

OCCUPATIONAL HEALTH AND SAFETY PROGRAM APPENDIX

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- Threat Assessment Flowchart 2013
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Aerial Lift Operator Competency Evaluation

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Effective Date:
31/07/15

Operator Name

Position

Date

Lift Manufacturer

Lift Model

Load Capacity

Note: Qualification on one ANSI/SIA aerial platform classification qualifies the operator for all additional devices that have shorter boom lengths, extensions or elevating height and similar operating characteristics within the below groupings, provided that the manufacturer's applicable manual has been read.

Operator Training Certification Details

Name on training certificate:	
Date of training:	
Name of training provider:	
Name of trainer:	
Type of equipment covered in training:	
Training provided under which standard:	

Other Applicable Training

Training	Date	Provider
Fall Protection:		
PPE:		
Other:		



Aerial Lift Operator Competency Evaluation

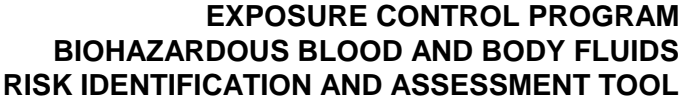
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Item	Category and Steps	Standard	Rating		
			Sat	Unsat	N/A
01.0	PLANNING & PREPARATION	PERFORMANCE MEASURE			
01.1	Determine aerial platform specifications	Verify unit specifications with supervisor			
01.2	Verify rated capacity of the platform to be used	No exceptions			
01.3	Check work site conditions, indoors & outdoors (e.g., weather)	Identify all real & potential physical & health hazards			
01.4	Ensure personnel T&Q prerequisites are current	No exceptions			
01.5	Ensure personnel are fit for duty	No exceptions			
01.6	Ensure compliance with ES&H Subject Areas	No exceptions			
01.7	Discuss scope of work and job hazards with crew	No exceptions			
02.0	HAZARDS & SAFETY CONSIDERATIONS	PERFORMANCE MEASURE	Sat	Unsat	N/A
02.1	Identify the primary aerial platform operator	Only one person to operate the primary controls			
02.2	Identify back up operator/s	Know emergency procedures & lowering operation			
02.3	Check work surface slope, conditions, weight limits	Verify conditions are within manufacturer's limits			
02.4	Check travel route and approach clearances	100% accuracy			
02.5	Identify overhead electric hazards & safe distance	Verify safe clearance distances or LOTO is in place			
02.6	Ensure clearance with overhead obstructions	Headroom clearance is 2 times max height of crew			
02.7	Establish a safe work zone via barricades	Restrict and control pedestrian traffic			
02.8	Ensure use of PPE & fall protection equipment	Don safety shoes & glasses, hard hat, fall protection			
02.9	Check fall protection anchorage points	No exceptions			
02.10	Check unit for current maintenance indications	No exceptions			
03.0	PRE-OPERATION CHECK	PERFORMANCE MEASURE	Sat	Unsat	N/A
03.1	Ensure manufacturer's manual is on the unit	Understand manufacturer's manual, zero exceptions			
03.2	Ensure fire extinguisher is on board or at job site	No exceptions			
03.3	Read placards, warnings & control markings	Read all placards, warnings & control markings			
03.4	Verify platform load is within rated capacity	Adhere to manufacturer guidance			
03.5	Check tires, rims & axles	Adhere to manufacturer guidance			
03.6	Check platform ladders, hand rungs, fasteners	Adhere to manufacturer guidance			
03.7	Check platform structure, guard rails, gates, locks	Adhere to manufacturer guidance			
03.8	Check all fluid levels, belts, chains, cables	Adhere to manufacturer guidance			
03.9	Check electric systems, components & batteries	Adhere to manufacturer guidance			
03.10	Check hydraulic/pneumatic systems & components	Adhere to manufacturer guidance			
03.11	Check capacity indicator & movement alarms	Adhere to manufacturer guidance			
03.12	Check pothole protectors & out of level warnings	Adhere to manufacturer guidance			
03.13	Start engine, check emergency alarms, horns, level indicator	Adhere to manufacturer guidance			
03.14	Perform all aerial platform functional checks	Adhere to manufacturer guidance			
03.15	Ensure operational readiness or deadline	Complete checklist and make proper determination			
03.16	Charge DC battery powered units as necessary	Adhere to manufacturer guidance			
03.17	Replace LPG fuel tank as necessary	Adhere to manufacturer guidance			
04.0	OPERATING SKILLS	PERFORMANCE MEASURE	Sat	Unsat	N/A
04.1	Mount & dismount safely, use fall protection	Adhere to manufacturer guidance			
04.2	Drive and creep/inch forward and reverse	Move 10 feet in a driving mode & creep 1 foot			
04.3	Turn 360 degrees right and left using 1 or 2 axles	Minimum disturbance of aerial platform attitude			
04.4	Operate from the upper & lower stations	Adhere to manufacturer guidance			
04.5	Verify unit balance, stability and attitude	Adhere to manufacturer guidance			
04.6	Deploy/setup and store outriggers – see 04.5	Adhere to manufacturer guidance			
04.7	Boom up & down, in & out	Minimum disturbance of aerial platform attitude			
04.8	Rotate/swing 360 degrees in each directions	Minimum disturbance of aerial platform attitude			
04.9	Operate emergency controls with & without power	Adhere to manufacturer guidance			
05.0	SECURE THE AERIAL UNIT & WORK AREA	PERFORMANCE MEASURE	Sat	Unsat	N/A
05.1	Secure the unit and work area in a safe manner	Adhere to manufacturer guidance & BNL guidance			

Supervisor Signature

Date of Evaluation



Job Title: _____
Assessment Date: _____
Conducted By: _____

[illegible]

[illegible]



Boom Lift Pre-Use Inspection

Operator:				Date:			
Site:				Project:			
Model:							
Pre-Start Checks		Status		Powered Checks		Status	
		P	F			n/a	P
Wheels, axles and tires. (condition/inflation)				Engine (Starts, oil pressure)			
Hydraulic Components				Battery (charge level)			
Data Plate (accurate and legible)				Gauges and instruments work			
Annual Inspection Verified				Ground platform controls			
Battery Tray (opens, latch works)				Boom (raise/lower/extend/retract)			
Batteries (clean, secure and dry				Turret rotates			
Turret turntable (gears/lock pin/stops)				Drive (forward and reverse)			
Counterweight				Steer left and right			
Cover panels (open/close/lock)				Platform tilt and rotate			
Engine (fluids, filters, belts and hoses)				Horn			
Fuel tank (level)				Outriggers, stabilizers and pothole protection			
Hydraulic oil level				Extendable axles			
Lights and strobes				Function-enable (deadman) devices			
Placards, labels and decals (legible)				Manual and auxiliary controls			
Boom valley (leaks or debris)				Safety interlocks			
Accessory plugs and cables				Other:			
Boom (general condition and wear)				Workplace Inspection	P	F	n/a
Hydraulic cylinder and pin locks				Drop offs or holes			
Articulated joints (wear/cracks)				Bumps and ground obstructions			
Power track (lines and hoses)				Debris			
Platform (guard rails, toe board, anchors)				Overhead obstructions			
Weather resistant storage compartment				Energized power lines			
Controls clearly marked				Hazardous Locations			
Tilt Alarm				Ground/Surface support conditions			
Other				Pedestrian and vehicle traffic			
				Wind/weather conditions			
				Other possible hazards			
Comments (Explain any Fails noted above)							
Operator Signature:							



