

Tuesday, February 19, 2019, 2:00 pm
Tecumseh Town Hall
www.tecumseh.ca

Pages

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2. **Roll Call**
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a. Incident Reports

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6. Unfinished Business

a. Tornado Warning - Council - Update to be provided

b. Policy Review

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, November 20, 2018 in the Tecumseh Meeting Room at Town Hall, 917 Lesperance Rd., Tecumseh at 2:00 pm.

1. Call to Order

2. Roll Call

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

Also Present:	
Administrative Assistant to the Director Corporate Services & Clerk	Sue White

3. Disclosure of Pecuniary Interest

There was no disclosure of pecuniary interest.

4. New Business

a) Policy No. 68 - Violence and Harassment in the Workplace

Mr. Paglia explained that the meeting had been called to address concerns he and other Committee members had with regards to Policy No. 68 - Violence and Harassment in the Workplace. He advised that he, along with the majority of the committee feel that the policy needs to be reworked to more adequately reflect the commitment the Town is making with respect to a zero tolerance on violence and/or harassment in the workplace. He also stated that the policy wording should not be controlled by the Town or be written in a controlling manner. Mr. Paglia also stated that the word “committed” needs to be in the purpose section of the policy. Ms. Doetzel noted that it was used in the Statement of Policy.

Mr. Paglia stated that he also had an issue with the report that went to Council recommending approval of the policy. He stated that there was misleading information to Council about the JHSC’s stance and that council should not have adopted the report without consultation with the JHSC and that time should have been allowed for the Committee to suggest revisions to the policy before adoption.

Mr. Paglia suggested that perhaps the Policy could be signed jointly between the CAO and the Health and Safety Committee before Council considers the policy.

Ms. Doetzel stated that the Town of Tecumseh does enlist FSEAP - a third party for harassment/violence claims.

Ms. Doetzel stated that the Committee's suggestions will be considered but at the end of the day, the Senior Management Team makes the final decision on the policy before it is sent to Council for their approval.

Mr. Colthurst expressed the opinion that improvements need to be made to the morale at Town Hall and that amending the policy would not resolve that fact, but it would be a good place start.

Ms. Doetzel advised that the Town was working with WMA Wellness to help with the morale issue at the Town and would be putting out a confidential survey to all the staff to ask their opinion on how things could be improved. The results of the survey would also be made public.

9. Adjournment

There being no further business, the November 20, 2018 meeting of the Joint Health and Safety Committee now adjourn at 3:10 pm.

Carried

Sam Paglia, Co-Chair

Melissa Doetzel, Human Resources Officer

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, December 18, 2018 in the Tecumseh Meeting Room at Town Hall, 917 Lesperance Rd., Tecumseh at 2:00 pm.

1. Call to Order

2. Roll Call

Present:

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

Also Present:

Administrative Assistant to the Director Corporate Services & Clerk	Sue White
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3. Disclosure of Pecuniary Interest

There was no disclosure of pecuniary interest.

4. Communications

a. Minutes - September 25, 2018

Motion: JHSAC - 19/18

Moved By	Casey Colthurst
Seconded By	Scott Willoughby

That the September 25, 2018 minutes of the Joint Health and Safety Advisory Committee, as were duplicated and delivered to the Members of the Committee, are accepted.

Carried

b. Communications - For Information

There were no Communications - For Information for consideration.

c. Communications - Requiring Action

There were no Communications - Requiring Action for consideration.

d. Workplace Inspections

The Committee considered the following workplace inspections:

1. Arena, 12021 McNorton
 - September 26, 2018
 - October 24, 2018
 - November 24, 2018
2. Community Centre, 13731 St. Gregory
 - September 26, 2018
 - October 24, 2018
 - November 28, 2018
3. Maintenance, 2391 St Alphonse
 - September 28, 2018
 - October 31, 2018
 - November 30, 2018
4. Parks, 300 Manning
 - September 14, 2018
 - October 15, 2018
 - November 14, 2018
5. Town Hall, 917 Lesperance
 - September 27, 2018
 - September 27, 2018 (Completed)
 - October 30, 2018
 - October 30, 2018 (Completed)
 - November 28, 2018
6. Public Works, 1189 Lacasse
 - September 28, 2018
 - October 30, 2018
 - November 30, 2018
7. Public Works, 2495 McCord
 - September 28, 2018
 - October 31, 2018
 - November 30, 2018
8. Water, 1189 Lacasse
 - September 28, 2018
 - October 30, 2018
 - November 30, 2018
9. Fire & Rescue Services, Fire Station #1, 985 Lesperance Road
 - September 4, 2018
 - October 2, 2018
 - November 6, 2018
10. Fire & Rescue Services, Fire Station #2, 5520 Walker Road
 - September 4, 2018
 - October 2, 2018
 - November 6, 2018

The Committee was urged to use the new forms available for conducting inspections. Ms. Doetzel advised that she would place the new form on the Dunk & Associates website for ease of retrieval. She also advised that the Directors/Managers do inspections twice per year and the CAO does one inspection per year

Motion: JHSAC - 20/18

Moved By Denis Berthiaume
Seconded By Denis Laforet

That the Workplace Inspections as listed on the December 18, 2018 Joint Health and Safety Committee Agenda be received.

Carried

e. Monthly Maintenance Packages

1. October 2018
2. November 2018
3. December 2018

Motion: JHSAC - 21/18

Moved By Casey Colthurst
Seconded By Shaun LaPorte

That Monthly Maintenance Packages 1 through 3 on the December 18, 2018 Agenda, be received.

Carried

5. Reports

a. Incident Reports

1. 2018-22
2. 2018-25
3. 2018-26
4. 2018-27
5. 2018-28
6. 2018-29

With regard to Incident Report 2018-22, Scott Willoughby noted that there had been a tornado warning on this day and some staff were not sure what they should be doing in terms of procedure. They warned people coming into the arena that there was a tornado warning and told the people who were already in the arena to go in the dressing room.

It was also noted that there was a Council meeting that night and no incident report had been prepared nor were people evacuated. Ms. Doetzel noted that there was a procedure in the Health and Safety manual and an alert that would be received by staff would trigger the procedures in the manual. It was agreed that the policy will have to be reviewed. Ms. Doetzel advised that she would research the issue further and put together an educational piece on this issue and in addition, will speak to Dunk & Associates and will have an answer for the next meeting.

