

Tuesday, April 30, 2019, 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 - February 19, 2019** 3 - 7
 - b. **Communications - For Information**
 - c. **Communications - Requiring Action**
 - d. **Workplace Inspections**
 1. **Arena, 12021 McNorton** 8 - 9
 2. **Community Centre, 13731 St. Gregory** 10 - 11
 3. **Maintenance, 2391 St Alphonse**
 4. **Parks, 300 Manning** 12 - 13
 5. **Town Hall, 917 Lesperance** 14 - 15
 6. **Public Works, 1189 Lacasse** 16 - 16
 7. **Public Works, 2495 McCord** 17 - 17
 8. **Water, 1189 Lacasse** 18 - 18
 9. **Fire & Rescue Services, Fire Station #1, 985 Lesperance Road**
 10. **Fire & Rescue Services, Fire Station #2, 5520 Walker Road** 19 - 22
 - e. **Monthly Maintenance Packages**
 1. **February 2019** 23 - 44
 2. **March 2019** 45 - 58
 3. **April 2019** 59 - 71

5. Reports

a. Incident Reports

72 - 82

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, February 19, 2019 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 - November 20, 2018 and December 18, 2018

Motion: JHSAC - 1/19

Moved By	Denis Berthiaume
Seconded By	Casey Colthurst

That the November 20, 2018 and December 18, 2018 minutes of the Joint Health and Safety Advisory Committee, as were duplicated and delivered to the Members of Committee, are accepted.

Carried

b. Communications

1. Ministry of Labour - Employment Standards of Ontario Poster
2. Email from Sam Paglia Re Policy 68

Motion: JHSAC - 2/19

Moved By	Denis Laforet
Seconded By	Shaun LaPorte

That Communications - For Information 1) and 2) as listed on the February 19, 2019 Joint Health and Safety Committee Agenda are received.

Carried

The Committee reviewed the email from Sam Paglia regarding Policy No. 68 - Violence and Harassment in the Workplace. It was noted that at the December 18, 2018 Joint Health and Safety Advisory Committee meeting regarding Policy No. 68, the following wording was suggested to replace the wording under Appendix A, item No. 3, entitled "Purpose":

"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."

The Committee agreed that the policy would be reviewed over the course of the year and ongoing recommendations would be provided for the purpose of reflecting the Town's commitment to Health and Safety as well as to strengthen the internal reporting system (IRS) with the JHSC.

It was suggested that instead of the heading "Purpose" the heading be changed to "Statement of Policy".

It was agreed Senior Management would be given the opportunity to review the suggested changes to Policy No. 68 noted above and the committee would review any input and put forth a motion at the next committee meeting for further consideration by Senior Management. Mr. Paglia also asked the Committee to present any other changes they wish to see for discussion at the next meeting.

Motion: JHSAC - 3/19

Moved By Denis Berthiaume

Seconded By Ray Hammond

That Senior Management be given the opportunity to read and comment on the suggested revised wording to Policy No. 68 - Violence and Harassment in the Workplace" and it be reviewed by the Committee and considered at the next meeting of the Committee before it is forwarded to Senior Management for their review and consideration.

Carried.

d. Workplace Inspections

1. Arena, 12021 McNorton
 - December 19, 2018
2. Community Centre, 13731 St. Gregory
 - December 19, 2018
3. Maintenance, 2391 St Alphonse
 - December 20, 2018
4. Town Hall, 917 Lesperance
 - January 2, 2019

5. Fire & Rescue Services, Fire Station #1, 985 Lesperance Road

- December 4, 2018

Moved By Casey Colthurst
Seconded By Denis Laforet

That the Workplace Inspections as listed on the February 19, 2019 Joint Health and Safety Advisory Committee Agenda be received.

Carried

e. Monthly Maintenance Packages

1. January Instructions Read First
2. Policy Review Sign Off
3. New Year Kick Start Checklist
4. Training Needs Review Checklist
5. Do you Know Safety Talk
6. Safety Talk Sign Off Sheet
7. Engagement Activity Workplace Scavenger Hunt
8. Reporting Workplace Injuries Poster

Moved By Denis Laforet
Seconded By Shaun LaPorte

That the Workplace Inspections as listed on the February 19, 2019 Joint Health and Safety Committee Agenda be received.

Carried

5. Reports

a. Incident Reports

1. 2018-31
2. 2019-01
3. 2019-02
4. 2018 Claims Summary

It was noted that the 2018 Claims Summary listed 20 incidents. Ms. Doetzel advised that she would provide a further breakdown over the last 6 years on these claims under the headings first aid, medical, lost time, etc.

Moved By Casey Colthurst
Seconded By Denis Berthiaume

That Reports 1) through 4) as listed on the February 19, 2019 Joint Health and Safety Committee Agenda be received.

Carried

6. Unfinished Business

a. Tornado Warning - Council - Update to be provided

Mrs. Doetzel reported on the tornado incident that occurred in 2018. She noted that Council was unaware of the tornado since they turn their phones off during the meeting. She did advise that people were to go to the vault in the event of a tornado or other extreme weather. Mrs. Doetzel also advised that the Fire Safety Plan is supposed to be updated every year and this matter will be considered during the next update. She also advised that Bob Hamilton, the Fire Prevention Officer, will be presenting at the next meeting to discuss what to do in the event of a tornado, earthquakes, etc. In addition, the Standard Operating Procedures (SOPs) and fire safety plans will be reviewed. Mr. Hamilton would have the final review of the plans.

Mrs. Doetzel stated that the vault would not hold very many people and suggested that perhaps the corridor by the washrooms near the Tecumseh Room would be an alternate location to go in the event of extreme weather to which the Committee Members agreed. She noted that Fire Chief Doug Pitre, Mr. Hamilton, Paul Anthony and Melissa Doetzel have met regarding alternate location.

Moved By Sam Paglia
Seconded By Scott Willoughby

That the Joint Health and Safety Advisory Committee suggest that the corridor by the washrooms near the Tecumseh Room be used temporarily as a safe location during inclement weather.

b. Policy Review

Moved By Sam Paglia
Seconded By Casey Colthurst

That the change suggested to Policy 68 - Violence and Harassment in the Workplace as mentioned in item 4 b) 2) in the minutes be considered and reviewed by the Committee.

7. New Business

a. Survey

Mr. Paglia advised that staff at the Lacasse yard stated that they did not know anything about the wellness survey that was circulated. Mrs. Doetzel advised that all staff had been sent a link to the survey. In addition, the link to the survey was sent to the volunteer firefighters' personal email account. In addition, Directors and Managers were asked to ensure that the information was shared with those employees who do not have regular access to email, and that a computer be made available in their work area for completion of the survey. The Committee also requested to know the number of surveys completed. Once completed, the survey responses are submitted through the website link directly to a database hosted by WMA Wellness. The aggregate responses from all completed surveys will be summarized into a final report which will provide valuable information about promoting positive workplace practices in the Town's employment setting. Mrs. Doetzel noted that the results from the survey should be available within the next two weeks and will be presented to the Committee.

8. Next Meeting

The next Joint Health and Safety Committee meeting will be held at 2:00 pm on Tuesday, April 23, 2019.

9. Adjournment

Moved By Casey Colthurst
Seconded By Shaun LaPorte

That there being no further business, the February 19, 2019 meeting of the Joint Health and Safety Committee now adjourn at 2:52 pm.

Carried

Sam Paglia, Co-Chair

Melissa Doetzel, Human Resources Officer



WORKPLACE INSPECTION

Location: Arena
Department or Areas Covered: ☐
Date of Inspection: Feb 27/19
Copies to: Melissa Doetzel

☐ Time of Inspection: 3:00pm
Inspected by: 3:00pm

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

[Signature]
Health and Safety Rep.

[Signature]
Inspector

[Signature]
Inspector

[Signature]
Inspector

[Signature]
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: Arena

Department or Areas Covered: ☐

Date of Inspection: March 20/19

Copies to: Melissa Doetzel

Time of Inspection: ☐
Inspected by: ☐

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
Aside exit roll	no safety	No	B	weld a safety lever	None		None	Mar 20
B side exit roll	no safety	No	B	on garage doors				
doors								
				These are fire doors they also have break brakes for when the door goes up and they get latched everytime the door goes up and stops.				

Attendee Signature

Scott Thompson

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: Feb 27/19
Copies to: Melissa Doetzel

Time of Inspection:
Inspected by: 2:40pm

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 Williams
Health and Safety Rep.

[Signature]
Inspector

[Signature]
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: March 18/19
Copies to: Melissa Doetzel

☐ Time of Inspection:
Inspected by:

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 Issues</u>								

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: **January 15, 2019**

Copies to: **Melissa Doetzel**

Inspected by:

Denis Laforet

Time of Inspection: **11:30 A.M.**

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: February 14, 2019

Copies to: Melissa Doetzel

Inspected by: Denis Laforet

Time of Inspection: 9:45 AM.

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



Inspected by: Lesley Racicot, Christina Hebert, Paul Anthony, Ray Hammond, Shaun Fuerth.