Chemical Storage Safety Checklist

PAGE:

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Effective Date:
17/08/2009

Do:

<input type="checkbox"/>	Check MSDS before storing or removing a chemical. Find out if it must be kept away from anything (light, water, air, high or low temperatures, or other chemicals) to prevent a dangerous reaction.
<input type="checkbox"/>	Organize storage areas so chemicals don't have to be taken through areas containing incompatibles.
<input type="checkbox"/>	Keep at least 18 inches between stored materials and sprinklers – 36 inches if you're storing very flammable material.
<input type="checkbox"/>	Close containers as soon as you've removed quantities you need.
<input type="checkbox"/>	Wear the correct protective equipment when handling hazardous chemicals. Check the MSDS for instructions. Wear the correct gloves and safety goggles even if handling closed containers.
<input type="checkbox"/>	Use bonding and grounding connections on flammable-liquid drums and small receptacles during transfer.
<input type="checkbox"/>	Transport acid bottles in carriers, not by hand.
<input type="checkbox"/>	Clean up even the smallest leaks promptly and properly.
<input type="checkbox"/>	Check containers regularly for leaks or wear and report any problem immediately.
<input type="checkbox"/>	Check containers regularly to see if any are outdated or never used. Ask your supervisor if such chemicals can be disposed of properly.
<input type="checkbox"/>	Report any container that doesn't have a label.
<input type="checkbox"/>	Keep packing materials such as straw or paper in a fire-resistant room equipped with a sprinkler system.
<input type="checkbox"/>	Keep the work area clean, neat, and dust-free.

Don't:

<input type="checkbox"/>	Use or remove anything from a container that doesn't have a label.
<input type="checkbox"/>	Take more from a hazardous chemical container than you need for the job.
<input type="checkbox"/>	Store hazardous chemicals near heat or strong sunlight; they might expand and cause a fire or explosion.
<input type="checkbox"/>	Stack materials so they block exits, firefighting equipment, alarms, or sprinklers.
<input type="checkbox"/>	Smoke anywhere near the storage area.
<input type="checkbox"/>	Siphon by mouth.
<input type="checkbox"/>	Mix chemicals with each other or with any substance (even water!) without specific instructions to do so. Mix acids and water.
<input type="checkbox"/>	Leave used flammable liquids containers near heat sources.

Checked By:

Date:



CONFINED SPACE ENTRY PERMIT

I GENERAL

Location of confined space:

Type of confined space:

Irrigation Pit ☐

Pump Chamber ☐

Other ☐

D/W or sprinkler vault ☐

Date of Entry:

Standby Person:
(Print)

II SAFETY CHECKS:

	YES/NA	NOTES
1. Testing equipment calibrated? (Date)		
2. Pre-entry testing completed?		
3. Testing shows clean respirable air?		
4. Continuous ventilation installed?		
5. All PPE being used?		
6. Warning signs/cones used?		
7. Communication established with standby person?		
8. Standby person has phone/radio to summon rescue?		

III GAS TESTING:

	Normal	Testing Time							
	Levels	Pre-entry							
Oxygen	20.9%								
Combustible Gas	0% LEL								
Hydrogen Sulfide	0 PPM								
Carbon Monoxide	0 PPM								

Authorized

Gas Tester: (Print)

(Signature)

(Date)

IV ENTRANTS:

NAME (Print)	Time In	Time Out	Time In	Time Out	Time In	Time Out

V SIGNATURES:

I _____ have reviewed the confined space entry procedures and have completed this record. I was the standby person during the confined space entry and verify the contents of this record to be complete and accurate.

Signature

Date



SPACE GENERAL DESCRIPTION				
SITE:		LOCATION:		
STATION NO.		CONFINED SPACE (VESSEL) NAME:		
WORK PROCEDURE NUMBER:		CONFINED SPACE DESCRIPTION:		
APPROVAL DATE:		ATMOSPHERIC RATING: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		
RATIONALE:				
CONFINED SPACE LOCATION:		ERT CONSULTED & RESCUE REVIEWED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONTENTS:		REVISIONS		
		Number	Date	Reasons
PROCESS (FUNCTION) DESCRIPTION:				

NAME	CONTENT	TEMP.	PRESSURE	REMARKS

PHYSICAL CHARACTERISTICS						
SPACE MATERIAL (INSIDE):		<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other _____
SPACE MATERIAL (OUTSIDE):		<input type="checkbox"/> Steel	<input type="checkbox"/> Wood	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other _____
SHAPE:			INTERNAL BAFFLES:			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
DIMENSIONS:			VOLUME:			
			Approximately			

LOCATIONS	SIZE	SECURING MECHANISM:	WARNING SIGNS IN PLACE
		<input type="checkbox"/> None <input type="checkbox"/> Bolted <input type="checkbox"/> Locked <input type="checkbox"/> Permanent Fixture	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> None <input type="checkbox"/> Bolted <input type="checkbox"/> Locked <input type="checkbox"/> Permanent Fixture	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> None <input type="checkbox"/> Bolted <input type="checkbox"/> Locked <input type="checkbox"/> Permanent Fixture	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> None <input type="checkbox"/> Bolted <input type="checkbox"/> Locked <input type="checkbox"/> Permanent Fixture	<input type="checkbox"/> Yes <input type="checkbox"/> No

CRITERIA OF CONFINED SPACE		
Enclosed or partially enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has limited or restricted means for entry or exit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Intended for continuous human occupancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Large enough that a worker can enter? <input type="checkbox"/> Yes <input type="checkbox"/> No
CRITERIA FOR EXEMPTION		
Is a crawlspace under a portable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has sufficient passive ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does not have other potential hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, then not a Confined Space.

REASONS FOR ENTERING

*This Hazard Assessment applies ONLY to the following job(s) or task(s) to be performed in this confined space. If the nature of the entry is **NOT** listed below, a hazard assessment **MUST BE COMPLETED BEFORE** entry into the space.*

- 1.
- 2.