With regard to Incident Report 2018-28, Committee members were advised that staff followed health and safety procedures following the incident.

Ms. Doetzel advised the Committee members that she would provide a yearly breakdown of all incidents for the Committee's review for the next meeting. The breakdown will provide the Committee with an idea of any trends in the accidents/incidents and will also provide them with an opportunity to review to determine if there are any educational opportunities.

Motion: JHSAC - 22/18

Moved By Ray Hammond
Seconded By Sam Paglia

That Reports 1) through 6) as listed on the December 18, 2018 Joint Health and Safety Committee Agenda be received.

Carried

6. Unfinished Business

7. New Business

Committee members were advised that the minutes of the November 20, 2018 Health and Safety Meeting which dealt with discussion on Policy No. 68 - Violence and Harassment in the Workplace would be provided to them for their review at the next meeting of the Committee.

Mr. Hammond advised that a non-staff member fell on the ice during a hockey game with a suspected heart attack. Sean Girard, a Facility Attendant, provided the hockey player with CPR and used the defibrillator machine. The hockey player was then transported to the hospital where he was later released. Mr. Girard will be receiving an award for his actions.

Mr. Paglia advised that a committee member had provided information from a Canadian business with regards to the purpose statement of Policy No. 68 - Violence and Harassment in the Workplace. He stated that he would like to discuss this part of the Policy at the next meeting of the Committee and would like to work with the Committee to develop a new or revised purpose statement. He will provide this information in advance of the next meeting.

8. Next Meeting

The next Joint Health and Safety Committee meeting will be held at 2:00 pm on Tuesday, January 29, 2019.

9. Adjournment

Motion: JHSAC - 23/18

Moved By Shaun LaPorte
Seconded By Scott Willoughby

That there being no further business, the December 18, 2018 meeting of the Joint Health and Safety Committee now adjourn at 3:12 pm.

Carried

Sam Paglia, Co-Chair

Melissa Doetzel, Human Resources Officer

Employment Standards in Ontario

The *Employment Standards Act, 2000* (ESA) protects employees and sets minimum standards for most workplaces in Ontario.

Employers are prohibited from penalizing employees in any way for exercising their ESA rights.

**FAIR AT
WORK
ONTARIO**

What you need to know

Minimum wage

Most employees are entitled to be paid at least the minimum wage. For current rates visit:
Ontario.ca/minimumwage.

Hours of work and overtime

There are daily and weekly limits on hours of work, and rules around meal breaks, rest periods and overtime. For more information visit:
Ontario.ca/hoursofwork and
Ontario.ca/overtime.

Public holidays

Ontario has a number of public holidays each year. Most employees are entitled to take these days off work and be paid public holiday pay. For more information visit:
Ontario.ca/public holidays.

Learn more about your rights at:

Ontario.ca/employmentstandards

1-800-531-5551 or TTY 1-866-567-8893

@ONlabour **@OntarioMinistryofLabour**

Vacation time and pay

Most employees earn vacation time after every 12 months of work. There are rules around the amount of vacation pay an employee earns. For more information visit:
Ontario.ca/vacation.

Leaves of absence

There are a number of job-protected leaves of absence in Ontario. Examples include pregnancy, parental and family caregiver leave. For more information visit:
Ontario.ca/ESAGuide.

Termination notice and pay

In most cases, employers must give advance written notice when terminating employment and/or termination pay instead of notice. For more information visit:
Ontario.ca/terminationofemployment.

Other employment rights, exemptions and special rules

There are other rights, exemptions and special rules not listed on this poster including rights to severance pay and special rules for assignment employees of temporary help agencies.



Subscribe to stay up-to-date on the latest news that can affect you and your workplace:
Ontario.ca/labournews

From: Sam Paglia <spaglia@tecumseh.ca>

Sent: December 19, 2018 11:53 AM

To: Sue White <swhite@tecumseh.ca>; Casey Colthurst <ccolthurst@tecumseh.ca>; Chad Mactier <cmactier@tecumseh.ca>; Denis Berthiaume <dberthiaume@tecumseh.ca>; Denis Laforet <dlaforet@tecumseh.ca>; Laura Moy <lmoy@tecumseh.ca>; Melissa Doetzel <mdoetzel@tecumseh.ca>; Ray Hammond <rhammond@tecumseh.ca>; Shaun LaPorte <slaporte@tecumseh.ca>; Scott Willoughby <swilloughby@tecumseh.ca>; Melissa Doetzel <mdoetzel@tecumseh.ca>

Subject: RE: Joint Health and Safety Committee Agenda - December 18, 2018

Good morning,

As per request from our JHSC meeting regarding Policy No. 68, please find the wording below regarding the motion put forth to amend Policy No. 68. The committee agreed to looking at the policy over the course of the year and provide ongoing recommendations for the purpose of reflecting the Town's commitment to Health and Safety as well as to strengthen the IRS system with the JHSC committee.

The first motion put forth at the December 18 meeting, was to replace the wording in the Town's current Policy No. 68 under Appendix A, item No. 3 entitled "Purpose" with the following suggested words;

The Corporation of the Town of Tecumseh is committed to providing and maintaining a working environment that is based on respect for the dignity and rights of everyone in the Town. It is the Corporation's goal to provide a healthy and safe work environment and the Corporation is committed to fostering an environment that is free from any of the forms of discrimination, harassment and/or violence which are prohibited under the Ontario Human Rights Code. Discrimination, harassment and/or violence are unacceptable within the Town organization in any form and at any level.

Thanks to the committee for bringing this recommendation forward and thank you to the entire committee for the commitment level expressed in jointly working together for the betterment of all of the Corporation and all of its employees as well as our Internal Response System.