Revised: 2019-03-11

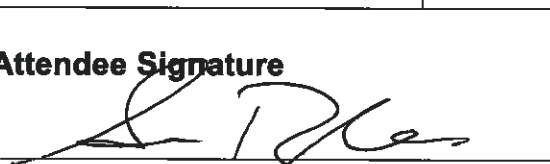


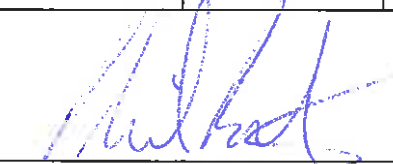
WORKPLACE INSPECTION


Location: Click or tap here to enter text.
Department or Areas Covered: ☒ Town Hall ☒ Office 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: 2019-03-28 Time of Inspection: 11:00am
Copies to: Melissa Doetzel Inspected by: Sam Paglia, Laura Moy, Phil Bartnik, Jennifer Alexander

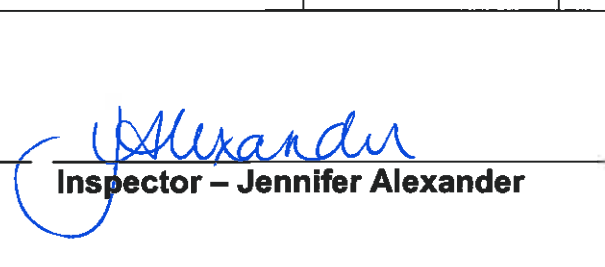
Item (Location)	Hazards Observed (applicable section)	Repeat Item Yes or No	Priority A – B – C – D	Recommended Action	Section of the ACT	Person Responsible for Action	Action Taken	Date
EL #5	Light out	Y	B	Replace				Click or tap to enter a date.
EEL Box outside Tecumseh Room, on wall west side of stairs.	Out	N	B	Change light and number the EEL's throughout Town Hall and Trailer for ease of inspection				Click or tap to enter a date.
Parking curb outside Council north door.	Out of location	N	C	Place parking block in its original location and far enough away from the exit door and NOT block the operation of the door when a car/truck is parked there.				
Electrical Room	Stairs	N	D	Place a sign "watch your step" as the steps leading down to the panel room are not safe.				Click or tap to enter a date.

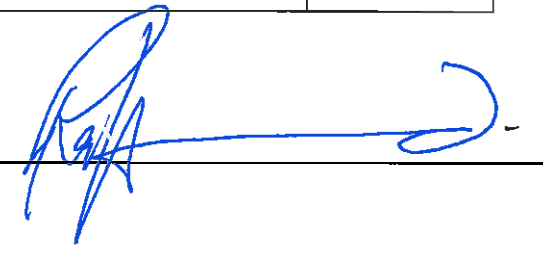
Attendee Signature


Health and Safety Rep - Sam Paglia


Inspector – Phil Bartnik


Inspector – Laura Moy


Inspector – Jennifer Alexander



Priority Codes: A – do immediately B – do within 3 days C – do within 2 weeks; D – Other
Interviewed: 1) Enrico D (ok) 2) Dana W (ok)

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



Copies to: **Melissa Doetzel**

[illegible]

Inspector

EL – Emergency Lights



WORKPLACE INSPECTION

Location: 1189 Lacasse Water
Department or Areas Covered: ☐
Date of Inspection: February 28, 2019
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



WORKPLACE INSPECTION

Location: Station 2
Department or Areas Covered: ☐ ALL ☐
Date of Inspection: January 8, 2019
Copies to: Melissa Doetzel

☐ Time of Inspection: 19:30hrs ☐
Inspected by: Chad Macle

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
Kitchen	None							
Outside	↓							
Lounge								
Offices								
Truck Bay								
Training Room								
Work out room								

Attendee Signature

Chad Macle
Health and Safety Rep.

Chad Macle
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 hall 2*
Department or Areas Covered: ☐ *ALL*
Date of Inspection: *February 5, 2019*
Copies to: *Melissa Doetzel*

☐ Time of Inspection: *09:00 hrs*
Inspected by: *Ched Mactier*

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>Workout room</i>	<i>None</i>							
<i>Kitchen</i>	<i>↓</i>							
<i>Offices</i>								
<i>Truck Bay</i>								
<i>Outside.</i>								
<i>Lounge.</i>								
<i>Training Room</i>	<i>↓</i>							

Attendee Signature

Ched Mactier

Health and Safety Rep.

Ched Mactier

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: 19:00h-5
Inspected by: Chad MacTiger

Attendee Signature

Chad 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



WORKPLACE INSPECTION

Location: Station 2
Department or Areas Covered: ☐ ALL
Date of Inspection: April 2, 2019
Copies to: Melissa Doetzel
Time of Inspection: Chad Maatier
Inspected by: 14:00 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>Bay</u>	<u>None</u>							
<u>Kitchen</u>								
<u>Lounge</u>								
<u>Outside</u>								
<u>Offices</u>								
<u>Workout room</u>								
<u>Training room</u>								

Attendee Signature
Chad Maatier
Health and Safety Rep.
Chad Maatier
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
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Monthly Implementation Package

February 2019 – Instructions

Workplace violence and harassment can have devastating consequences for both workers and the work environment. It can affect workplace communication, production, morale, and the general sense of personal well-being. Workers, supervisors and employers have rights and duties when dealing with workplace violence and harassment. This month's package gives you the tools to effectively manage your Workplace Violence and Harassment Policy and Program.

Safety Coordinator Assignment: Distribute Investigation Resources

This month we've put together a few resources to help your workplace through a harassment, bullying or violence investigation. Review and distribute to your supervisors/managers the below resources which are included in this package.

1. Harassment Flowchart

- ❖ Allegations of bullying or harassment need to be investigated by management and dealt with appropriately. This flowchart shows what steps need to be taken.

2. 5 Whys Method for Investigating Harassment

- ❖ By repeatedly asking the question "Why" (five is a good rule of thumb), you can peel away the layers of symptoms which can lead to the root cause of a problem. This document explains the 5 Whys Method and gives you an example on how to investigate harassment using this technique.

3. Workplace Violence and Harassment Provincial Requirements

- ❖ Employers have duties when dealing with workplace violence and harassment. Review this chart to know your province's requirements when it comes to Workplace Violence and Harassment.

Supervisor/Manager Assignment: Workplace Violence and Harassment Hazard Assessment

If you have a **Workplace Violence and Harassment Risk or Hazard Assessment** online, (it should be found under the Hazard Assessment library item on your safety site), department supervisors/managers are to review it. Involve employees and the health and safety committee/representative in this process. Use the **Workplace Violence Harassment Controls Chart** included this package to make sure your risk assessment is current, and update the controls you have in place as needed.

If you do not have a **Workplace Violence and Harassment Risk or Hazard Assessment** online, please contact Dunk & Associates for assistance or have the safety committee/representative create one.

Safety Talk: Workplace Violence, Harassment and Bullying

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."

"Come up with a resolution, Violence is never a solution!"

Need help? Contact Dunk & Associates.

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

Monthly Implementation Package

February 2019 – Instructions

Safety Committee/Safety Representative Assignment: Policy Review

This month the Safety Committee/Safety Rep need to review your workplace's **Workplace Violence and Harassment Prevention Policy** (*if it wasn't reviewed in January*). The policy review must be documented either on the **Policy Review Sheet** included in this month's package, or an internal policy review sheet. Once reviewed and updated as needed, sign, date and post a copy on the Health & Safety Board. Ensure Senior Management also reviews this policy and signs.

Engagement Activity: What's wrong with this picture?

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 **What's wrong with this picture?**

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: Responding Constructively to Disrespectful Treatment

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **February 20th 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

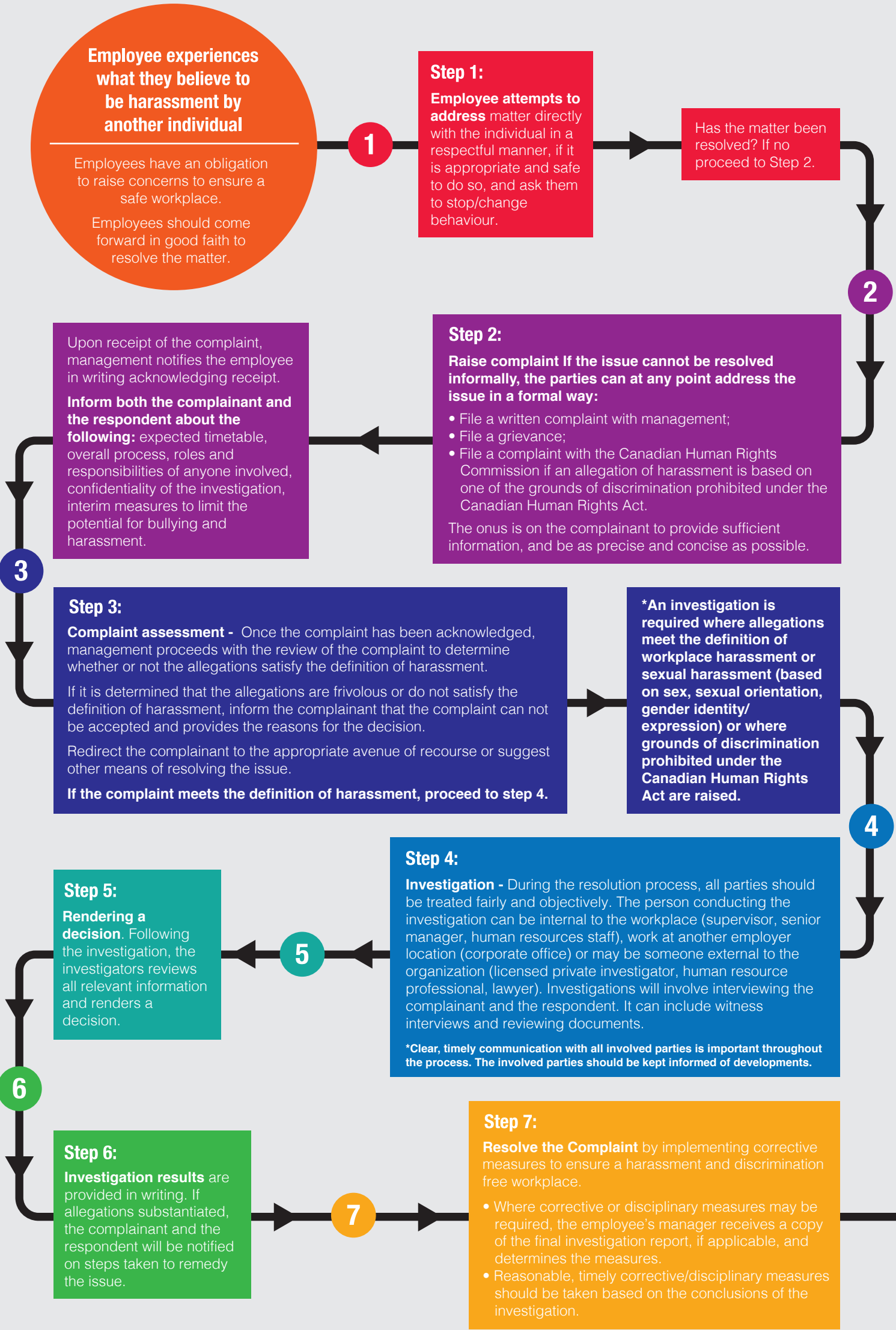
- i. Safety Talk Instructional Guide
- ii. Safety Report Survey Instructions

"Come up with a resolution, Violence is never a solution!"