ACTIVITIES/TASKS	FREQUENCY OF ENTRY	REMARKS
Inspections <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Repair <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Cleanup <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Sampling <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Never <input type="checkbox"/> Once/year <input type="checkbox"/> Once/6 months <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	

SHUTDOWN REQUIRED

SHUTDOWN SEQUENCE	PROCEDURES	TRADE OR PERSONNEL INVOLVED
Draining/Discharging Contents		
Lockout	N/A	
Isolation	N/A	
Purging	Purging Time: _____	
Ventilating	Ventilating Time: _____ Continuous Ventilation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cleaning	Not normally needed	
Other: _____		

Content of confined space before entry: ☐ Empty ☐ Full ☐ Partially Filled

ENTRY HAZARDS

ITEMS	HAZARDS	CONTROLS	PPE REQUIRED
Entry/Exit	<input type="checkbox"/> Hatch difficult to access		
	<input type="checkbox"/> Entry/exit restricted		
	<input type="checkbox"/> Fall hazard		
	<input type="checkbox"/> Retrieval not possible		
Physical Hazards from Space	<input type="checkbox"/> Hot surfaces		
	<input type="checkbox"/> High humidity		
	<input type="checkbox"/> Cold surfaces		
	<input type="checkbox"/> Electrical energy		
	<input type="checkbox"/> Poor visibility		
	<input type="checkbox"/> Uneven surfaces		
	<input type="checkbox"/> Engulfment or entrapment hazards		
	<input type="checkbox"/> Moving equipment		
	<input type="checkbox"/> Sharp/abrasive surfaces		
	<input type="checkbox"/> Physical obstacles		
Hazards from work being done in this confined space	<input type="checkbox"/> Hot Work (e.g., welding, cutting, grinding, gouging)		
	<input type="checkbox"/> Abrasive Blasting		
	<input type="checkbox"/> Painting		
	<input type="checkbox"/> Cleaning		
	<input type="checkbox"/> Others		
Physical Agents (Hazards)	<input type="checkbox"/> Noise		
	<input type="checkbox"/> Radiation		
	<input type="checkbox"/> Heat Stress		
	<input type="checkbox"/> Cold Exposure		
	<input type="checkbox"/> Vibration		
Chemical Hazards	<input type="checkbox"/> Overhead Hazards (falling objects)		
	<input type="checkbox"/> Residual Chemical		
	<input type="checkbox"/> Asbestos		
Biological Hazards	<input type="checkbox"/> Chemicals to be used		
	<input type="checkbox"/> Bacteria		
	<input type="checkbox"/> Fungi/Molds		

OTHER INFORMATION

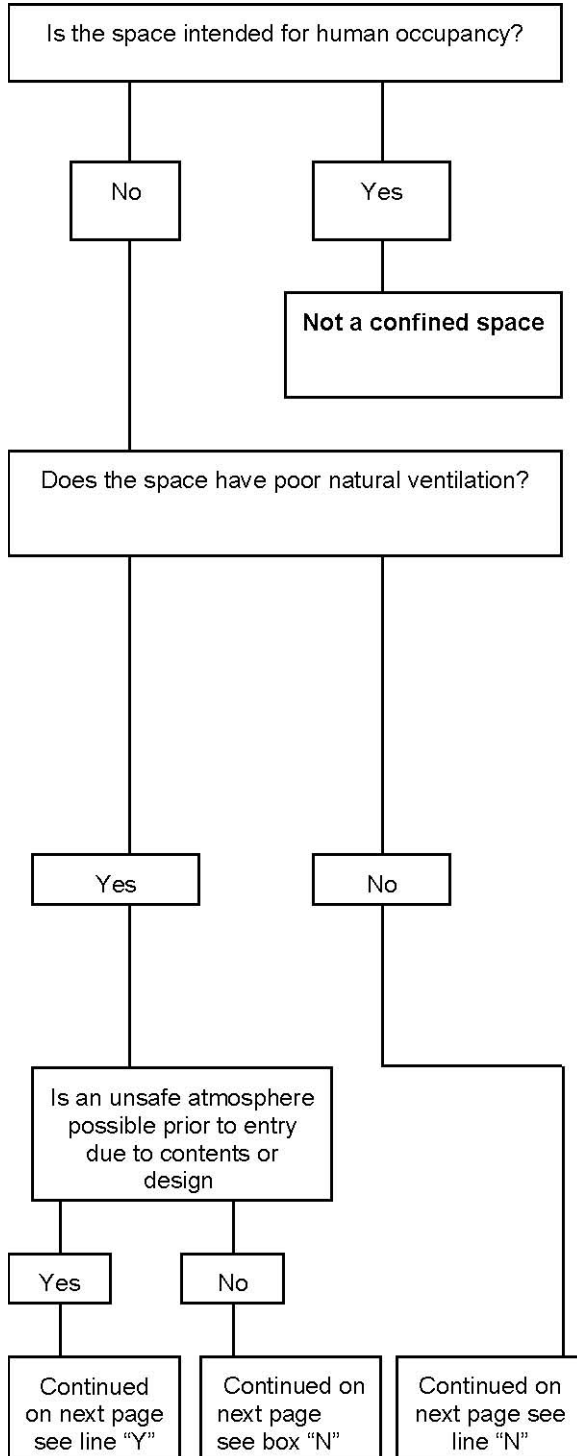
ADDITIONAL INFORMATION:

PAST SPACE MONITORING AVAILABLE:

ASSESSMENT CONDUCTED BY:

Please Print Name	Signature	Job Title/Position	Qualification (e.g. CIH, ROH, CRSP, etc.)	Company	Date Completed
(A)					
(B)					
(C)					

Decision Tree



Some Criteria

Human occupancy means location is meant for ongoing regular work activities. Confined spaces are usually intended only for activities such as inspections, maintenance, repair or construction. Many spaces with limited means of entry and exit are not normally intended for human occupancy.

Limited means may be due to:

- entry / exit points not designed for walk-in
- ladders or other restricted routes to entry / exit points
- physical obstructions

Poor natural ventilation can be a result of unpredictable or limited air movement or natural air currents which could draw contaminated air into the space.