Regards,

Sam Paglia, P.Eng.
Drainage Superintendent
The Corporation of the Town of Tecumseh
Phone (519) 735-2184 – Ext 105
Cell (519) 818-0101
www.tecumseh.ca
spaglia@tecumseh.ca



WORKPLACE INSPECTION

Location: arena

Department or Areas Covered: ☐

Date of Inspection: Dec 19/18

Copies to: Melissa Doetzel

Time of Inspection: 7:30 AM

Inspected by: Scott Willoughby

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>No hazards</u>							

Attendee Signature

Scott Willoughby

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: Community Center
Department or Areas Covered: ☐
Date of Inspection: Dec 19/18
Copies to: Melissa Doetzel

☐ Time of Inspection: 10:00 AM
☐ Inspected by: Scott Willoughby

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>No hazards</u>							

Attendee Signature

Scott Willoughby
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: **2391 St Alphonse**
Department or Areas Covered: ☐ ☐ ☐ ☐
Date of Inspection: **December 20, 2018**
Copies to: **Melissa Doetzel** Time of Inspection: **8:45 AM**
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



Copies to: Melissa Doetzel

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

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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: 2019-01-02 Time of Inspection: 11:00 am
Copies to: Melissa Doetzel

for Dec 2018

Inspected by: Sam Paglia, Lesley Racicot

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	A	This is an ongoing issue that needs immediate attention.	S27(2)(c)	HR		Click or tap to enter a date.
Water refill station	Wet floor	No	D	Place absorbent mat on floor.				Click or tap to enter a date.
								Click or tap to enter a date.
								Click or tap to enter a date.
								Click or tap to enter a date.
								Click or tap to enter a date.

Attendee Signature

Health and Safety Rep.

Inspector- Lesley Racicot

Inspector

Inspector

Inspector

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

Interviewed: 1) Enrico D ok 2) Lina M ok

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



Town of Tecumseh

Health and Safety Manual

Section 8 – Workplace Inspection

Monthly Workplace Inspection Report Form

Location: 985 Lesperance Rd Stn 1					Time of Inspection: 12:30 hrs				
					Date of Inspection: DEC 4 2018				
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
LOUNGE AREA	NONE								
OFFICES	NONE								
TRUCK BAYS	NONE								
UTILITY AREA	NONE								
PARKING AREA	NONE								
TRAINING AREA	NONE								
EMERG LIGHTS	NONE								

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

*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):	18
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Monthly Implementation Package

January 2019 – Instructions

2019 – The Year for Safety Success! Throughout 2018 we listened too, and took the feedback from our site visits, on the implementation packages and changed up a few things for 2019. YES, each assignment must be completed per month, and given to either the Safety Committee/Representative, Safety Co-Ordinator or Supervisor/Managers (as titled). These assignments are designed to keep your workplace in legal compliance with Health and Safety Legislation, completing JUST the Safety Talk IS NOT SUFFICIENT for compliance.

Health and Safety Policies: IMMEDIATE ACTION REQUIRED!!

Your company needs to decide how your Health and Safety policies will be reviewed throughout the year. A schedule must be set up with the safety committee/safety representative, managers, supervisors, and policies can be reviewed in coordination with the package outline (listed below), whatever works best for your workplace. Corporate policies must be reviewed at each location and addendums or changes created as needed, to ensure all policies are site specific.

Dunk & Associates requires written confirmation from your company on how you would like the annual review recorded. Dunk & Associates, used to automatically update the Revision Date on each of your online Health and Safety Policies, however your company now has this ability as a new feature on the upgraded site, to do it yourself. Please see the document **Policy Review Sign Off** for further information and the options available to you. **This must be reviewed, completed and sent back to Dunk by January 31st, 2019.**

Safety Co-Ordinator Assignment: New Year Kick Start Checklist

Since we are in a brand-new year, and brand-new quarter, have your Safety Co-Ordinator or designate complete the **New Year Kick Start Checklist** this month. This checklist is included in this package and designed to set up your workplace for another year of success. Including updated the Health and Safety Board, safety site etc.

Supervisor/Manager Assignment: Training Review and Checklist

Have your Supervisors/Managers complete the **Training Needs Review Checklist** included in this package, for their departments. For any deficiencies noted, the supervisor/manager needs to follow up with their employers to have the appropriate training completed. Any changes needed to training profiles, please work with Dunk & Associates to make those changes.

Safety Talk: Do You Know?

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 a successful talk. Read the safety talk, find out any information you may not be aware of yourself, know your stuff! Remember...Safety Talks are about two-way communication, they are not "Safety Tells."

"The secret of getting ahead is getting started!"

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Need help? Contact Dunk & Associates.

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Monthly Implementation Package

January 2019 – Instructions

Engagement Activity: January 2019 Scavenger Hunt

This year we'll be providing in the packages some activities to help get all employees involved in safety in the workplace. The best safety program is having a good safety culture, and that involves all employees. Make the activity a challenge, see which department does better, have some incentives like Tim Hortons gift cards or re-usable water bottles, have some FUN! The activity is attached to this package, it is called **January 2019 Scavenger Hunt**.

New Poster: No Fear – No Reprisal!

Print and post this new poster up on your Health & Safety board, in the lunch room, in bathroom stalls, anywhere all employees will stop and look at it. This poster is to help raise employee awareness that they cannot be reprisal for reporting a workplace injury, incident or bringing forward a complaint or concern in good faith.

Monthly Reminders:

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

Free Webinar: Safety Basics – Set up for a Successful Year

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **January 16th from 1-2pm EDT**. This webinar will be recorded and available for playback if you can't attend live. Our 2019 webinar schedule has been released and is available on our website, www.systems24-7.com. You can view our list of upcoming webinars and register directly online for the webinars.

Resources:

Found under the Resources section of your Health & Safety website

- i. Safety Talk Instructional Guide
- ii. Safety Report Survey Instructions

2019 Monthly Implementation Package Schedule:

You can use this schedule to plan your own safety initiatives to correspond with the upcoming themes and know what information is coming your way. **Schedule is subject to change based on legislative changes, needs of clients or topics that require timely attention. SEE NEXT PAGE*

"The secret of getting ahead is getting started!"

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Monthly Implementation Package

January 2019 – Instructions

January	Posting, Training needs and Do you Know	July	PPE, practical training
February	Violence, Harassment and Bullying	August	Machinery, pre-use inspections, lockout, housekeeping
March	Hazard Assessments, SOPs and Reporting	September	Evaluating Safety, job observations
April	MSD Prevention, Internal Responsibility System	October	Winter is Coming, Safe Driving
May	First Aid & Emergency Response	November	Slips, Trips and Falls
June	WHMIS and Heat Stress	December	Senior Management Review, Safety at Home & Work

“The secret of getting ahead is getting started!”