HARASSMENT COMPLAINT

This chart summarizes the complaint process

FLOW CHART



Harassment Investigation: 5 Whys Method

How to Use the 5 Whys

Step 1. Assemble a Team

Gather together people who are familiar with the detail of the problem and with the process that you're trying to fix. Include someone to act as a facilitator, who can keep the team focused on identifying effective counter-measures.

Step 2. Define the Problem

Discuss the problem with your team and write a brief, clear problem statement that you all agree on. Then, write your statement on a whiteboard, leaving enough space around it to write your answers to the repeated question, "Why?"

Step 3. Ask the First "Why?"

Ask your team why the problem is occurring. Asking "why?" sounds simple, but answering it requires thought and intelligent application. Search for answers that are grounded in fact: they must be accounts of things that have actually happened – not guesses at what might have happened.

Step 4. Ask "Why?" Four More Times

Working sequentially along one of the answers you generated in Step 3, ask four further "whys" in succession. Frame the question each time in response to the answer you've just recorded, and again record your responses to the right. The "5" in 5 Whys is really just a "rule of thumb." In some instances, you may need to go on and ask "why?" a few more times before you get to the root of the problem. The important point is to stop asking "why?" when the useful responses stop coming. As you work through your chain of questioning, you'll often find that someone has failed to take a necessary action. The great thing about 5 Whys is that it prompts you to go further than just assigning blame, and to ask why that happened. This often points to organizational issues or areas where processes need to be improved.

Step 5. Know When to Stop

You'll have revealed the nature of the root cause when asking "why" produces no more useful responses and you can go no further. An appropriate counter-measure or process change should then become evident.

Step 6. Address the Root Cause(s)

Now that you've identified at least one true root cause, you need to discuss and agree what counter-measures will prevent the problem from recurring.

Step 7. Monitor Your Measures

Keep a close watch on how effectively your counter-measures eliminate or minimize the initial problem.

Harassment Investigation: 5 Whys Method

Example of 5 Whys Method of Investigation: *Harassment*

Problem: A project manager (Claire) feels she is the victim of workplace harassment by her colleague (Louise)

Why (#1) does Claire feel like she is the victim of Harassment?

Louise is constantly rolling her eyes, cutting glances and grimaces, crossing her arms and shaking her head when Claire is trying to assign her work. She openly criticizes the way she handles the project and Louise tries to discredit her by spreading malicious gossip or rumors about Claire.

Why (#2) is Louise acting like this?

Louise and Claire had been working on the same team for several months. Recently, Claire was appointed person in charge of a project, but Louise has refused to accept this promotion.

Why (#3) does Louise refuse to accept Claire's promotion?

Louise feels that she should have been the one entrusted with this responsibility and she is furious that her employer didn't consult them before choosing the project manager.

Why (#4) didn't their employer consult them?

Claire just walked into his office asking to be project manager so he just gave the title to her.

Why (#5) did the employer just give the promotion to Claire without further consultation?

There are no procedures in place to appoint responsibilities and promotions

CONTROL MEASURE: Develop a procedure to assign responsibilities/promotions to staff.

Provincial Requirements: Workplace Violence & Harassment

This chart is a summary of an Employer's duties when it comes to preventing violence, harassment and bullying in the workplace. Please consult your provincial legislation and company policies for more information.

Provinces	Legislation	Harassment	Violence
BRITISH COLUMBIA	OHS Policy D3-115-2 (Employer's Duties)	<ul style="list-style-type: none"> • Develop a policy statement on bullying and harassment. • Take steps to prevent or minimize bullying and harassment. • Develop and implement procedures for dealing and reporting incidents and complaints. • Inform workers of the policy statement and steps taken to prevent bullying and harassment. • Train workers and supervisors to recognize the potential for bullying and harassment, to respond, and to follow the procedures for reporting. • Annually review the policy statement and procedures. 	<ul style="list-style-type: none"> • Perform a risk assessment in any workplace in which a risk of injury to workers from violence arising out of their employment may be present. • If a risk of injury to workers from violence is identified by an assessment, establish procedures, policies and work environment arrangements to eliminate or minimize the risk to workers from violence. • Inform workers who may be exposed to the risk of violence of the nature and extent of the risk. • Instruct workers who may be exposed to the risk of violence in recognition, control, response, reporting, investigating and documenting. • Advise workers of treatment options if harmed by violence.
ALBERTA	<i>Occupational Health and Safety Act - Chapter O-2.1</i>	<ul style="list-style-type: none"> • Define workplace harassment and violence in all forms, including domestic and sexual violence. • Investigate incidents of violence and harassment and take corrective action. • Develop separate violence and harassment prevention plans. • Review plans at least one every 3 years. • Advise workers of treatment options if harmed by violence or harassment. 	

Provincial Requirements: Workplace Violence & Harassment

Provinces	Legislation	Harassment	Violence
SASKATCHEWAN	<p>Saskatchewan Employment Act</p> <p>Section 36 - Occupational Health and Safety Regulations, 1996</p>	<ul style="list-style-type: none"> Promote and maintain a working environment that is free of harassment. Develop and implement a written harassment policy that meets the requirements of the law. Ensure, as much as reasonably practicable, that employees are not exposed to harassment in the workplace, including harassment that occurs outside of regular work hours and locations. 	<ul style="list-style-type: none"> An employer operating at a prescribed place of employment where violent situations have occurred or may reasonably be expected to occur shall develop and implement a written policy statement and prevention plan to deal with potentially violent situations after consultation with the occupational health committee/representative or the workers (if there is no occupational health committee/representative)
MANITOBA	<p>The Workplace Safety and Health Amendment Act (Harassment and Violence in The Workplace)</p>	<ul style="list-style-type: none"> Ensure, as far as is reasonably practical, that a worker is not exposed to workplace-related harassment or workplace violence. Promote and maintain, as far as is reasonably practical, a working environment that is free of workplace-related harassment and workplace violence. Prepare a written policy respecting workplace-related harassment and workplace violence. Review the policies at least once per year, or more frequently as necessary. Implement policies for dealing with and preventing incidents of workplace-related harassment and workplace violence. Assess the risk of workplace violence that may arise due to the nature of the workplace, the type of work or the conditions of work and advise the workers at the workplace of the results of the assessment. On the hiring of a worker, provide to the worker a copy of a Dignity at Work statement in accordance with the Act. On the hiring of a supervisor and at regular intervals, provide a supervisor with training on how to prevent workplace-related harassment and workplace violence. 	

Provincial Requirements: Workplace Violence & Harassment

Provinces	Legislation	Harassment	Violence
ONTARIO	Part III.0.1 - Occupational Health and Safety Act, R.S.O. 1990, c. O.1	<ul style="list-style-type: none"> • Prepare and review, as often as necessary, but at least annually, a policy on workplace harassment, in accordance with the OHSA. The policy shall be in written form and posted at a conspicuous place in the workplace. • In consultation with the committee/representative, develop and maintain a written program to implement the policy with respect to workplace harassment. • Conduct an investigation into incidents and complaints of workplace harassment. • Provide a worker with information and instruction on the contents of the policy and program with respect to workplace harassment. 	<ul style="list-style-type: none"> • Prepare and review, as often as necessary, but at least annually, a policy on workplace violence, in accordance with the OHSA. The policy shall be in written form and posted at a conspicuous place in the workplace. • Assess the risk of workplace violence that may arise from the nature of the workplace, type of work or conditions of work. • Develop and maintain a program to implement the workplace violence policy, in accordance with the OHSA. • Advise the joint health and safety committee or health and safety representative or workers of the assessment results. • Repeat the assessment as often as necessary to ensure the workplace violence policy and related program continue to protect workers from workplace violence and inform the joint health and safety committee, health and safety representative, or workers of the results of the reassessment. • Provide a worker with information and instruction on the contents of the policy and program with respect to workplace violence.

Provincial Requirements: Workplace Violence & Harassment

Provinces	Legislation	Harassment	Violence
QUEBEC	Act Respecting Labour Standards	<ul style="list-style-type: none"> Take reasonable action to prevent psychological harassment and, whenever they become aware of such behaviour, to put a stop to it. 	No specific legislation
NEW BRUNSWICK	General Regulations – Occupational Health and Safety Act- Come into force on April 1, 2019	<ul style="list-style-type: none"> In consultation with the safety committee/representative, develop and implement a written code of practice for preventing harassment. In consultation with the joint health and safety committee, or with employees if there is no established committee, review the policies concerning harassment and violence in the workplace on an annual basis. Provide training to all employees regarding the policies concerning harassment and violence in the workplace. 	<ul style="list-style-type: none"> In consultation with the safety committee/representative, or with employees if there is no established committee, perform a risk assessment analyzing the likelihood of violence in the workplace. Following this risk assessment, employers must develop a code of practice on managing violence in their workplace, in accordance with the Act.
NOVA SCOTIA	Violence in the Workplace Regulations - Section 82 of the Occupational Health and Safety Act	No specific legislation	<ul style="list-style-type: none"> Prepare a workplace violence prevention statement, in accordance with the regulation. In consultation with the safety committee/representative, conduct a violence risk assessment for each of their workplaces in accordance with the regulation to determine if there is a risk of violence in the workplace. Prepare a written report concerning the violence risk assessment detailing the extent and nature of any risk identified by the assessment.