Causes include:

- all sides enclosed or if not enclosed, some other condition such as still air or temperature inversion which traps air
- small or poorly positioned openings
- bulkheads, other obstructions or recesses
- location of space near source of air contaminants which could drift in

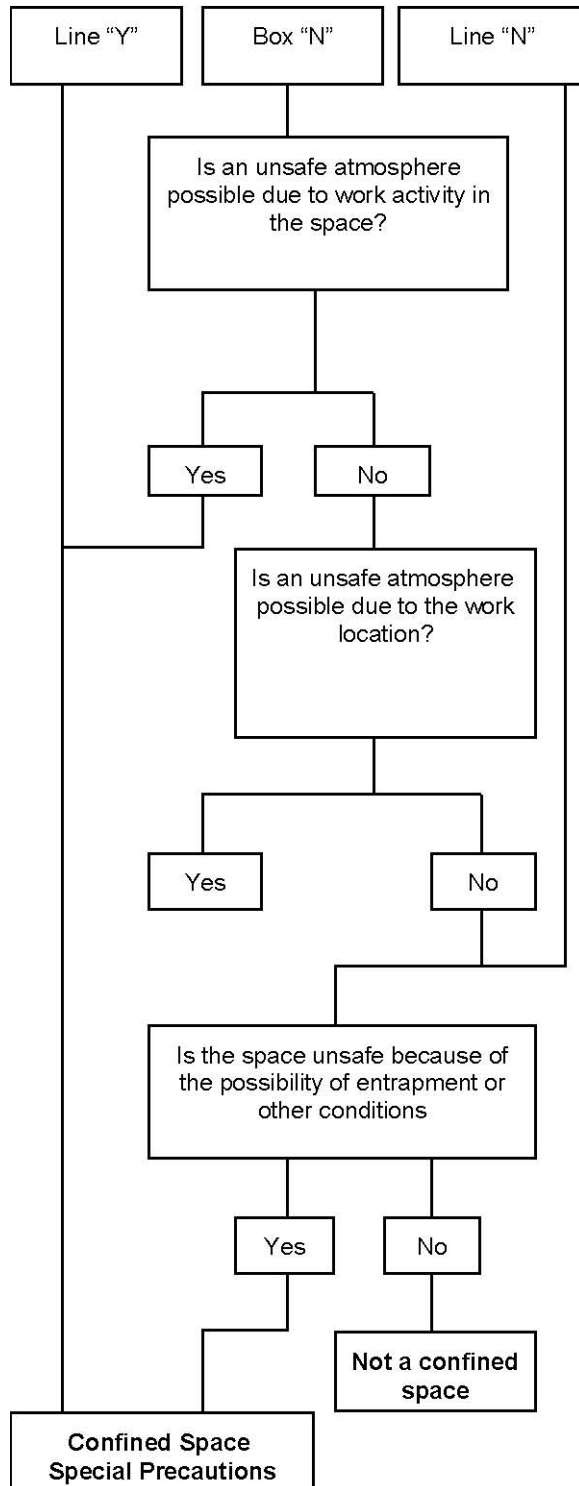
Sources of unsafe atmosphere include:

- harmful residues and purge gases
- rusting or other condition of the structure which could contribute to an unsafe atmosphere
- possible discharge from pipes or conduits leading to space

Confined Space Identification Flow Chart

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Effective Date:
05/08/2009



Types of activities include:

- waste cleanup, sludge removal
- preparatory work - chipping, grinding etc
- painting welding fibre-glassing

Possible problems of location:

- air contaminants can drift into the space
- space is inside an additional structure which contributes to atmospheric trapping
- space is underground with possible accumulation of subsurface gases

Dangers include:

- dislodgement of material
- dangerous design of space
- presence of dangerous equipment in space

WARNING



CONFINED SPACE

**TRAINED
PERSONNEL ONLY**

Crawl Spaces

School	Crawlspace	Access	Comments
Alexander Elementary	West Wing	Room 28A	Concrete floor, good mobility, very dirty, some vents
Bench Elementary	West End	Room 7B	Concrete floor, dirty, no vents
	Staff Room, Office	Room 16	Very low, some vents, concrete floor
Chemainus Secondary	Gym and West Wing	Room 103J	Concrete floor, good height, lights, good ventilation
	Room 125	Room 125	Dirt floor, very low, some vents
	Office & West Wing	Office	Concrete floor, good height, good ventilation
	West Wing	Stairs between Room 116 & 117	Concrete floor, good height, well ventilated
Cowichan Secondary	Gym	Room 001B, 009	Concrete floor, low, well ventilated, mechanical systems
	Home Economics	Room 14, 20	Concrete floor, low, well ventilated, mechanical and electrical systems
	Office & Administration	Room 35C, 23E	Concrete floor, low, little ventilation, mechanical and electrical systems
	Classrooms	Room 50, 51	Concrete floor, low, vents under classrooms, mechanical and electrical systems.
	Main Entrance	Room 36	Concrete floor, low, vents under classrooms, mechanical and electrical systems.
Crofton Elementary	Classrooms	Room 00(corridor), 05B	Concrete floor, low, ducts restrict movement, no vents
MacKirdy Centre	North Wing	Room 06	Concrete floor, good height, some vents
G.E. Bonner Middle School	Room 100, 100A	Room 100A	Concrete floor, good height, well ventilated
	South End	Rooms 129, 140	Concrete floor, good height, well ventilated
	Rooms 120, 121	Room 121A	Concrete floor, good height, well ventilated
	Rooms 113-118	Room 118D	Concrete floor, good height, well ventilated
Khowhemun Elementary	Gym Storage	Room 17B	Concrete floor, low, good ventilation
	Classrooms	Rooms 9A, 14, 02	Concrete floor, very low, very restricted mobility, dirty
Koksilah Elementary	Main Building	North & South end of corridor	Concrete floor, low, dirty, no vents
Lake Cowichan Secondary	Gym	Entrance & Gym Storage	Dirt floor, very low, restricted mobility, no vents
	Adjacent to Gym	Adjacent to Gym	Concrete floor, small area, good mobility, no vents
	Stage/Home Ec/Room 103	Stage	Dirt floor, good access, very low, no vents
	Open Area	Storage/N. Main Sprinkler Valve Room	Dirt floor, small area, good height, no vents
	Learning Centre	Learning Centre (2 locations)	Concrete floor, good mobility, well ventilated
	Main Stairwell	Pump Lube Room	Concrete floor, good mobility near access, no vents
	Science/Chemistry	Chemistry & Biology	Concrete floor, large access, good height, no vents
Lake Cowichan Secondary Con't	South Hallway	South Custodian's Room	Concrete floor, small access, low, limited mobility
	South Main	Book Storage	Concrete floor, no vents, small area, large access
	Math Sciences	Room 104	Concrete floor, good height, one vent, large access
	Theatre/Elevator/Classrooms	Elevator Room, S. Dry Pipe Valve	Concrete floor, very low, restricted access, one vent
	3D Arts	3D Arts	Concrete floor, one half has good mobility remainder difficult, no vents
	Tech Centre	Boiler Room	Concrete floor, low, no vents, good access