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Health & Safety Policy Review

Your safety website has been upgraded to the new Systems 247 platform, your company has the ability to review and update your Health & Safety policies as you desire. Dunk & Associates needs from your company a written sign off, (this form completed) to acknowledge how you would like your policies reviewed going forward.

Instructions:

1. Please discuss the below options with owners.
2. Once an option is decided, complete this form and have it signed
3. Scan and email or fax a copy to Dunk & Associates by January 31st, 2019
 - a. info@systems24-7.com
 - b. Fax: 705-731-4980

Policy Review Options (please check the box and complete as necessary, insert company name on any of the blank lines in the options):

- ☐ _____ will review and updated our own Health & Safety Policies found on our systems 247 safety site. Acknowledging _____ is responsible for updating the Revision Date for each policy either at the beginning of the year, as they are reviewed, or as we see fit.
- ☐ _____ wishes to still have Dunk & Associates update the policy Revision Date annually for our online Health & Safety policies. _____ will then review the policies as per our own schedule and update the Revision Date as needed.

Owner/Senior Management/General Manager

Date

New Year Kick Start Checklist

Complete the following checklist to verify, organize, schedule, post and document the following items required:

	Completed
1. All Health & Safety board items are posted. Update outdated items as needed. Refer to Section 3 in the Policies library item on your H&S website for a full list of what is needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ensure the Health & Safety Policy Statement (Section 1) is reviewed and signed annually by Senior Management. Refer to Section 1 of Health & Safety in the Policies library item on your H&S website for a copy of this policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ensure the Workplace Violence and Harassment Policy (Section 4) is reviewed and signed annually by Senior Management, and the Safety Committee/Representative. Refer to Section 4 of Health & Safety, in the Policies library item on your H&S website for a copy of this policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. A Health & Safety Committee is established with the required number of members, OR a Health & Safety Representative has been designated. Refer to Section 5 in the Policies library item found on your H&S website. Call Dunk for assistance if unsure of your workplace's legal and policy requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Create a schedule for monthly workplace inspections and post on your H&S board(s). Remember that the entire workplace needs to be inspected monthly. Workplace Inspection checklist and report forms are available on your H&S website under Section 8 of the Forms library item.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Create a schedule for your 2019 safety committee meeting dates and times, post the schedule on the H&S board. Make sure you are meeting your provincial and company requirements for the frequency of meetings. Refer to Section 5 in the Policies library item found on your H&S website.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Do you have enough trained First Aiders Available. Review your Section 7 policy under the Policies library item on your H&S website to ensure you are aware of the legal requirements. Schedule training if you require recertification or additional workers to be trained.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Schedule Preventative Maintenance. Review the inventory of equipment within the workplace that requires Preventive Maintenance and create or update the schedule. Ensure log sheets are available and maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No

New Year Kick Start Checklist

Complete the following checklist to verify, organize, schedule, post and document the following items required:

9. Pre-Use Inspections. Are Pre-use inspections being performed and log sheets maintained? Log sheets should be kept on file for three months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Emergency Equipment Inspections. Is your emergency equipment (i.e. fire extinguishers, first aid kits, fire hoses, alarms, etc.) being inspected regularly? Create a schedule or add it to your Monthly Workplace Inspection process. An Emergency Equipment Inspection Checklist and more details are available on your H&S website.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Set-up your Systems 24-7 Ensure that the following have been set up on your safety site so ensure that you are utilizing the new platform to its full potential to help you with your safety program! <ul style="list-style-type: none"> <input type="checkbox"/> The Safety Report Survey is assigned to the appropriate person(s) to complete by ensuring they have the Safety Report category assigned to their profile. <input type="checkbox"/> Are all employees added to your safety site? If no, this can be completed under 'Add Employee'. <input type="checkbox"/> Are employees no longer with your company inactive on your safety site? If no, this can be completed under 'Manage Employee'. <input type="checkbox"/> Are all employees set up with the correct training profile? Meaning they are under the correct department, and have the appropriate categories assigned. <input type="checkbox"/> Do the members of the Safety Committee have a safety committee category assigned? This ensures they receive the training modules needed to complete their duties. <input type="checkbox"/> Does the Safety Representative have the safety rep category assigned? This ensures they receive the training modules needed to complete their duties. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Completed By: _____ Date: _____

New Year Kick Start Checklist

Complete the following checklist to verify, organize, schedule, post and document the following items required:

Action Items

If you find any deficiencies when completing the checklist, create a plan to address these issues.

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: _____

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: _____

Issue Found: _____
Action Plan: _____
Action Items Assigned to: _____
Projected Date for Completion: _____
Action Completion Date: _____ Sign off: _____

Training Needs Review Checklist

Complete the following checklist to review your workplace's training needs for this year. If any deficiencies are identified, indicate a date for when these deficiencies can will be corrected.

Online Training	Yes	No	If No, Date to complete by:
Is all online training completed and up to date?			
Are all employees profiled in the correct positions/categories? (Employees who have been promoted to Supervisor/Managers or have joined the Safety Committee will need additional training for their new roles)			
Is the employee list online correct and current?			

First Aiders	Yes	No	If No, Date to complete by:
Are all First Aid Attendant certificates current? (check the expiry date on the certificates)			
Has re-training been arranged for any First Aid Attendants whose certification expires this year?			
Are all First Aid certificates the proper level or type of certification?			
Are there enough First Aid Attendants as per your First Aid Policy? (Section 7 online)			

Safety Committee Training/Certification	Yes	No	If No, Date to complete by:
Has your workplace established a safety committee or safety rep as per your Section 5 policy?			
Have all Safety Committee/Safety Reps, received appropriate training for their roles and responsibilities? (Investigations, Workplace Inspections R.A.C.E, etc.)			
Ensure all new Safety Committee Members/Safety reps have been given practical training for your workplace inspections (this includes, being accompanied on an entire building tour, common hazards and issues are pointed out and experienced members review how to complete your workplace inspection form appropriately).			

Workplace Specific Training	Yes	No	If No, Date to complete by:
Have all workers received practical (hands-on) training on the use and maintenance of PPE (if PPE is needed for their position) (The online training is theory only, practical is also required)			
Are all Forklift Operator Certificates current? (if applicable) (check expiry dates for practical and theory training)			
Has all practical training been completed? (ex. Fall Arrest, Confined Space, Hazardous Material Handling, etc.)			
Are all practical training records available for all employees? i.e. SOP sign offs, orientation checklist/signoffs.			