Provincial Requirements: Workplace Violence & Harassment

Provinces	Legislation	Harassment	Violence
			<ul style="list-style-type: none"> • In consultation with the safety committee/representative, establish and implement a workplace violence prevention plan for each workplace for which a significant risk of violence is identified through a violence risk assessment. • Provide adequate training, in accordance with the procedure in an employer's workplace violence prevention plan. • At least every 5 years, review and, if necessary, revised the plan.
PRINCE EDWARD ISLAND	Part 52 of the Occupational Health & Safety General Regulations	No specific legislation	<ul style="list-style-type: none"> • Conduct a risk assessment of the workplace to determine whether or not a risk of injury to workers from violence arising out of their employment may be present. • Where a risk of injury to workers from violence is identified by an assessment, establish procedures, policies and work environment arrangements to eliminate or minimize the risk to workers from violence. • Inform workers who may be exposed to the risk of violence in the workplace of the nature and extent of the risk. • Instruct workers who may be exposed to the risk of violence in recognition, procedures and response.

Provincial Requirements: Workplace Violence & Harassment

Provinces	Legislation	Harassment	Violence
			<ul style="list-style-type: none"> Advise workers of treatment options if harmed by violence.
NEWFOUNDLAND/LABRADOR	Sections 22 to 24 - Newfoundland and Labrador Regulation 70/09	No specific legislation	<ul style="list-style-type: none"> Perform a risk assessment when a risk of injury to workers from violence arising out of their employment may be present. Where a risk of injury to workers from violence is identified by an assessment, establish procedures, policies and work environment arrangements to eliminate or minimize the risk to workers from violence. Inform workers who may be exposed to the risk of violence of the nature of the risk and the precautions that may be taken.
YUKON	No specific legislation		

Provincial Requirements: Workplace Violence & Harassment

Provinces	Legislation	Harassment	Violence
NORTH-WEST TERRITORIES	Occupational Health and Safety Regulations R-039-2015	<ul style="list-style-type: none"> In consultation with the Committee or representative, or, if no Committee or representative is available, the workers, develop and implement a written harassment policy, in accordance with the regulation. 	<ul style="list-style-type: none"> At a work site where violence has occurred or could reasonably be expected to occur, after consultation with the Committee or representative or, if no Committee or representative is available, the workers, develop and implement a written policy to deal with potential violence, in accordance with the regulation. Review and, if necessary, revised the policy not less than once every three years or whenever there is a change of circumstances that could affect the health or safety of workers.
NUNAVUT	Occupational Health and Safety Regulations, Nu Reg 003-2016	<ul style="list-style-type: none"> In consultation with the Committee or representative, or, if no Committee or representative is available, the workers, develop and implement a written harassment policy, in accordance with the regulation. 	<ul style="list-style-type: none"> At a work site where violence has occurred or could reasonably be expected to occur, after consultation with the Committee or representative or, if no Committee or representative is available, the workers, develop and implement a written policy to deal with potential violence, in accordance with the regulation. Review and, if necessary, revised the policy not less than once every three years or whenever there is a change of circumstances that could affect the health or safety of workers.

Workplace Violence & Harassment Controls Chart

Use this chart to help review or create your workplace's workplace violence and harassment risk/hazard assessment. The below list of controls are examples only, they only need to be included in your risk/hazard assessment if they apply to your workplace, and they are going to be implemented. Remember a control only works if it's implemented!

Areas with the potential for Workplace Violence, Harassment	Examples of Controls
Outside building and parking lot	<ul style="list-style-type: none"> • Bolted entries/locks • Designated public entry doors • Clear sightlines (look at landscaping, layout, and bushes) • Good lighting • Motion/movement detectors
Entry control and security system	<ul style="list-style-type: none"> • Coded doors/security doors • Employee ID cards and guest passes with sign-in/out • Clearly labelled staff areas • Closed-circuit video system • Metal detectors • Alarms (silent or sounding) • Mirrors
Reception and waiting areas	<ul style="list-style-type: none"> • Clear sightlines • Means of communication • Signage (re: hours) • No heavy or sharp objects
Public counters	<ul style="list-style-type: none"> • Widened service desks • Barriers (e.g., unbreakable screens) • Silent, concealed alarms • Other means to summon help
Interior design, hidden areas (utility rooms, etc.), and lighting	<ul style="list-style-type: none"> • Restricted public access • Clear sightlines • Locked doors • Mirrors • Angled corners
Stairwells and exits	<ul style="list-style-type: none"> • Exit signs • Good lighting • No obstructions • Panic bars to allow escape • Requirements of Fire Code and Building Code
Elevators and washrooms	<ul style="list-style-type: none"> • Clear sight lines • Restricted public access • Communication devices or alarms • Locks that can be accessed by security
Public meeting rooms, interview, treatment or counselling rooms	<ul style="list-style-type: none"> • Clear sight lines • Communication devices or alarms • Furniture layout • Weighted furniture • Extra exit
Isolated areas	<ul style="list-style-type: none"> • Clear sight lines • Means of communication • Mirrors • Angled corners • Restricted access

Workplace Violence & Harassment Controls Chart

Location of cash, goods, and medicines	<ul style="list-style-type: none"> • Locked and hidden storage
Workplace location (shared building, neighbouring businesses, neighbourhood)	<ul style="list-style-type: none"> • Security tours • Cameras • Secured grounds
Other area's and questions to assess for your workplace:	Examples of Controls
Does the front desk or till counter face the entrance of the workplace?	Front desks or tills (cash) should: <ul style="list-style-type: none"> • face the main entrance • have clear sight of the main doors • not have sightlines blocked by the storage of large items <p>If there is more than one till, place them away from each other but close enough that they are within view of each other.</p>
Are individual security devices necessary to protect workers?	<ul style="list-style-type: none"> • Individual security devices could include: • personal alarms • cell phones • two-way radios • GPS tracking devices or other locating devices
If used in your workplace, are security systems and individual security devices tested?	<p>If used in your workplace:</p> <ul style="list-style-type: none"> • Test the security systems regularly • Test individual security devices prior to use and regularly while in use • Keep records of tests
Is there a designated safe area where workers can go during a workplace violence incident?	<p>For emergency purposes, a safe area (for example, a safe room, the business next door, etc.) should be identified. If using a safe room, it should:</p> <ul style="list-style-type: none"> • have clear entry • have a lock that can be used from the inside, but which can also be accessed by security • have a means of summoning immediate assistance
Are there other measures or procedures needed to protect workers from the risks arising from the physical environment?	Measures and procedures will depend on the specific workplace.
If your workplace has workplace security measures or individual security devices, are workers trained in their use?	Provide workers training on workplace security measures and in the proper use and testing of individual security devices.
Are workers and supervisors trained in all relevant measures and procedures regarding workplace violence?	<p>Information, instruction, or training could include:</p> <ul style="list-style-type: none"> • risks of workplace violence arising from their job or location • other relevant measures and procedures
Do workers work at times of increased vulnerability or in remote or isolated locations within the building?	<ul style="list-style-type: none"> • maintain regular contact with workers • have more than one person working in an area where there might be contact with public or clients • have workers leave the building in groups • arrange for security patrols • join with neighbouring businesses to coordinate security

Safety Talk Sign-off

February 2019 – Workplace Violence Harassment
and Bullying



Location/Department: _____ Date: _____

Name (please print)	Signature	Date

Policy name	Revision Date	Who Reviewed the Policy (name)	Recommandations for improvements

Engagement Activity: What is Wrong with This Picture

Instructions: How many hazards can you point out in each picture. How do you correct the hazards?



List the hazards and how to correct them:

1. _____
a. Correction: _____
2. _____
a. Correction: _____
3. _____
a. Correction: _____
4. _____
a. Correction: _____
5. _____
a. Correction: _____
6. _____
a. Correction: _____
7. _____
a. Correction: _____

Engagement Activity: What is Wrong with This Picture

Answers



1. The meat slice guard is defeated, and is not locked out/taken out of service
 - a. Follow proper lockout procedures in the equipment manual/Safe Work/Operating procedure.
2. The worker is using the wrong knife for the job
 - a. Use the proper tool for the job
3. The worker is not paying attention to his tasks and what is going on around him
 - a. Focus on one job at a time. The worker mopping should get his attention as well and let him know they are there
4. The knife and cutting board are hanging over the edge of the counter
 - a. Nothing should be overhanging the edge of the counter.
5. The cutting board is not secured
 - a. Place the cutting board on a nonslip mat/surface
6. There is no wet floor sign
 - a. Place a wet floor sign and communicate to all staff when mopping
7. There is a pot of oil on the floor, causing a tripping hazard
 - a. Keep pots off the floor

Engagement Activity: What is Wrong with This Picture

Instructions: How many hazards can you point out in each picture. How do you correct the hazards?



List the hazards and how to correct them:

1. _____
a. Correction: _____
2. _____
a. Correction: _____
3. _____
a. Correction: _____
4. _____
a. Correction: _____
5. _____
a. Correction: _____
6. _____
a. Correction: _____
7. _____
a. Correction: _____

Engagement Activity: What is Wrong with This Picture

Answers



1. Driver seat is not properly adjusted, his leg is obstructing the steering wheel
 - a. Adjust your seat properly so legs and elbows have a slight bend
2. Driver is using their phone while driving, also taking his second hand off the wheel
 - a. This is illegal, put the phone down! Use hands free, and keep two hands on the steering wheel.
3. There is food on the driver's lap
 - a. This is a distraction, just like the phone. Put it away.
4. Rear view mirror is not positioned correctly.
 - a. Ensure you can see behind you with the rear-view mirror, it is not for looking at yourself
5. The binder is reflecting into the windshield
 - a. This is a distraction, put the binder on the floor or back seat
6. The laptop is an unsecured object.
 - a. This has the potential to go flying should the driver suddenly stop or get into an accident. Secure all objects in the car

Engagement Activity: What is Wrong with This Picture

Instructions: How many hazards can you point out in each picture. How do you correct the hazards?