Crawl Spaces

School	Crawlspace	Access	Comments
	Foods	Boiler Room	Concrete floor, no vents, good access
Maple Bay Elementary	Rooms 21, 21 & Corridor	Room 21	Concrete floor, good height, good ventilation
	Main Building	Room 19	Concrete floor, good height, no vents
	Office	Room 19A	Concrete floor, good height, vents
Mill Bay Elementary	Main Building	Rooms 3A, 10	Concrete floor, good height, restricted mobility, few vents
Mt. Prevost Middle School	East Wing	Rooms 109C, 102, 101	Concrete floor, good height, restricted access, well ventilated
	West Wing	Room 139	Concrete floor, good height, few vents, restricted mobility
	Wood Shop	Woodshop, Room 130	Concrete floor, no vents, restricted mobility
	West Wing	Corridor	Concrete floor, good height, few vents
Quamichan Middle School	West Wing	Room 121A	Concrete floor, mechanical, conduits, sump pump, mechanical ventilation
	Library	Room 108A	Concrete floor, very low, mechanical, conduits, well ventilated
	East Wing	Room 102A	Concrete floor, very low, mechanical, conduits, vents under classrooms
	Central Area & Gym	Room 112	Concrete floor, very low, restricted mobility, mechanical and conduits, very dirty, no vents
Board Office	Maintenance	Outside Men's Washroom	Concrete floor, restricted mobility, well ventilated
	Resource Centre	Electrical Room	Concrete floor, restricted mobility, well ventilated
	District Office	Electrical Room	Concrete floor, good height, many vents, much debris
Somenos Elementary	North Wing	Corridor	Concrete floor, good height, restricted mobility, few vents
Stanley Gordon Elementary	Gym	Basement	Concrete floor, good access, good height, well ventilated
	Main Building	Main Stairs	Dirt floor, good height, & mobility, ventilated
	North End	Janitor's Room & Storage Area	Concrete floor, good height, good access, ventilated
Tansor Elementary	West Wing	Corridor	Concrete floor, good height, no vents, dirty
	East Wing	Office & gym	Concrete floor, good access, few vents, dirty
	North Wing	Room 28A	Concrete floor, few vents
Thetis Island Elementary	New Wing	Janitor's Room	Concrete floor, good height, well ventilated
	Old Wing	Janitor's Room	Dirt floor, good height, ventilated, very dirty



Electric Lift Truck Pre-use Inspection

Operator:				Date:			
Site:				Supervisor:			
Vehicle:				Hour Meter Reading:			
Before turning on Key Walk around Items (visual)		Status		After turning on Key Start-up Items		Status	
	P	F	n/a		P	F	n/a
Walk around inspection (warning decals, capacity plate, etc.)				Battery Gauge, Hour Meter			
Forks/Locking Pins, Carriage, Mast				Lights (spotlights, turn signals, etc.)			
Wheels, Tires & Lug Nuts (condition – no gouges)				Horn & Backup Alarm (strobe lights)			
Battery (check water level, cables/connector are secure)				All Hydraulic Controls (normal operation – lift/tilt etc.)			
Battery Discharge Indicator (key on, needle in green area)				Direction and Speed Controls			
Hydraulic Tank (check oil level and for leaks)				Brakes (parking, service brakes & plugging)			
Overhead Guard (no damage)				Steering			
Seat Belt							
Comments (Explain any Fails noted above)							
Operator Signature:							

Employee Health and Safety Risk Assessment Tool

Part One - General Information



Complete All Categories In Part One of the Risk Assessment Tool. Check All Applicable Boxes in Each Category.		
Identify General Type of Work: (✓) <input type="checkbox"/> District Administration <input type="checkbox"/> Principal or Vice Principal <input type="checkbox"/> General office or clerical <input type="checkbox"/> Educational – teacher <input type="checkbox"/> Physical education / recreational sport <input type="checkbox"/> Special needs support <input type="checkbox"/> Custodial <input type="checkbox"/> Driver, bus or transport <input type="checkbox"/> Grounds <input type="checkbox"/> Maintenance – trades (specify) _____ <input type="checkbox"/> Other (specify) _____ Specific Activity or Job Task	Identify Potential Risk : (✓) Category 1 – Low Risk <input type="checkbox"/> Potential act of aggression or force <input type="checkbox"/> Sustained/awkward posture <input type="checkbox"/> Frequent repetition of work <input type="checkbox"/> Loud noise/vibration <input type="checkbox"/> Air quality Category 2 – Moderate Risk <input type="checkbox"/> Potential for violence <input type="checkbox"/> Working alone <input type="checkbox"/> Exposure to harmful substance(s) <input type="checkbox"/> Exposure to extreme heat or cold <input type="checkbox"/> Exposure to blood/body fluids Category 3 – High Risk <input type="checkbox"/> Confined space entry <input type="checkbox"/> Contact with electricity <input type="checkbox"/> Contact with powered equipment <input type="checkbox"/> Contact with live electrical lines <input type="checkbox"/> Fall from height Other <input type="checkbox"/> Specify	Frequency of Activity (✓) Category 1 – Low Risk <input type="checkbox"/> 1-4 times per month <input type="checkbox"/> 5-8 times per month Category 2 – Moderate Risk <input type="checkbox"/> 3-5 times per week <input type="checkbox"/> 1-2 times per day <input type="checkbox"/> 3-5 times per day Category 3 –High Risk <input type="checkbox"/> 6+ times per day <input type="checkbox"/> Major component of work (over 6 times/day) <input type="checkbox"/> Other (specify) Other <input type="checkbox"/> Specify
Time of Day (✓) Category 1 – Low Risk <input type="checkbox"/> During instructional hours <input type="checkbox"/> During regular business hours Category 2 – Moderate Risk <input type="checkbox"/> Outside regular instructional hours <input type="checkbox"/> Outside regular business hours Category 3 – High Risk <input type="checkbox"/> Evening hours	Climate (✓) Category 1 – Low Risk <input type="checkbox"/> Well controlled indoor temperature <input type="checkbox"/> Fluctuating indoor temperature Category 2 – Moderate risk <input type="checkbox"/> Outdoor, variable but moderate climate Category 3 – High Risk <input type="checkbox"/> Prolonged high heat/cold <input type="checkbox"/> High humidity	Lighting (✓) Category 1 – Low Risk <input type="checkbox"/> Daylight <input type="checkbox"/> Area well lit Category 2 – Moderate Risk <input type="checkbox"/> Area poorly lit Category 3 – High Risk <input type="checkbox"/> No lighting <input type="checkbox"/> Dark
Existing Protocols/Procedures (✓) Category 1 – Low Risk <input type="checkbox"/> Written safe work procedures available <input type="checkbox"/> Written procedures appropriate for task <input type="checkbox"/> Staff trained re safe performance of task <input type="checkbox"/> Safe work procedures consistently followed <input type="checkbox"/> Current risk assessment Category 2 – Moderate Risk <input type="checkbox"/> Written procedures outdated <input type="checkbox"/> Inconsistent adherence to work procedures <input type="checkbox"/> Risk assessment outdated Category 3 – High Risk <input type="checkbox"/> No safe work procedures <input type="checkbox"/> Staff untrained in safe work procedures <input type="checkbox"/> No risk assessment completed	Proximity to Others (✓) Category 1 – Low Risk <input type="checkbox"/> Working with partner <input type="checkbox"/> Working with others in room or close proximity Category 2 – Moderate Risk <input type="checkbox"/> Working within sight of others <input type="checkbox"/> Working within ear short of others Category 3 - High Risk <input type="checkbox"/> Working Alone Other <input type="checkbox"/> Specify	Additional Comments