Training Needs Review Checklist

Complete the following checklist to review your workplace's training needs for this year. If any deficiencies are identified, indicate a date for when these deficiencies can will be corrected.

Emergency Response Training	Yes	No	If No, Date to complete by:
Have you scheduled your emergency response drills for the year? These could include drills like evacuations, fire drills, mock emergencies and fire extinguisher training.			
Other Workplace Hazard Specific Training: _____ _____ _____			

Safety Tip: Remember to check training retention throughout the year. Use the monthly Job Observations to assess and verify if the training/education given to all workers is being followed and remembered.

Checklist completed by: _____ Date: _____

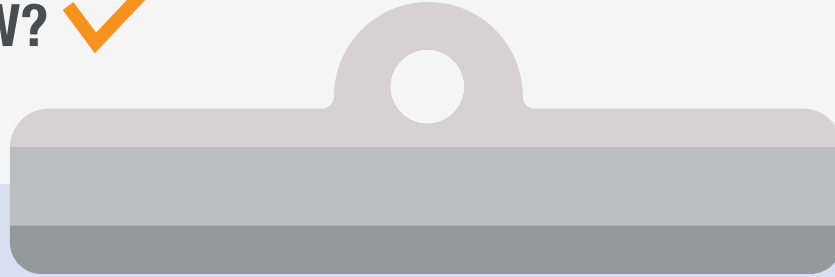
Position: _____

**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: _____

DO YOU KNOW?

DO YOU KNOW?

☐

How and who to report a hazard to?

Harassment, Workplace Injury, Broken Equipment?

☐

Report to your supervisor immediately!

☐

Complete the report form and **participate** in the investigation process as needed.

☐

Who is your safety representative?

Are you ready to service your workplace on the safety committee? Participate; it is your right!

☐

Where is the closet First Aid kit and **who** are the First Aiders on your shift?

**NEED HELPING GETTING THE ANSWER,
SPEAK TO YOUR SUPERVISOR!**

Safety Talk Sign-off

January 2019 – Do you Know?



Location/Department: _____ Date: _____

Name (please print)	Signature	Date

SCAVENGER HUNT

To engage all of our employees in safety the January Activity recommendation is a scavenger hunt. Modify this list to suit your workplace, print and break your employees into teams or partners to complete. The finding can be discussed as a group and success reported to everyone. Offer prizes or incentives for those who most successfully complete the scavenger hunt! ***As always, we will learn from this activity!***

- ☐ How many fire extinguishers are in my department?
- ☐ Where is our First Aid kit located?
- ☐ Who is my First Aider?
- ☐ Who is my Safety Rep?
- ☐ Find a Hazard Report Form, where did you find it _____
- ☐ Who do I report hazards to?
- ☐ How often does our Safety Committee Meet?
- ☐ Who signed our annual Health & Safety Policy? (Hint it is posted on your Safety Board)
- ☐ Where is your gathering place in the event of an evacuation?
- ☐ Where is your safest "shelter in place" location?
- ☐ What is the address of your workplace to give to first responders?
- ☐ What is the business main telephone number?
- ☐ Do you have any designated substances in your workplace? If "yes" what are they are where are they found?
- ☐ Does your building have any asbestos? If "yes" is there a map showing the locations of the asbestos and a plan that outlines what is needed for your protection?
- ☐ Can everyone in your workplace clear a sidewalk and sand/salt to prevent slips, trips and falls? Is there a log showing maintenance of pathways in the winter time?
- ☐ Where is the lock-out kit for your workplace located?
- ☐ Who is trained and has a key for the locks from the lock-out kit?
- ☐ Find 3 PPE infractions in your workplace; list them here:

Score: _____

Team/Partners: _____



NO FEAR NO REPRISAL

FOR REPORTING A WORKPLACE INJURY, INCIDENT OR
BRINGING FORWARD A COMPLAINT OR CONCERN

- Tell a Supervisor; Tell your Safety Rep; Tell a Co-Worker and Get Help with Reporting!
- Suffered Reprisal Call the Ministry of Labour or Work Safe Department in Your Province!
- You are Protected When You Report! **No Fear – No Reprisal!**

What happened to cause the Injury or near miss:

SEE STATEMENT.

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:

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	X
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	
YES	NO	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	
YES	NO			Housekeeping	
Return to Regular Job	X			Other(explain):	X
Return to modified work				FAILURE TO STOP.	
Lost Time					

ACTION(S) TO PREVENT RECURRENCE

	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	RETAKE SAFE DRIVING MODULE			JAN. 17/18	
2.					
3.					

Immediate Action:

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Witness Statement	Tracking #
-------------------	------------

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: _____

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Employee's Statement	Tracking #
----------------------	------------

Name: [REDACTED]

Date of Injury: DEC 27, 2018 Time: 6:05 PM Location: [REDACTED]

Reported to: [REDACTED] Date: DEC 27, 2018 Time: 6:07 PM.

* OPP
Medical attention received? No (☒) Yes () First Aid only () Other ()
DEC 27, 2018 6:09 PM.

Witnesses Yes () No (☒)

Names of Witnesses: _____

Description of Incident (How): _____

Location at time of incident (Where):
DEC 27, 2018 @ 6:05 PM [REDACTED]

Parts of Body Involved: NO BODY PARTS INVOLVED. TRUCK WAS INVOLVED. [REDACTED]

Conditions contributing to Incident (Why): WHILE TRAVELLING EAST BOUND ON TECUMSEH AVE. IN THE CENTER LANE. A VEHICLE PULLED OUT OF TIM HORTON'S PARKING LOT (DRIVETHRU) MAKING A LEFT HAND TURN ONTO TECUMSEH RD TO HEAD WEST. I CAME TO A SUDDEN AND COMPLETE STOP. THE VEHICLE'S FRONT DRIVESIDE BUMPER WAS AT MY LICENSE PLATE. THE VEHICLE CONTINUED TO MAKE A LEFT TURN STRIKING MY TRUCK'S DRIVESIDE CORNER OF THE

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: Jan 3, 2019

BUMPER AS IF I WAS INVISIBLE. I GOT OUT TO SEE IF THERE WAS ANY DAMAGE. THE OTHER VEHICLES STOPPED AND PULLED INTO THE ROYAL BANK PARKING LOT. I TURNED AROUND IF LIFESTYLES PARKING LOT AND THEN PULLED IN RAC PARKING LOT. I THEN CALLED [REDACTED] WHO TOLD ME TO CALL THE OPP.