List the hazards and how to correct them:

1. _____
a. Correction: _____
2. _____
a. Correction: _____
3. _____
a. Correction: _____
4. _____
a. Correction: _____
5. _____
a. Correction: _____
6. _____
a. Correction: _____
7. _____
a. Correction: _____

Engagement Activity: What is Wrong with This Picture

Answers



1. Sharps container is overflowing
 - a. Only fill to max fill line
2. Worker is not using proper body mechanics
 - a. Refer to your training or speak with a supervisor/manager for proper body mechanics techniques
3. The ceiling lift is not being used
 - a. Use the lift instead of manually lifting
4. The worker is using high risk hand grip
 - a. Use proper body mechanics and lifting devices
5. The worker is wearing improper footwear
 - a. Wear non-slip closed toed shoes
6. The bed is too low for the worker's height and up against the wall
 - a. Reposition the bed as necessary
7. A used needle is on the floor
 - a. Properly dispose of all sharps

Monthly Implementation Package

March 2019 – Instructions

Employers must take every reasonable precaution to protect workers, provide training, and ensure that workers properly use or wear the required equipment. This includes identifying and controlling hazards in the workplace. Hazard assessments and SOPs help build safe and healthy workplaces. They are at the core of every organization's occupational health and safety program. This month's package focuses on Hazard Assessments, SOPs review and an employer, or highest level of senior management, review of your safety program.

Owner/Senior/General Manager Assignment: Identifying the Unseen Hazards

Unfortunately, in 2018 we saw too many critical injuries, fatalities, and employers facing charges. As the employer, senior management, administrator etc. (highest level of ownership at your workplace) we ask you to complete this assignment, to "Identify the Unseen Hazards" in your workplace, and build your due diligence case. We know as employers, senior management, administrators etc. your time is precious but we cannot stress the importance enough to complete this assignment. Please take a couple months to do so, and aim to have it finished by **May 1st, 2019**. See the assignment attached to this package for more information.

Supervisor/Manager Assignment: SOP Review

This month, supervisors/managers are to review their department's SOPs, ensure they are still accurate, and retrain employees as necessary (typically annually or according to company policy). Record the review on the **SOP Review sheet** included in this package. Best practice is to also post the SOPs near the piece of equipment or have a department binder with applicable SOPs available to employees. If you do not have SOPs online, please contact Dunk & Associates for assistance or have the safety committee/representative create them. SOPs can be found on your Health & Safety website under the SOP library item.

Safety Committee/Safety Representative Assignment: Hazard Assessment Completion/Review

Hazard assessments provide a consistent approach for employers and workers to identify and control hazards in the workplace. It allows everyone to focus their efforts in the right areas, and to develop worker training, inspections, emergency response plans, etc. specific to the hazards at their work sites. If you have Workplace Hazard Assessments online, (they should be found under the Hazard Assessment library item on your safety site), the Safety Committee/Safety Representative is to review them this month. Ensure that all hazards are identified in the hazard assessments, and controls are implemented. If you make any changes, communicate to employees by posting an updated version on the Health & Safety Board.

Safety Talk: Hazard Reporting

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."

Need help? Contact Dunk & Associates.

Monthly Implementation Package

March 2019 – Instructions

Suggested Policy Review:

If your workplace has not created its own schedule for reviewing all policies, we recommend the following policies be reviewed this month. Have the Safety Committee/Safety Rep review your **Hazard Identification Policies**. The policy review must be documented either on an internal policy review sheet or meeting minutes.

Engagement Activity: Task Analysis

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 **Task Analysis**

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: The Unseen Hazards – What you don't know can kill you!

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **March 20th 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

Building a Case for Due Diligence:

Identifying the Unseen Hazards

We're placing a call to action to all our clients to get out into your workplace and LOOK for those unseen hazards. Look at everything from the angle of, can that hurt or kill someone?

Employers need take a proactive approach when protecting their workers and this assignment can help build your due diligence defense in a court of law. In 2018 we saw too many unidentified, and uncontrolled hazards that critically injured or killed employees. For example:

- Train tracks that run through a workplace's property were unidentified as a hazard. An employee was struck and killed by an oncoming train.
- Transport trailers being used as outside storage units were unidentified as a hazard. An employee was pinned between a reversing transport truck and the stationary trailer used for storage.
- A new and young worker wasn't properly supervised and trained when a truck was jacked up on the side of a road. The new worker was crushed and fatality injured when the truck became unstable and the new worker was not supervised or trained to not go under the truck.

To be completed by: Employers, Owners, General Managers, Administrators, basically the highest level of Senior Management at your workplace. Get assistance from your supervisors/managers, and/or safety committees/safety representative as needed.

Due Date: Aim to have completed by May 1st.

Instructions: Use the document below as a guideline and do a complete walk through of your entire workplace. Parking lots, storage areas, dark hallways, off site work areas etc. Think about doing this walk around at different times of day as well, beginning of shifts, ends of shifts, different seasons, some hazards only present themselves when the environment changes.

Any hazards identified, ensure they are captured on your workplace's hazard assessment and controls are put in place to protect workers, training, PPE, eliminating the hazards etc.

Building a Case for Due Diligence: Identifying the Unseen Hazards

Check the boxes if the item was present, in good condition etc. Leave the box blank if it could not be found or if there were issues. Note the issues and required corrective measure in the comments section.

REVIEW COMPLETED BY: _____ DATE: _____

DESCRIPTION	COMMENTS Note the issues identified (which department) and required corrective measure
<p><u>Physical Inspection</u></p> <p>1. General</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proper ventilation in all areas of workplace <input type="checkbox"/> Adequate lighting in all areas, inside and outside (include parking lots, storage facilities) <input type="checkbox"/> Good housekeeping practiced in all departments <input type="checkbox"/> Slip/trip hazards are controlled (assess stairwells, uneven surfaces) <input type="checkbox"/> Safety signage/information available (when to wear PPE) <p>2. Chemicals</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriately stored <input type="checkbox"/> All controlled products are labeled (supplier or workplace label) <input type="checkbox"/> Unused or unnecessary chemicals are disposed of in a safe manner <input type="checkbox"/> Safety Data Sheets available <input type="checkbox"/> Spills procedure in place, as necessary <input type="checkbox"/> First aider and required first aid kit available <input type="checkbox"/> Required PPE available and in good condition <p>3. Electricity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plugs, switches and cables in good condition (not frayed or damaged) <input type="checkbox"/> Electrical panels unblocked (1-meter clearance in front) <input type="checkbox"/> Power tools are in good condition 	

Building a Case for Due Diligence:

Identifying the Unseen Hazards

4. Fire & Emergencies

- ☐ Fire extinguishers/hoses checked and serviced
- ☐ Exit signage posted in visible area
- ☐ Exits clearly marked
- ☐ Fire response plan posted for each work area
- ☐ Smoke alarms available and in good working order
- ☐ Designated assembly areas identified
- ☐ Evacuation drill held in last 12 months

5. Workshops (skip if your workplace does not have)

- ☐ Machine guarding in place
- ☐ Safety lockout procedures observed
- ☐ Lockout equipment available
- ☐ Walkways clear
- ☐ Waste disposed of properly
- ☐ General housekeeping (regular cleaning system) in place
- ☐ Equipment, tools etc. stored in a safe manner
- ☐ Preventative maintenance followed for all equipment
- ☐ Battery recharging area has all applicable PPE and emergency shower/deluge station
- ☐ Designated noise zones have signage posted
- ☐ PPE available for all employees
- ☐ Workers are following safety instructions (supervised)

6. Walkways, stairs and landings

- ☐ Designated access ways are clearly marked, adequately lit and free from obstructions (no electrical wire crossing walkways, items not stored in access ways or in stairwells, oil/grease removed from floors)
- ☐ Unobstructed vision at intersections
- ☐ Floor surfaces well maintained, smooth, non-slip and uncluttered
- ☐ All surfaces (stairs, floors, carpets) in good condition

Building a Case for Due Diligence:

Identifying the Unseen Hazards

<ul style="list-style-type: none"><input type="checkbox"/> No trip hazards (cables, boxes, etc.)<input type="checkbox"/> Stairs in good repair, non-slip, fitted with stable handrails <p>7. Storage and manual handling</p> <ul style="list-style-type: none"><input type="checkbox"/> Storage units (racks, shelves etc.) suitably designed to take the weight of stored items, stable, and in good condition<input type="checkbox"/> Loads configured to reduce risk of falling, collapsing, overhanging edges<input type="checkbox"/> Racking in good condition<input type="checkbox"/> Racking capacity identified<input type="checkbox"/> Lift equipment provided, in good condition and used where necessary<input type="checkbox"/> Ladders properly stored (secured from falling)<input type="checkbox"/> Training in manual tasks given to employees <p>8. Noise</p> <ul style="list-style-type: none"><input type="checkbox"/> Hearing protection supplied if noise cannot be controlled by any other way<input type="checkbox"/> Workers wear hearing protection in areas designated as hearing protection areas <p>9. Security</p> <ul style="list-style-type: none"><input type="checkbox"/> Visitor procedure in place (log book)<input type="checkbox"/> Safety signage/instructions posted in visible areas (PPE required, first aid stations, emergency exits, etc.)<input type="checkbox"/> Adequate lighting<input type="checkbox"/> Workplace Violence, Harassment and Bullying procedures in place <p>10. Outside</p> <ul style="list-style-type: none"><input type="checkbox"/> Adequate lighting in all areas around workplace<input type="checkbox"/> High visibility PPE available for employees who are working outside around moving vehicles<input type="checkbox"/> Garbage is locked/stored in a manner to not attract wild animals	
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Building a Case for Due Diligence:

Identifying the Unseen Hazards

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Employees trained on what to do if come in contact with wild animals while working outside<input type="checkbox"/> Outside storage units in good condition (stairs, pathways, stability supports etc.)<input type="checkbox"/> Speed limit signage posted to protect safety of workers in parking lots<input type="checkbox"/> Employees working around moving vehicles have been trained | |
|---|--|

11. Other (please list)

Physical Inspection Notes:

Building a Case for Due Diligence: Identifying the Unseen Hazards

<u>Hazard Assessments (HA)</u> <ul style="list-style-type: none"> <input type="checkbox"/> HA for all departments or jobs completed <input type="checkbox"/> HA for Workplace Violence completed <input type="checkbox"/> HA reviewed and signed-off in the last 12 months <input type="checkbox"/> HA posted on the H&S board or in each department 	
<u>SOPs/SWP</u> <ul style="list-style-type: none"> <input type="checkbox"/> SOPs/SWP created for all high rated hazards <input type="checkbox"/> SOPs/SWP reviewed with employees and signed off as part of training 	
<u>General Comments:</u>	

Building a Case for Due Diligence:

Identifying the Unseen Hazards

Action Items

If you find any deficiencies when completing the review, 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: _____

SOP review

March 2019 – Supervisor/Manager Assignment

SOP's should be reviewed every year or based on you company's policy. Managers/supervisors will review their respective departments' SOPs. Where changes are proposed or made, review date should be updated in the SOP. The details of the changes should be identified in the following table. The manager/supervisor should ensure that employees are informed of the changes made to the SOP. Write down the date that the changes will be communicated to employees and who will be responsible for communication/retraining.