Employee Health and Safety Risk Assessment Tool

Part Two - Specific Risks



Complete All Applicable Categories In Part Two That Are Relevant to The Job Task. Check Applicable Boxes in the Selected Category(s)		
Communication (✓) Category 1 – Low Risk <input type="checkbox"/> Direct visual communication <input type="checkbox"/> Direct voice communication <input type="checkbox"/> 2-way voice communication Category 2 – Moderate risk <input type="checkbox"/> Check-in by pager <input type="checkbox"/> Check-in by phone <input type="checkbox"/> Buddy system in place Category 3 – High Risk <input type="checkbox"/> No means of communication <input type="checkbox"/> No process in place	Confined Space (✓) Category 1 – Low Risk <input type="checkbox"/> Area tested/identified as low risk or enclosed space Category 2 – Moderate Risk <input type="checkbox"/> Area tested and classified as moderate risk Category 3 – High Risk <input type="checkbox"/> Area tested and classified as high risk <input type="checkbox"/> Area not tested/ not classified as to risk	Fall Protection (✓) Category 1 – Low Risk <input type="checkbox"/> Working from height of 3 feet or less Category 2 – Moderate Risk (Fall over 3 Feet) <input type="checkbox"/> Roof pitch flat or near flat <input type="checkbox"/> Established control zone of 6 feet or greater <input type="checkbox"/> Slip resistant surface <input type="checkbox"/> Railings or pony wall present <input type="checkbox"/> Fall protection system in place/used Category 3 – High Risk (Fall over 3 Feet) <input type="checkbox"/> Roof pitch 2 in 12 or greater <input type="checkbox"/> No fall protection or fall arrest system <input type="checkbox"/> Slippery surface area
Working Alone (✓) Category 1 – Low Risk <input type="checkbox"/> No hazardous activities/risks identified <input type="checkbox"/> Check-in system in place/practiced Category 2 – Moderate Risk <input type="checkbox"/> Moderate or high risk of injury identified <input type="checkbox"/> Appropriate check-in process used Category 3 – High Risk <input type="checkbox"/> Moderate or high risk of injury identified <input type="checkbox"/> Check-in process inadequate for degree of risk	Powered Equipment / Lockout Protocols (✓) Category 1 – Low Risk <input type="checkbox"/> Power source locked-out before maintenance <input type="checkbox"/> Power source controlled before maintenance Category 2 – Moderate Risk <input type="checkbox"/> Power source uncontrolled before maintenance <input type="checkbox"/> Inconsistent application of lock-out procedures <input type="checkbox"/> Lock out procedures inadequate Category 3 – High Risk <input type="checkbox"/> Power source not isolated <input type="checkbox"/> Work required with "live" equipment / lines <input type="checkbox"/> Uncontrolled use or removal of locks	Aggression or Force (✓) Category 1 – Low Risk <input type="checkbox"/> Risks identified <input type="checkbox"/> Control measure in place <input type="checkbox"/> Staff informed/aware of risks <input type="checkbox"/> Staff trained in de-escalation strategies Category 2 – Moderate Risk <input type="checkbox"/> Risk poorly defined/not readily available to staff <input type="checkbox"/> Control measures inadequate <input type="checkbox"/> Staff not trained in de-escalation strategies <input type="checkbox"/> Staff not trained in violence prevention Category 3 – High Risk <input type="checkbox"/> No information re risk available to staff <input type="checkbox"/> No control measures in place <input type="checkbox"/> No information on history of aggression/force
Violence (✓) Category 1 – Low Risk <input type="checkbox"/> Staff risk survey completed, minimal concern <input type="checkbox"/> Building survey completed, minimal risk <input type="checkbox"/> Corrective action taken, risk minimized <input type="checkbox"/> Staff trained in violence prevention strategies Category 2 – Moderate Risk <input type="checkbox"/> Staff risk survey shows area of concern <input type="checkbox"/> Building survey showed moderate/high risk <input type="checkbox"/> Past history of violence in similar areas of work <input type="checkbox"/> Practice/protocols may not be adequate Category 3 – High Risk <input type="checkbox"/> Staff risk survey shows area of high concern <input type="checkbox"/> Building survey shows area of high concern <input type="checkbox"/> Working alone outside normal business hours <input type="checkbox"/> Call-in process inadequate for assessed risk <input type="checkbox"/> Procedures inadequate for assessed risk <input type="checkbox"/> No/limited corrective action taken	Ladders and Mechanical Lifts (✓) Category 1 – Low Risk <input type="checkbox"/> Ladders in good working condition <input type="checkbox"/> Ladders extend beyond required height <input type="checkbox"/> Ladder tied off to movement <input type="checkbox"/> Mechanical lift in sound working condition <input type="checkbox"/> Wooden ladders used in situations with power Category 2 – Moderate Risk <input type="checkbox"/> 3 point contact attainable on ladder <input type="checkbox"/> Staff untrained in use of lift equipment Category 3 – High Risk <input type="checkbox"/> Ladder condition substandard <input type="checkbox"/> Incorrect ladder length <input type="checkbox"/> Ladder not secured from movement <input type="checkbox"/> Lift equipment inadequate/substandard <input type="checkbox"/> Mechanical lift safety rails faulty <input type="checkbox"/> Manufacturers specs not met/maintained	Overexertion (✓) Category 1 – Low Risk <input type="checkbox"/> Lifting involves less than 20 pounds <input type="checkbox"/> Loads can be carried close to body <input type="checkbox"/> Mechanical lifts available/used appropriately <input type="checkbox"/> Frequent rotation of task possible <input type="checkbox"/> Activity requires minimal effort <input type="checkbox"/> Staff trained in safe lifting/ work procedures Category 2 – Moderate Risk <input type="checkbox"/> Lifting involves 20 to 50 pounds <input type="checkbox"/> Prolonged static or awkward posture required <input type="checkbox"/> Moderate physical effort required <input type="checkbox"/> Staff poorly trained in MSI prevention strategies Category 3 – High Risk <input type="checkbox"/> Weight in excess of 50 pounds <input type="checkbox"/> Unpredictable movement/awkward load <input type="checkbox"/> Involves repetition and physical force <input type="checkbox"/> Involves sustained vibration <input type="checkbox"/> No MSI prevention strategies/no training