Supervisor's Signature

Date

Safety Rep



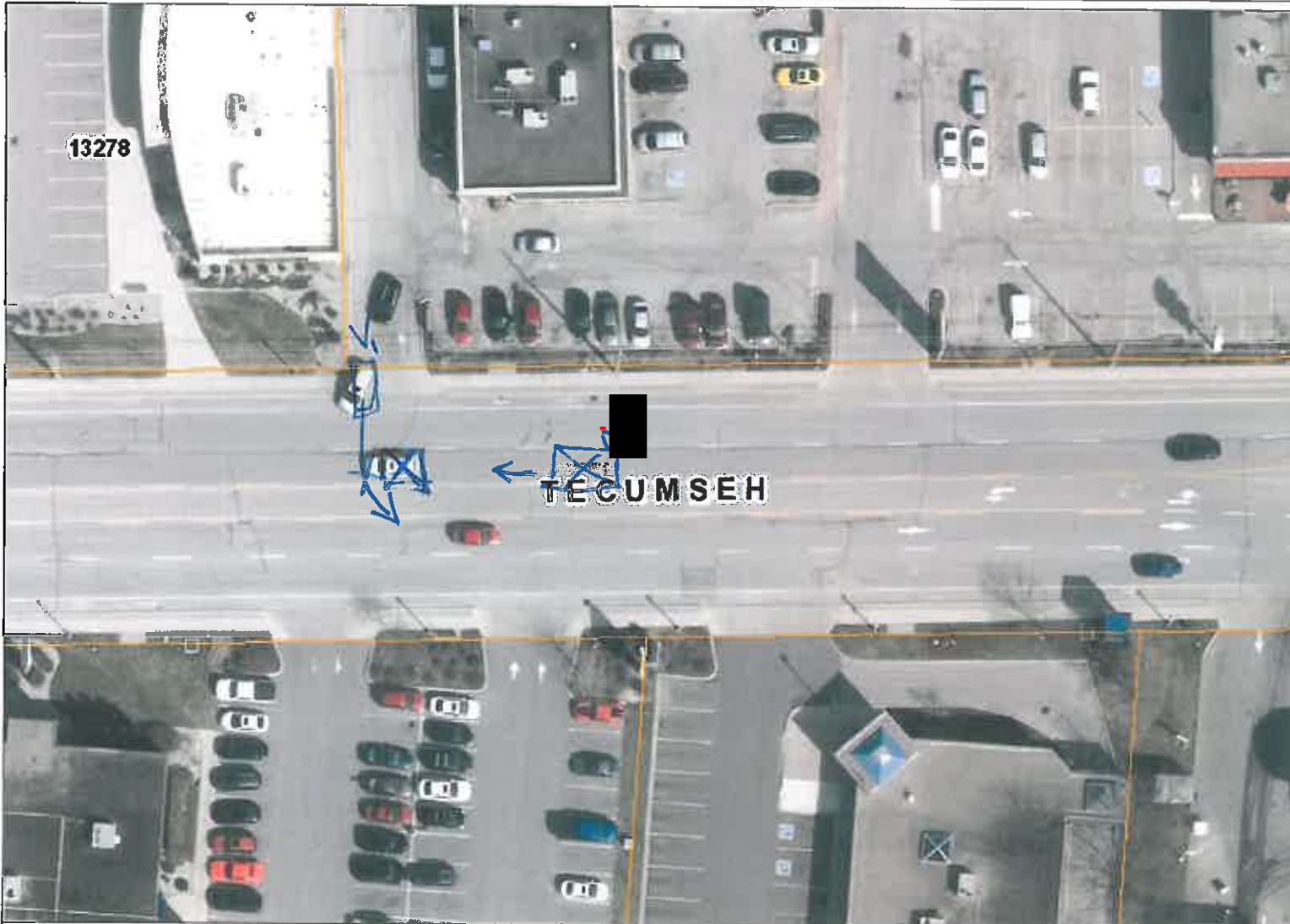
Date

Date

JAN 2/19



Town of Tecumseh Mapping



Notes

Enter Map Description

THIS MAP IS NOT TO BE USED FOR NAVIGATION
Copyright the Town of Tecumseh, 2016. Data herein is provided by the Town of Tecumseh on an 'as is' basis. Assessment parcel provided by Teranet Enterprises Inc. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable.



Legend

Address

- Tecumseh Assessment (Tax D 2018 / MPAC Data Sept 8, 201)
- Street Centreline
- Rail Road
- Parks











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>2019-01</u>																																																																									
Injured/Affected Party's Name: [REDACTED] Phone # : 519-890-4081																																																																									
Employee <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Customer <input type="checkbox"/>																																																																									
Date of Accident/Incident: <u>January 7, 2019</u> Time: <u>approx. 3:30 pm</u> Shift: _____																																																																									
Department: <u>Planning and Building Services</u>																																																																									
Date & Time Reported: <u>January 7, 2019 (verbal report)</u> Time: <u>4:10 pm</u>																																																																									
Immediate Supervisor: [REDACTED]																																																																									
Date of Investigation: _____ Time: _____																																																																									
Medical attention provided: First Aid <input type="checkbox"/> Medical Care <input type="checkbox"/> None <input checked="" type="checkbox"/>																																																																									
Position: [REDACTED] Length of time at area of accident: <u>1 minute</u>																																																																									
Length of time in position: [REDACTED] Was this their regular job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																																									
Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																																																									
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.) <u>Work station.</u>																																																																									
Description/Comments: <u>When swinging my legs around to get out of chair, my right foot got caught on the keyboard and/or mouse cord causing me to fall landing on my right knee and both hands to brace the fall.</u>																																																																									
AREA OF INJURY: (Please check all that apply)																																																																									
<table border="0"><tr><td><input type="checkbox"/> Head</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Upper back</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Lower back</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Face</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Teeth</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Neck</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Shoulder</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Wrist</td><td>R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Hip</td><td>R <input checked="" type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Ankle</td><td>R <input checked="" type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Eye(s)</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Chest</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Abdomen</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Arm</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Hand</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Thigh</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Foot</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Ear(s)</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Pelvis</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Elbow</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Finger(s)</td><td>R <input type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Knee</td><td>R <input checked="" type="checkbox"/> L <input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/> Toe(s)</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Other</td><td></td><td></td></tr></table>	<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 type="checkbox"/>		<input checked="" type="checkbox"/> Wrist	R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Hip	R <input checked="" type="checkbox"/> L <input type="checkbox"/>		<input checked="" type="checkbox"/> Ankle	R <input checked="" 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 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 checked="" type="checkbox"/> Knee	R <input checked="" type="checkbox"/> L <input type="checkbox"/>		<input type="checkbox"/> Toe(s)			<input type="checkbox"/> Other			<p>Right Left Back Front Please indicate the injury area(s) with an X or arrow</p>
<input type="checkbox"/> Head																																																																									
<input type="checkbox"/> Upper back																																																																									
<input type="checkbox"/> Lower back																																																																									
<input type="checkbox"/> Face																																																																									
<input type="checkbox"/> Teeth																																																																									
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<input checked="" type="checkbox"/> Ankle	R <input checked="" type="checkbox"/> L <input type="checkbox"/>																																																																								
<input type="checkbox"/> Eye(s)	R <input type="checkbox"/> L <input type="checkbox"/>																																																																								
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<input type="checkbox"/> Toe(s)																																																																									
<input type="checkbox"/> Other																																																																									