Document History				
Title of SOP	Review Date	Edited by	Details of changes	Date to communicate to employees/Person responsible

Hazard Reporting

A hazard is set of circumstances that have the potential to cause injury, illness, and/or property damage. It is anything dangerous to people, property or the environment.

If you discover a hazard that cannot immediately be corrected you should:

- Report it immediately to your supervisor/manager or safety rep/committee member.
- Inform other people in the area of the risk.
- Cordon off area in order to prevent people from entering the risk area.
- Record the incident in a Hazard Report form and forward it to the manager/supervisor.

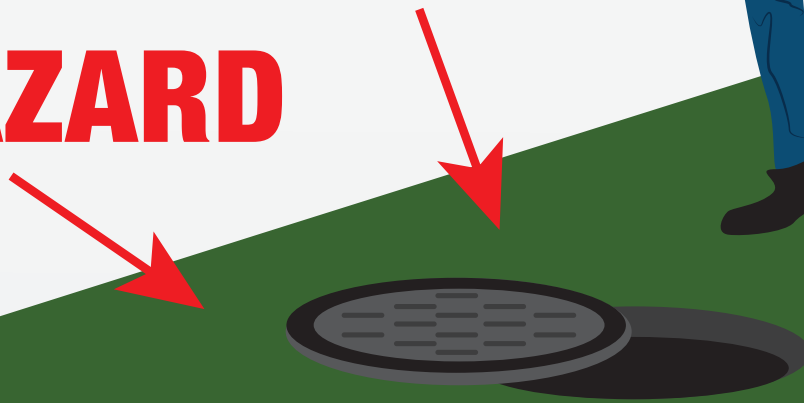
The manager/supervisor must assess the risk and take appropriate measures to ensure the safety of everyone in the workplace.

According to Health and Safety legislation:

- It's the employer's duty to make sure that the supervisor knows enough and has enough experience and training to keep workers safe and healthy while they work.
- It's the employer's and supervisor's duty to inform workers of health and safety hazards.
- It's the worker's duty to report hazards they know of to the supervisor or employer as soon as possible.



HAZARD HAZARD HAZARD



ALWAYS REMEMBER, SAFETY FIRST

Safety Talk Sign-off

March 2019 – Hazard reporting



Location/Department: _____ Date: _____

Name (please print)	Signature	Date

Engagement Activity: Task Analysis

Employees are often in the best position to identify the risks inherent to their job. Think about the tasks you have to perform as part of your job. Could some improvements be made to improve safety? Pick the task(s) you complete the most often and fill out the following chart and give it to your supervisor. Below is an example.

1. Choose a task to analyze.
2. Divide the task in successive steps (accurately describe each movement you need to execute in order to complete this task).
3. Identify risks at each step (consider all risks: slip, trip or fall, hit by, crushed, stuck, scraped, damaged hearing, gas or vapor poisoning, etc.). Do not forget to consider ergonomic risks as well.
4. Recommend corrective action as needed.

EXAMPLE:

DATE: <i>January 18th 2019</i>		
JOB NAME: <i>Clerk</i>	TASK: <i>Unpack boxes</i>	CONDUCTED BY: <i>John Deer</i>
HAZARD(S) ASSOCIATED WITH THE TASK	<ul style="list-style-type: none"> • Falls or collisions from reduced visibility when carrying bulky loads • Over-exertion from carrying heavy loads • Awkward postures while unpacking box • Repetitive movements • Twisting/reaching/overextending • Slips, trips and falls 	
INJURY POTENTIAL ASSOCIATED WITH THE TASK	<ul style="list-style-type: none"> • Muscle strains and sprains, including back injuries, shoulder injuries, fingers etc. • Cuts, bruises • Concussions or broken bones from falls, or slips/trips 	
SAFETY PRECAUTIONS	<ul style="list-style-type: none"> • Position heavy boxes on a low surface to avoid lifting the box to a higher surface • Position boxes, which you can safely lift to waist height, at waist height for unpacking • Consider packing boxes in smaller quantities to decrease weight • Position boxes near the unpacking area • Use lifting devices to reduce risk of injury, i.e. carts, dollies, lifting straps • Ask for help when needed • Use the right tool to open the box, cut open box away from the body • Warm up before lifting, stretch after lifting and unpacking box • Routinely switch up tasks throughout a shift and take regular breaks • Complete training on manual handling, lifting techniques and ladder safety 	
SEQUENTIAL STEPS TO COMPLETE THE TASK SAFELY	<ol style="list-style-type: none"> 1. Plan your route and ensure no obstacles in path. 2. Assess the load, determine if you can handle yourself or use a lifting device/assistance or ask for help. 3. If you are lifting with someone else, ensure both of you know what you are doing before you start. 4. Use proper lifting technique (bend at the knees, keep back straight, lift with the legs) 5. Make sure you have a good grip on the load and your hands, the load and any handles are not slippery. 6. Bring the box near the unpacking area. Avoid twisting, turning and bending your back while traveling/carrying. 7. Set heavy boxes on a low surface and lighter boxes at waist height for unpacking. 8. Open the box with the right tool – cutting away from your body. 9. Unpack the box – use a low stool for placing items on lower shelves to avoid kneeling, squatting or bending your back for long periods. Use a step stool/ladder to place items on higher shelves to avoid working with your hands above the shoulders, on tiptoe or with your back extended. 	

Engagement Activity: Task Analysis

DATE:		
JOB NAME:	TASK:	CONDUCTED BY:
HAZARD(S) ASSOCIATED WITH THE TASK		
INJURY POTENTIAL ASSOCIATED WITH THE TASK		
SAFETY PRECAUTIONS		
SEQUENTIAL STEPS TO COMPLETE THE TASK SAFELY		

Monthly Implementation Package

April 2019 – Instructions

As part of your safety program, monthly inspections and job observations are essential. They are an opportunity for supervisors to observe workers who are performing normal work activities, reinforce safe work practices, and correct unsafe acts and conditions. This month's package focuses on Job Observation and Musculoskeletal Disorder Prevention.

Supervisor/Manager Assignment: Safe Lifting Practical Training

Manual material handling involves lifting light, heavy and awkward objects. Safe lifting is a critical aspect of daily activities in order to prevent musculoskeletal injuries (MSIs), including sprains and strains. This month, supervisors/managers must practice general safe lifting techniques with their employees. Use the "safe lifting practical training package" and ask workers to lift objects of various sizes and weights and emphasize proper lifting techniques.

Safety Committee/Safety Representative Assignment: Job Observations

Job observations should be performed during monthly workplace inspections. Job observations are an opportunity to point out positive safe work behaviour, and opportunities for identifying and correcting unsafe work behaviour. Safety Committee Members/Safety Representatives must read through the document "How to Complete a Job Observation" and use your company's job observation form online, typically under Section 08 of forms.

Safety Talk: Musculoskeletal Disorder Prevention

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."

Reminder March Owner/Senior/General Manager Assignment

As discussed in March monthly package, as an employer, senior management, administrator etc. (highest level of ownership at your workplace) you must complete the assignment, "Identifying the Unseen Hazards" in your workplace. If you were not able to complete it by **May 1st, 2019**, please make sure you complete by the end of the month. See the assignment attached to March package for more information.

Suggested Policy Review:

If your workplace has not created its own schedule for reviewing all policies, we recommend the following policy be reviewed this month. Have the Safety Committee/Safety Rep review your **Musculoskeletal Prevention Policy**. If your workplace does not have a policy on this topic but wishes to, please contact Dunk & Associates for assistance. The policy review must be documented either on an internal policy review sheet, or in safety committee meeting minutes etc.

Monthly Implementation Package

April 2019 – Instructions

Engagement Activity: Worker Discomfort Survey and/or Pre-Shift Stretching and Warm-Up Challenge

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!

This month we have 2 options for engagement activities, choose one or do both! Both are attached to this package, see the activities for more information.

Option 1: Worker Discomfort Survey

Option 2: Pre-Shift Stretching and Warm-Up Challenge from WorkSafeNB

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: Responding Constructively to Disrespectful Treatment

Each month we offer a free webinar on the 3rd Wednesday of the month. This month's webinar will be on **April 17th 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

Safe Lifting Practical Training

Instructor/Supervisor: _____ **Date:** _____

- ☐ Individual Assessment

Employee Assessed: _____

- ☐ Group Assessment (Please indicate on the back of this form all attendees)

Review the below safe lifting technique poster with all employees and complete the checklist below:

- ☐ Does the employee know their lifting capacity? i.e. 40 lbs.
- ☐ Did the employee warm up before completing the lift?

Planning the Lift

- ☐ Did the employee assess the load?
- ☐ If the load is too much for that employee did they ask for assistance? i.e. partner lift or lifting device
- ☐ Did the employee ensure their path of travel was clear of all obstacles?

Lifting Technique

- ☐ Did the employee have a sturdy, balanced stance?
- ☐ Did the employee grip the load firm?
- ☐ Did the employee bend at the knees and not the waist?
- ☐ Did the employee bring the object as close to them as possible?
- ☐ Did the employee keep a straight back and engage the stomach muscles?
- ☐ Did the employee lift with the legs in slow, controlled, smooth motions?
- ☐ Did the employee set the load down carefully and in a safe manner?
- ☐ Was the employee careful to not twist or turn during lifting or carrying?