Employee Health and Safety Risk Assessment Tool



Part Three - Corrective Action

Instructions	Tally the level of risk for each box selected in Part A Tally the level of risk for each box selected in Part B Combine Part A and Part B totals for Low, Medium and High Risk	Specify Activity / Job Task
	Where a medium to high level of risk has been identified, corrective action must be taken. Indicate the corrective action taken in the far right column. Once corrective action has been taken, repeat the risk assessment to determine the current level of risk.	

PART A – General Information		Low	Medium	High	Corrective Action
	Potential Risk				
	Frequency of Activity				
	Time of Day				
	Climate				
	Lighting				
	Existing Protocols/Procedures				
	Total Part A				
Part B - Specific Risks		Low	Medium	High	Corrective Action
	Communication				
	Confined Space				
	Fall Protection				
	Working Alone				
	Powered Equipment/Lockout				
	Aggression or Force				
	Violence				
	Ladders and Mechanical Lifts				
	Overexertion				
	Total Part B				
	Combined Total of A and B				
Further Recommendations					

Guide to Completing an Employer Incident Investigation Report (EIIR)

Save time and money by using the EIIR template to easily create all your required incident investigation reports.

WorkSafeBC has developed an employer incident investigation report (EIIR) [template](#) you can use to create all four reports that may be required following an incident in your workplace. This template will help you collect all the necessary information and reduce the work associated with completing multiple, separate reports.

What is this guide for?

This guide will walk you through the process of completing an EIIR, in conjunction with the requirements of [Part 3, Division 10](#), of the *Workers Compensation Act* (the Act) and prevention policies D10-175-1 and D10-176-1.

How many reports do I need to complete?

Depending on the incident, you may be required to complete up to four separate reports. Each report represents the status of the investigation at a specific point in the investigation process.

Report type	When	Template sections
Preliminary investigation	Complete within 48 hours	1 to 14
Interim corrective action	As soon as possible	1, 9, and 12
Full investigation	Complete within 30 days	1 to 19
Full corrective action	As soon as possible	1, 9, and 17

How do I submit a report to WorkSafeBC?

Generally, you are only required to submit full investigation reports to WorkSafeBC. You can submit full investigation reports:

- Online at the [EIIR upload portal](#)
- By fax at 604.276.3247 in the Lower Mainland or toll-free 1.866.240.1434
- By mail to WorkSafeBC, PO Box 5350, Stn Terminal Vancouver, BC V6B 5L5

When is an investigation required?

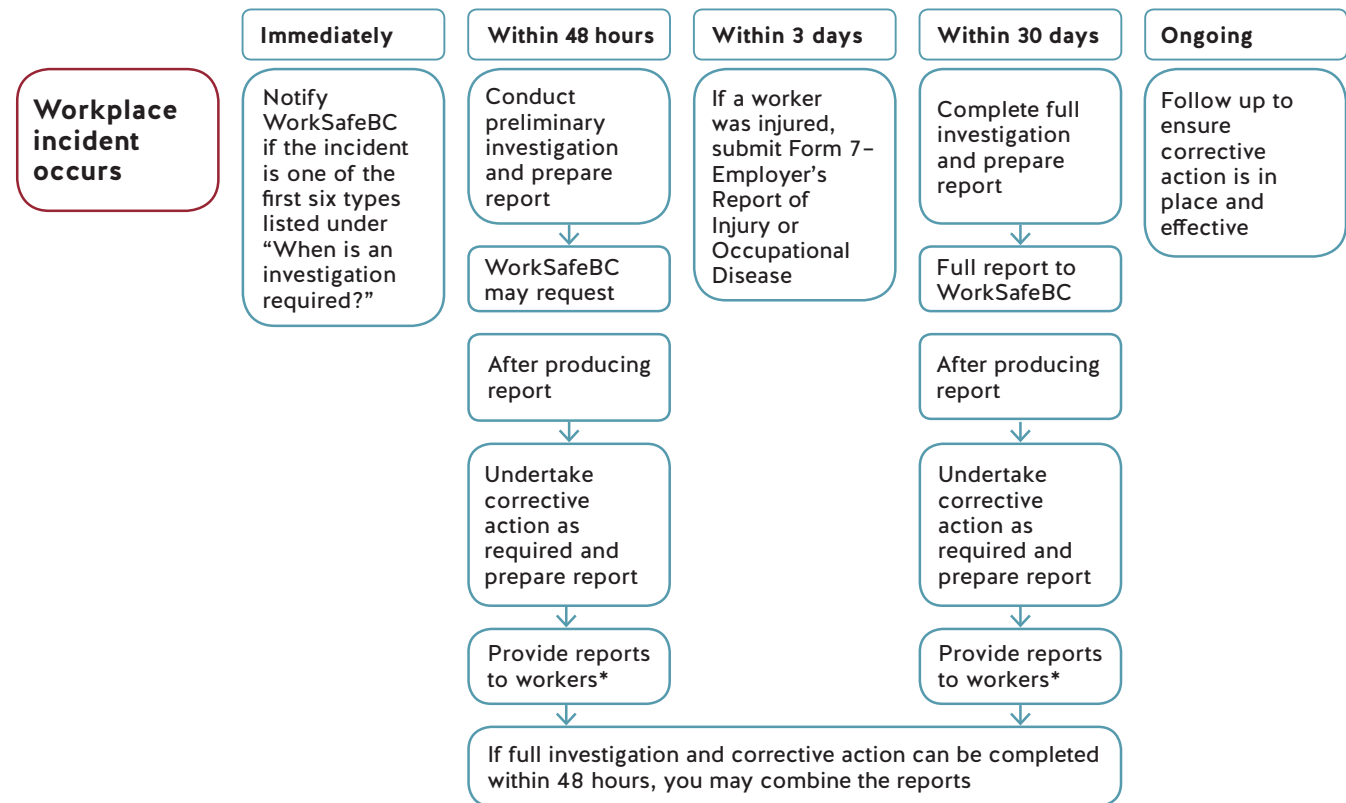
Employers are required to immediately investigate any incident that involves the following:

- (1) Serious injury to or death of a worker
- (2) A major structural failure or collapse
- (3) A major release of a hazardous substance
- (4) Fire or explosion with potential for serious injury
- (5) A blasting accident causing personal injury
- (6) Dangerous incident involving explosives, whether or not there is personal injury
- (7) A diving incident, as defined by the Occupational Health and Safety Regulation
- (8) Minor injury or no injury but had potential for causing serious injury
- (9) Injury requiring medical treatment beyond first aid

Note: For the first six types of incidents, you must also notify WorkSafeBC immediately. Call toll-free 1.888.621.7233. After hours call 1.866.922.4357.

