willful misconduct	
Admitted to hospital			Other		Hazardous personal attire	
Health Professional					Inadequate lighting	
Clinic					Workplace hazards uncorrected	
EMPLOYEE STATUS (Check in each column)					Outside hazardous condition	
					Housekeeping	
Return to Regular Job					Other(explain):	
Return to modified work						
Lost Time						

ACTION(S) TO PREVENT RECURRENCE

	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	Inform all [REDACTED] employees about Billards on new parking area	EDUCOTE STAFF	[REDACTED]	DEC 3/8	COMPLETED
2.					
3.					

NIL

Supervisor's Signature

Shan Laporte

Date

Dec 4, 2018

Safety Rep

[Signature]

Date

Dec 3, 2018

Departmental Manager Signature

DK 2 3/18

Date