Notes or Comments:

Safe Lifting Practical Training

Safe Lifting Practical Training Sign-Off Form

Employee's Name	Date	Department	Supervisor

SAFE LIFTING TECHNIQUE

POWERED BY SYSTEMS 24-7



1. Size up the load. Use a partner or assistive devices when needed (pallet truck, dolly, mechanical lift, etc.)
2. Ensure that you have a firm footing. Plant feet shoulder-width apart.
3. **ALWAYS** bend at the knees. Lift with your legs, not your back, and don't forget to engage those stomach muscles!
4. Keep the load close to your body and near your waist.
5. Move your feet when you change directions. Ensure your feet are facing the direction you wish to travel.
6. Do not twist your upper body.
7. Set down the load properly, bending your knees.
8. Take short breaks throughout the day to stretch and relax any tense muscles.

Job Observation

April 2019

Similar to workplace inspections, job observations help identify, eliminate or control current or potential hazards by observing workers' actions in their environment. Job observations focus on communication in order to better understand the task at hand and, above all, improve it. Job observation consists of observing a workers' interaction with their environment, and with the equipment or tools at their disposal.

What to observe:

- Safe actions: we recognize them, we appreciate them and we say it.
- Unsafe actions: they are identified and emphasized because they are sources of danger.
- Work methods and procedures: they are observed to better understand or improve them.

Step 1: Preparation

- ☐ Determine the objectives. For example, validate the application of a procedure (i.e. lockout procedure), evaluate the impact of new equipment (i.e. height-adjustable table), determine if PPE is being worn (i.e. hearing protectors) or establish a working method (i.e. press cleaning).
- ☐ Determine the required operating conditions such as standards compliance, or the results of the risk analysis to better understand the hazards to which the worker is exposed and to be protected.
- ☐ Target a specific work area, job or task (lifting technique, driving, forklift operations, etc.).
- ☐ Choose the worker who will be observed (make sure to choose a different worker each month to observe all workers in all departments / shifts).

Step 2: Implementation

- ☐ Inform concerned individuals (workers, supervisors) of planned observation and objectives. Task observation should not be punitive.
- ☐ Observe the conditions under which the work is carried out – site inventory, equipment and materials used (monthly inspection) - then procedures, working methods used (job observation).
- ☐ Complete the job observation form to annotate observations and record facts, take note of key points raised during the discussions, and note any identified weakness or proposed improvements.
- ☐ Discuss with the people being observed to understand their work methods or techniques (wait for the worker to complete the task, avoid distracting workers during the task unless it is safe to do so)
- ☐ Ask questions and give feedback:
 - reinforcement feedback - because it is important to highlight actions that contribute to occupational health and safety and to production;
 - improvement feedback - when observations and discussion open a path for improvement;
 - correction feedback – when you identify unacceptable shortcomings in personal safety.

Step 3: Follow-up

- ☐ Write an action plan
 - Identify modifications or corrective actions to be taken (i.e. set up a preventive maintenance program, train workers on a particular procedure, add a protective device on an equipment, etc.).
 - Determine timeline and assign responsibilities for implementation.
- ☐ Communicate the action plan to all concerned staff and inform them of progress and results achieved.
- ☐ Review job observations during safety committee meetings to assess the effectiveness of control measures put in place.

Job Observation

April 2019

As the person observing the employee:

Be a good observer

- ☐ Be prepared - get an idea of what you want to observe in order to target the important elements.
- ☐ Be methodical - so you do not miss important information. Take notes and / or photos to illustrate or help remember what you observed.

Be a good communicator

- ☐ Send a clear and simple message to facilitate understanding.
- ☐ Know how to listen.
- ☐ Make sure the message is understood by asking questions.
- ☐ Give and ask for feedback to ensure mutual understanding.

Musculoskeletal disorders (MSDs) are a group of painful disorders of muscles, tendons, and nerves. Tendonitis, bursitis, epicondylitis, tenosynovitis, carpal tunnel syndrome, sprain or disc herniation are examples of MSDs.

MSDs ARE ASSOCIATED WITH WORK PATTERNS THAT INCLUDE:

- Fixed or constrained body positions.
- Continual repetition of movements.
- Force concentrated on a specific part of the body, such as the hand or wrist.
- A pace of work that does not allow sufficient recovery between movements.
- Vibrations, heat or cold.

Generally, none of these factors act separately to cause a MSD. MSDs commonly occur as a result of a combination and interaction among them. MSDs may progress in stages from mild to severe.



WHAT ARE THE SYMPTOMS OF MSDs?

Early stage: Aching and tiredness of the affected limb occur during the work shift but disappear at night and during days off work. No reduction of work performance.

Intermediate stage: Aching and tiredness occur early in the work shift and persist at night. Reduced capacity for repetitive work.

Late stage: Aching, fatigue, and weakness persist at rest. Inability to sleep and to perform light duties.

HOW CAN YOU PREVENT MSDs?

1. Warm up before your shift – squats, arm circles etc.
2. Stretch after your shift
3. Take all your assigned breaks
4. Report injuries or signs/symptoms to your supervisor/manager at first sign
5. Bring forward recommendations for solutions, such as anti-fatigue mats, job rotation etc.
6. Use/follow all MSD controls in place already. Follow job rotations, use the anti-fatigue mats etc.

IF YOU EXPERIENCE PAIN WHILE AT WORK, NOTIFY YOUR SUPERVISOR OR SAFETY REPRESENTATIVE / SAFETY COMMITTEE MEMBER.

Safety Talk Sign-off

April 2019 – Musculoskeletal Disorder Prevention



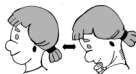
Location/Department: _____ Date: _____

Name (please print)	Signature	Date

Tension-Breaker Stretches Exercices d'assouplissement

Hold 8-10 seconds each side.

*Tenir la position de 8 à
10 secondes de chaque côté.*



Neck Forward
Flexion avant du cou



Ear to Shoulder
Mouvement de l'oreille
à l'épaule



Upper Torso Stretch
Étirement du
haut du torse



Chest Stretch
Étirement de
la poitrine



Variation /
Variante



Triceps Stretch
Étirement des triceps



Shoulder Stretch
Étirement des épaules



Cat Stretch
Étirement du chat



Shoulder Dip
Inclinaison de l'épaule



Abdominal Stretch
Étirement abdominal



Side Stretch
Étirement
abdominal latéral



Hip Flexor Stretch
Étirement du muscle
fléchisseur de la hanche



Hamstring Stretch
Étirement des muscles
ischio-jambiers



Standing Groin Stretch
Étirement de l'aine en
position debout



Standing Quadriceps Stretch
Étirement des quadriceps en
position debout

Variation / Variante



Calf Stretch
Étirement
du mollet

WORKSAFE
TRAVAIL SÉCURITAIRE NB



**Warm-Up and
Stretch**

A component
of WorkSafeNB's
Back in Form program

Une composante du
programme Colonne
en forme de Travail
sécuritaire NB



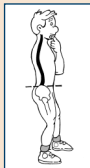
**Exercices d'échauffement
et d'étirement**

www.worksafenb.ca
www.travailsecuritairenb.ca

1 800 222-9775

Key Warm-Up and Stretch Positions

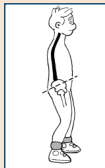
Positions clés du programme d'exercices d'échauffement et d'étirement



Neutral Standing Posture
Position de départ



Pelvic Tilt
Bascule du bassin



Note / Remarque

If you have any personal health limitations, previous back injuries or other concerns, we strongly urge you to consult with a medical professional before beginning the program.

Si vous avez des problèmes de santé, si vous avez déjà subi une blessure au dos ou encore si vous avez des inquiétudes au sujet de ce programme d'exercices, nous vous conseillons fortement de consulter un professionnel de la santé avant de commencer le programme.

General Muscle Warm-Ups

Exercices d'échauffement généraux

Repeat 5-10 times. Répéter de 5 à 10 fois.



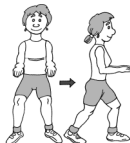
Head Drops
Abaissement de la tête



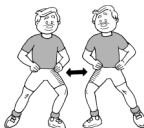
Chin Drops
Abaissement du menton



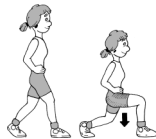
Wide Arm Circles
Grands cercles avec les bras



Gentle Pivot
Pivot léger



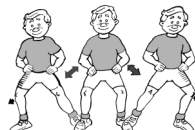
Combination Side Shift
Mouvements latéraux combinés



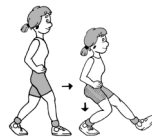
Front Shift
Mouvement vers l'avant



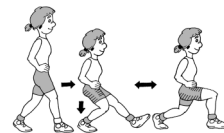
Basic Squat
Accroupissement de base



Side Shift
Mouvement latéral



Back Shift
Mouvement vers l'arrière



Combination Back-to-Front Shift
Mouvements vers l'arrière et vers l'avant combinés



Shoulder Shrugs/Circles
Haussement et rotation des épaules



Arm Raise
Élévation des bras



Arm Pullback
Assouplissement de l'articulation de l'épaule

WORKER DISCOMFORT SURVEY

The discomfort survey can be used to identify and “quantify” musculoskeletal discomfort/pain felt by workers. Ideally, all of your workers should fill out the survey.

Workers must rate their level of discomfort for each body region by numbering their pain on a scale from 0-10. A score of 0 indicates no discomfort while a score of 10 indicates the worst discomfort ever experienced. The survey also asks about other past employment in order to capture whether alternate work may have contributed to or been the cause of a worker's discomfort. At the end of the survey, workers can identify what they think caused the problem.

The surveys can be used to identify the body area/regions/joints in which workers are experiencing discomfort or pain. This information can then be used to identify the jobs or activities that may be contributing to worker discomfort. Supervisors can look for common areas of discomfort between workers. If a number of workers are reporting discomfort in the same body part(s) then an effort should be made to determine if the job is contributing to this discomfort and the need for ergonomic controls.