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

keyboard/mouse cords

Explain what the worker was doing and the effort involved:

Get out of chair

What happened to cause the injury or near miss:

trip on cords causing a fall


Provide the names and contact details of any eye witnesses:

heard the fall and asked me if I was ok.

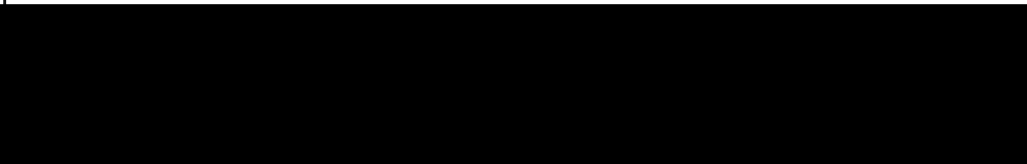
Provide the names and contact details of any third parties who may have contributed to the accident/incident:

n/a

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

ACTION(S) TO PREVENT RECURRENCE					
	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	Having a cordless keyboard and cordless mouse <i>or clip cords so they don't hang.</i>	<i>Cordless provided</i>		<i>Jan 8, 2019</i>	<i>(MD) 2018-01-09</i>
2.					
3.					

Immediate Action:



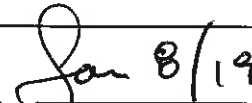
Supervisor's Printed Name

Sam Paglia

Supervisor's Signature



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 #
----------------------	------------

Name: [REDACTED]

Date of Injury: January 7, 2019 Time: 3:30 pm Location: Work Station

Reported to: [REDACTED] Date: January 7, 2019 Time: 4:10 pm

Medical attention received? No ☒ Yes ☐ First Aid only ☐ Other ☐

Witnesses: Yes ☒ No ☐

Names of Witnesses:

[REDACTED] heard the fall.

Description of Incident (How):

Trip and fall caused by keyboard/mouse cords.

Location at time of incident (Where):

Work station Town Hall.

Parts of Body Involved:

both wrists, right knee and right ankle

Conditions contributing to Incident (Why):

cords hanging

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

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

replace keyboard and mouse for cordless *or clip cords so they don't hang.*

Signature: [REDACTED]

Date: January 8, 2019

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Not Applicable: ☐

Witness Statement	Tracking #
--------------------------	-------------------

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 (X) INCIDENT () PROPERTY DAMAGE ()		Tracking #
Injured/Affected Party's Name: [REDACTED] Phone #: [REDACTED]		
Employee (X) Contractor () Visitor/Customer ()		
Date of Accident/Incident: JAN 15/19		Time: 10:45 AM Shift: [REDACTED] Department: [REDACTED]
Date & Time Reported: JAN 15/19 10:45 AM		Time: 11 Immediate Supervisor: [REDACTED]
Date of Investigation: : Time:		
Medical attention provided First Aid () Medical Care () None (X)		
Position: [REDACTED]		Length of time at area of accident: 45 min
Length of time in position: [REDACTED]		Was this their regular job? Yes (X) No Overtime: Yes No (X)
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.) TEC RD @ TMC CLINIC ENTRANCE		
Description/Comments: TRAVELLING WEST BOUND ON TEC RD. DRIVER LEAVING TMC CLINIC PULLED OUT IN FRONT OF ME. HIT BRAKES SLIDING INTO FRONT END OF VEHICLE. OPP CALLED, [REDACTED] DRIVER OF OTHER VEHICLE: [REDACTED]		
AREA OF INJURY: (Please check all that apply)		
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><ul style="list-style-type: none"><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 type="checkbox"/> Wrist R <input type="checkbox"/> L<input type="checkbox"/> Hip R <input type="checkbox"/> L<input type="checkbox"/> Ankle R <input type="checkbox"/> L<input type="checkbox"/> Eye(s) R <input type="checkbox"/> L<input type="checkbox"/> Chest<input type="checkbox"/> Abdomen<input type="checkbox"/> Arm R <input type="checkbox"/> L<input type="checkbox"/> Hand R <input type="checkbox"/> L<input type="checkbox"/> Thigh R <input type="checkbox"/> L<input type="checkbox"/> Foot R <input type="checkbox"/> L<input type="checkbox"/> Ear(s) R <input type="checkbox"/> L<input type="checkbox"/> Pelvis<input type="checkbox"/> Elbow R <input type="checkbox"/> L<input type="checkbox"/> Finger(s) R <input type="checkbox"/> L<input type="checkbox"/> Knee R <input type="checkbox"/> L<input type="checkbox"/> Toe(s)<input type="checkbox"/> Other</div><div style="flex: 1; text-align: center;"></div></div>	<div style="display: flex; justify-content: space-around; align-items: flex-end;"><div style="text-align: center;"> Right</div><div style="text-align: center;"> Left</div><div style="text-align: center;"> Back</div><div style="text-align: center;"> Front</div></div> <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:

Explain what the worker was doing & the effort involved:

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.					