Date: _____ **Job:** _____ **Area:** _____

Hours worked/week: _____ **Time on THIS Job:** ____ **Years** ____ **Months**

1. Have you had pain or discomfort during the last year at work? ☐ Yes ☐ No (if **NO**, Stop here)

2. If **YES**, please rate the level of discomfort over the last **MONTH** by completing the 'how much?' box using the scale of 0 to 10, with 0 being no discomfort and 10 being the worst discomfort ever.

How Often?	How Much?							
Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Neck		Right Shoulder	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Left Shoulder		Upper Back	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Left Elbow/ Forearm		Right Elbow/ Forearm	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Left Wrist/Hand		Lower Back	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Left Hip/Thigh Buttock		Right Hand/Wrist	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Left Knee		Right Hip/Thigh/ Buttock	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>	Left Ankle/Foot		Right Knee	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>		
			Right Ankle/Foot	How Often? Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/>	How Much? <input type="text"/>			

WORKER DISCOMFORT SURVEY

3. If you are a recent hire, please list other jobs you have done in the last year (for more than 2 weeks)

Note: If more than 2 jobs, only include those you worked on the most

Job: _____ **Time on THIS Job:** _____ **Months** _____ **Weeks**

Job: _____ **Time on THIS Job:** _____ **Months** _____ **Weeks**

4. When did you first notice your discomfort? _____ (month) _____ (year)

5. What do you think caused the discomfort? Is it a specific task?

6. Please comment on what you think would help to reduce your level of discomfort. Any changes or recommendations you would make to the work environment to reduce risk of injury?

7. Have you have missed time from work (vacation, sick days,) or attended medical review as a result of your work-related discomfort? ☐ **Yes** ☐ **No** – If **YES**, please report this to your supervisor/manager immediately



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>2019-03</u>																																																																									
Injured/Affected Party's Name: _____				Phone #: _____																																																																											
Employee <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Customer <input type="checkbox"/>																																																																															
Date of Accident/Incident: <u>Tues Jan 22 2019</u>				Time: <u>20:20</u>		Shift: _____																																																																									
Department: <u>Tecumseh Fire</u>																																																																															
Date & Time Reported: <u>Tues Jan 22 2019</u>				Time: <u>20:20</u>																																																																											
Immediate Supervisor: _____																																																																															
Date of Investigation: _____				Time: _____																																																																											
Medical attention provided: First Aid <input checked="" type="checkbox"/>				Medical Care <input type="checkbox"/>		None <input type="checkbox"/>																																																																									
Position: _____				Length of time at area of accident: <u>15 minutes</u>																																																																											
Length of time in position: _____				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>outside of bay door, front of station 2</u>																																																																															
Description/Comments: <u>was being shown the operation of the winch on ...</u> <u>... was holding the cable with</u> <u>gloves The cable cut through the thumb of glove!</u> <u>cutting thumb</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"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Wrist</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Hip</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Ankle</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Eye(s)</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></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"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Hand</td><td>R <input checked="" type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Thigh</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Foot</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Ear(s)</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></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"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Finger(s)</td><td>R <input checked="" type="checkbox"/></td><td>L <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Knee</td><td>R <input type="checkbox"/></td><td>L <input type="checkbox"/></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 type="checkbox"/> Wrist	R <input type="checkbox"/>	L <input type="checkbox"/>	<input type="checkbox"/> Hip	R <input type="checkbox"/>	L <input 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 checked="" 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 checked="" 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			<p>Right Left Back Front</p> <p>Please Indicate the injury area(s) with an X or arrow</p>			
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ACTION(S) TO PREVENT RECURRENCE					
	Recommendation	Action	Assigned to	Expected Completion Date	Status
1.	Awareness to surroundings/ equipment	Awareness going forward		Ongoing	Ongoing
2.					
3.					

Immediate Action:

Monitor wound, provide necessary medical attention. If change in condition, will seek medical attention on own and notify the . . . and/or

Supervisor's Printed Name

Date

Jan 22 / 2019

Safety Rep Printed Name

Safety Rep Signature

Date

Jan 22 / 2019

Departmental Manager Printed Name

Departmental Manager Signature

Date

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: _____



Town of Tecumseh Health and Safety Manual

Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT (<input checked="" type="checkbox"/>) INCIDENT () PROPERTY DAMAGE ()		Tracking # 2019-04	
Injured/Affected Party's Name: _____ Phone # _____			
Employee (<input checked="" type="checkbox"/>) Contractor () Visitor/Customer ()			
Date of Accident/Incident: Feb 6 / 2019		Time: approx 08:15 Am	Shift: _____
Date & Time Reported: Feb 6 / 2019		Time: 08:30	Immediate Supervisor: _____
Date of Investigation: _____		Time: _____	
Medical attention provided First Aid () Medical Care (<input checked="" type="checkbox"/>) None ()			
Position: _____		Length of time at area of accident: _____	
Length of time in position: 6 yrs		Was this their regular job? Yes No Overtime: Yes No	
Where did the accident/incident occur? (Work centre, specific work station, parking lot, etc.) _____			
Description/Comments: I was walking with caution down a ice covered driveway when my Lt ankle slid back under me. I fell back onto the driveway with only injuring my Lt ankle. The pain was right away. I notified the chief right away + went to the ER for Tx + X-Rays.			
AREA OF INJURY: (Please check all that apply)			
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Head</div><div><input type="checkbox"/> Upper back</div><div><input type="checkbox"/> Lower back</div><div><input type="checkbox"/> Face</div><div><input type="checkbox"/> Teeth</div><div><input type="checkbox"/> Neck</div><div><input type="checkbox"/> Shoulder R L</div><div><input type="checkbox"/> Wrist R L</div><div><input type="checkbox"/> Hip R L</div><div><input checked="" type="checkbox"/> Ankle R L <input checked="" type="checkbox"/></div><div><input type="checkbox"/> Eye(s) R L</div><div><input type="checkbox"/> Chest</div><div><input type="checkbox"/> Abdomen</div><div><input type="checkbox"/> Arm R L</div><div><input type="checkbox"/> Hand R L</div><div><input type="checkbox"/> Thigh R L</div><div><input type="checkbox"/> Foot R L</div><div><input type="checkbox"/> Ear(s) R L</div><div><input type="checkbox"/> Pelvis</div><div><input type="checkbox"/> Elbow R L</div><div><input type="checkbox"/> Finger(s) R L</div><div><input type="checkbox"/> Knee R L</div><div><input type="checkbox"/> Toe(s)</div><div><input type="checkbox"/> Other</div></div>		<div style="display: flex; justify-content: space-around; align-items: center;"><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: Severe Ice/Rain conditions was walking down the driveway back to the truck to caution due to ice.			

What happened to cause the injury or near miss:

Severe weather conditions

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 Sprain / Strain	✓	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

Feb 06 2019

Safety Rep

Date

Feb 06 2019

Departmental Manager Signature

Date

Feb 06 2019

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

Employee's Statement	Tracking #
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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

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:

N/A

Details of Knowledge

Where:

IT HAPPENED AT THE END OF THE DRIVEWAY IN FRONT
OF FRONT BUMPER.

When:

WE WERE FINISHED WITH THE CALL AND WALKING BACK TO
THE TRUCK.

Describe what you witnessed:

I WITNESSED SLIP AND FALL TOWARDS
THE END OF ... AT THAT TIME
I NOTICED WAS IN PAIN AND TELLING ME IT'S LEFT FT
(ANKIE). TOLD ME FELT A POP AND NOT TO MOVE AS
OF YET. WHEN WAS READY WE MOVED TO A SAFE LOCATION.

Part(s) of body affected:

LT ANKIE

Signature: _____

Date: FEB - 06 - 2019



Town of Tecumseh Health and Safety Manual

Section 10 – Incident – Accident/Incident Report Investigations

ACCIDENT (✓) INCIDENT () PROPERTY DAMAGE ()		Tracking # 2019-07	
Injured/Affected Party's Name: _____		Phone # _____	
Employee (✓) Contractor () Visitor/Customer ()			
Date of Accident/Incident: FEB. 7 / 2019		Time: 1:00 PM	
		Shift: _____ Department: _____	
Date & Time Reported: FEB. 7 / 2019 2:30 PM		Time: _____ Immediate Supervisor: _____	
Date of Investigation: _____		Time: _____	
Medical attention provided First Aid () Medical Care () None (✓)			
Position: _____		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.) WALKER RD BOUNDARY METER CHAMBER			
Description/Comments: DRIVING W01-18. POURING RAIN OUT. AIR HOSE TOO SHORT TO REACH SAMPLING STATION. TRIED TO GET CLOSER TO SAMPLING STATION TO BLOW IT OUT BACKING UP ALONG CURB + HIT CORNER OF BUMPER ON A CONCRETE PILLER CORNER OF REAR BUMPER ON PASSENGER SIDE			
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 _____ L _____ <input type="checkbox"/> Wrist R _____ L _____ <input type="checkbox"/> Hip R _____ L _____ <input type="checkbox"/> Ankle R _____ L _____ <input type="checkbox"/> Eye(s) R _____ L _____ <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm R _____ L _____ <input type="checkbox"/> Hand R _____ L _____ <input type="checkbox"/> Thigh R _____ L _____ <input type="checkbox"/> Foot R _____ L _____ <input type="checkbox"/> Ear(s) R _____ L _____ <input type="checkbox"/> Pelvis <input type="checkbox"/> Elbow R _____ L _____ <input type="checkbox"/> Finger(s) R _____ L _____ <input type="checkbox"/> Knee R _____ L _____ <input type="checkbox"/> Toe(s) <input type="checkbox"/> 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: _____ _____			

ACCIDENT/INCIDENT INVESTIGATION EMPLOYEE'S STATEMENT

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

Name: _____

Date of Injury: _____ Time: _____ Location: _____

Reported to: _____ Date: FEB. 7/2019 Time: 2:30 PM

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):

WALKER RD BOUNDARY METER CHAMBER

Parts of Body Involved: _____

Conditions contributing to Incident (Why):

RAIN, VISIBILITY

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

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

Date: FEB 8/2019

Supervisor's Signature

mmr 11/19

Date

Mar 11 / 19

Date

Departmental Manager Signature

March 12, 2019

Date