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Employee's Statement	Tracking #
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Name: [REDACTED]

Date of Injury: JAN 15 / 19 Time: 10:45 AM Location: TEC RD @ TMC CLINIC

Reported to: [REDACTED] Date: JAN 15. 19 Time: 10:45 AM

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

Witnesses Yes () No (☒)

Names of Witnesses: _____

Description of Incident (How):

DRIVING WEST BOUND ON TEC RD. DRIVER PULLING OUT OF TMC
CLINIC PARKING LOT PULLED OUT IN FRONT OF ME. HIT BRAKES
AND SLID INTO FRONT END OF VEHICLE.

Location at time of incident (Where):

TEC RD. IN FRONT OF TMC BUILDING.

Parts of Body Involved: _____

Conditions contributing to Incident (Why):

WET ROADS

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: JAN 15. 19

ACCIDENT/INCIDENT INVESTIGATION WITNESS STATEMENT

Witness Statement	Tracking #
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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:

[illegible]

Details of Knowledge

Where:

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

When:

Describe what you witnessed:

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A single diagonal line runs from the upper right quadrant down towards the lower center of the page. The paper appears to be a standard notebook or worksheet template.

Part(s) of body affected:

Signature: _____ Date: _____

Town of Tecumseh EMPLOYEES ON WSIB CLAIM - 2018												
			Injury Date									
No. of Claims	Tracking No.	Department	Month	Day	Year	Direct Causes of Injury	Injury Type	Injury Area	Injury Reason (Equipment)	Aid	Lost Time	Comments:
	2018-01	Parks & Recreation Services	1	2	2018	Lifting/Carrying	Burns or Scalds	Right Arm	Lifting	First Aid	No	Trying to put fry basket onto the hook and missed. Basket dropped into the hot oil & splashed hand
	2018-02	Parks & Recreation Services	1	15	2018	Slip, Trip or Fall	Bruises & Contusions	Back	Weather	Medical Aid	Yes	Stepped out of parked care & slipped and fell on ice as they were walking toward the buidling
	2018-03	Parks & Recreation Services	1	29	2018	Vehicle	N/A		Driving	N/A	Yes	Car accident. Non employee hit employee car
	2018-04	Fire Services	3	17	2018	Overexertion	Sprains / Strains	Back	Lifting	Medical Aid	No	Dragging hose and felt pain in lower bacck.
	2018-05	Parks & Recreation Services	4	26	2018	Machines/Tools	Cuts / Lacerations	Finger	Equipment	Medical Aid	No	Cutting a tree branch with a hand saw and cut knuckle on the opposite hand due to slipping
	2018-08	Parks & Recreation Services	5	9	2018	Overexertion	Sprains / Strains	Left Shoulder	Lifting	First Aid		Lifting and moving portable rink baords. Slipped when lifting and board fell on shoulder
	2018-09	Planning & Building Services	5	29	2018	Other	Other	Right Leg	Other	First Aid		Dog bite
	2018-11	Parks & Recreation Services	6	18	2018	Violence/Bullying	Psychological	Head	Other	Incident Only		Angry father yelling & screaming creating a fearful employee
	2018-12	Parks & Recreation Services	7	4	2018	Other	N/A		N/A	Incident Only		Fire started in ornamental grass in front of Pool. Lifeguard put it out.
	2018-13	Parks & Recreation Services	7	20	2018	Violence/Bullying	Psychological	Head	Other	Incident Only		Angry driver yelling & screaming as day camp crossing a well marked area at the Lacasse park
	2018-14	Fire Services	8	7	2018	Struck by or against an object	Bruises & Contusions	Abdomen	Equipment	Medical Aid	No	Training night. Upond second swing of sledge hammer, the butt made contact with ribs
	2018-15	Parks & Recreation Services	7	26	2018	Extreme Temperatures	Unconsciousness	Head	Weather	First Aid		Teaching lessons and felt faint. Slowly fell to the ground
	2018-19	Parks & Recreation Services	8	30	2018	Extreme Temperatures	Other	Abdomen	Weather	Incident Only		Working in small area with poor air circulations. Due to high temps buidling was hot
	2018-22	Parks & Recreation Services	9	25	2018	Other	Other		Weather	N/A		Severe thunderstorm & alerts given. Possible tornado threat, held arena use for 15 mins
	2018-25	Parks & Recreation Services	10	23	2018	Repetitive motions	Sprains / Strains	Left Arm	Equipment	Medical Aid		Repetitive use of arms creating issues with wrists. Changes chair & keyboard
	2018-26	Fire Services	11	4	2018	Vehicle	N/A		Driving	Incident Only		Property Damage. Drove vehicle into garage door
	2018-27	CAO	11	15	2018	Slip, Trip or Fall	Bruises & Contusions	Mult. Body Parts	Equipment	Incident Only		Caught foot on recycling bin and lost balance & fell
	2018-28	Public Works & Environmental Services	11	22	2018	Machines/Tools	N/A		Other	Incident Only		Hit a gas meter
	2018-29	Public Works & Environmental Services	11	29	2018	Vehicle	N/A		Driving	Incident Only		Rubbed against a ballard causing damage to vehicle
	2018-31	Public Works & Environmental Services	12	27	2018	Vehicle	N/A		Driving	Incident Only		Hit a vehicle pulling onto Tecumseh Road. Damage to driver side bumper
Slip, Trip or Fall						2	0	Amputations				

Overexertion	2	3	Bruises & Contusions
Repetitive Motion	1	0	Chemical Related
Lifting/Carrying	1	1	Burns or Scalds
Struck by/against an object	1	1	Cuts / Lacerations
Vehicle	4	0	Scratches / Abrasions
Machine/Tools	2	3	Sprains / Strains
Contact with electricity	0	0	Breaks / Fractures
Extreme temperatures	2	1	Unconsciousness
Violence/Bullying	2	0	Allergic
Improper training	0	0	Respiratory
Improper machine use	0	0	Particle in Eye
Not following rules and/or procedures	0	0	Ingestion
Improper use of PPE, safety devices or guarding	0	0	Occupational Illness
Defective/malfunctioning equipment	0	2	Psychological
Poor housekeeping	0	3	Other
Property damage	0	6	N/A
Other	3		
	20	20	