If the incident is not one of the types listed above (for example, it was a minor incident and there was no risk of serious injury), you are not required to investigate it.

What to do following a workplace incident



* Provide to the joint health and safety committee or worker health and safety representative, as applicable. If there is no joint committee or worker representative, post the report in the workplace.

Step 1: Preliminary investigation report

When an incident occurs, you must conduct a preliminary investigation to identify any unsafe conditions, acts, or procedures — as much as possible — to identify and manage hazards in the workplace. This helps ensure that work can be done safely during the interim period between the incident and the conclusion of the full investigation.

When the preliminary investigation is complete, open the EIIR template and enter the incident details in sections 1 to 14. Save the file as a Microsoft Word or PDF file, indicating the date of the incident, the injured worker’s name, and the type of report (preliminary investigation). Complete this report within 48 hours.

Preliminary investigation reports must be initiated immediately and must contain all information specified by policy. Don’t submit your preliminary

investigation report to WorkSafeBC unless you have been directed to do so by an officer.

Section 1: Employer information

Provide the employer’s legal name, operating name or trade name, address, contact number, email address, WorkSafeBC account number, and operating location number.

Section 2: Injured persons

Provide the names and job titles of individuals injured or killed in the incident, even if they don’t work for the employer.

Section 3: Place, date, and time of incident

For incidents in remote locations or away from the employer’s mailing address, include whatever identifying information is available. This may include GPS coordinates, mile markers, or street intersections.

Section 4: Type of occurrence

Use this section to indicate the type of incident you are investigating. You are legally obligated to investigate and report certain types of incidents. If it's a first aid-only injury and there was no risk of serious injury, you are not required to investigate it. You are not required to investigate a vehicle accident occurring on a public street or highway.

Section 10 of the template lists examples of serious injuries. "A major release" is defined in [Policy D-10-172-1](#).

Section 5: Report type

Indicate whether this is a preliminary investigation, interim corrective action, full investigation, or full corrective action report. If you are using the EIIR template for multiple reporting obligations, select all the report types that apply. For example, if you have completed the preliminary investigation and identified and taken corrective action, select the "Preliminary investigation report" box and the "Interim corrective action report" box.

Indicate if this is a revision to a previously documented report. If this is a preliminary investigation report requested by an officer, note the officer's name.

Section 6: Witnesses

Provide the names and job titles of any witnesses to the incident, including workers or members of the public.

Section 7: Other persons whose presence might be necessary for a proper investigation

Provide the names and job titles of anyone who is needed to conduct the investigation. This may include workers who were on shift before the incident, someone who maintained equipment involved in the incident, or third-party consultants.

Section 8: Sequence of events that preceded the incident

Identify significant events that led up to the incident. You can also include relevant events that followed the incident, such as first aid. Include

dates and times, if possible. Arrange the events in chronological order, from first to last. Don't include things that should have happened but did not (for example, "worker did not use guard"). For more information on developing a sequence of events, see [these training materials](#), which are listed at the bottom of the web page under "Investigation of Accidents and Incidents."

Section 9: Unsafe conditions, acts, or procedures that significantly contributed to the incident

Analyze the sequence of events. Ask why each event happened. Describe any unsafe conditions, acts, or procedures (for example, poor housekeeping or failure to follow safety procedures). Avoid stopping at personal factors, such as "worker was careless." Consider possible problems with factors such as training, equipment maintenance, standard work procedures, and environmental conditions.

Section 10: Nature of serious injury

You may use this section to indicate the nature of the injury, if applicable. According to [Guideline G-D10-172-1](#), a serious injury "is any injury that can reasonably be expected at the time of the incident to endanger life or cause permanent injury." Serious injuries include traumatic injuries such as fractures of the arms or legs, major cuts, burns and crush injuries.

Section 11: Brief description of the incident

Summarize what happened based on the information in sections 8, 9, and 10.

Section 12: Corrective actions identified and taken to prevent recurrence of similar incidents

Describe the corrective actions you have identified to prevent similar incidents. Include the action, the name and job title of the person responsible for it, and the completion date or anticipated completion date.

Section 13: Explanation of blank areas on this preliminary report, if any

You are expected to take reasonable steps to investigate the incident and identify unsafe

conditions, acts, or procedures as much as possible. Circumstances outside an employer's control may restrict the investigation — for example, not being able to access the incident scene because of an ongoing police investigation. If you can't complete the preliminary investigation you should still provide any information you have available.

Section 14: Persons who carried out or participated in the preliminary investigation

Include the name and job title of anyone who took part in the employer's incident investigation.

Step 2: Interim corrective action report

Interim corrective action reports must address the findings of the preliminary investigation. If all interim corrective action was completed when the preliminary report was written, you have already completed the corrective action report and can check both boxes in section 5 (preliminary investigation report and interim corrective action report).

If some actions still need to be done, open the preliminary investigation report and rename the file to indicate that this is the interim corrective action report. Update the information in sections 9 and 12 with any new actions or dates. If some actions still have not been done at the end of the full investigation, ensure they are included in your full corrective action report.

The information you provide in sections 1 to 14 is sufficient to satisfy your legal obligation to prepare both a preliminary incident investigation report and interim corrective action report. You must provide these reports to your joint occupational health and safety committee (or worker health and safety representative, if applicable). If there is no joint committee or worker representative, the reports must be posted in the workplace. Don't send these reports to WorkSafeBC unless an officer asks for them.

Step 3: Full investigation report

In the full investigation, you must determine the causes of the incident. These causes could include underlying problems with supervision, training, preventative maintenance, or other management systems.

When you have completed the full investigation, open the interim corrective action report and rename it (full investigation report). Check the box in section 5. Add information to sections 15 to 19. Submit the report to WorkSafeBC within 30 days of the incident. Don't submit attachments to the report, such as photos, videos, and drawings. Instead, keep them at the workplace.

Section 15: Determination of causes of incident

Analyze the facts and circumstances of the incident to identify the underlying factors that led to it. What underlying factors made the unsafe conditions, acts, or procedures possible? Identify health and safety deficiencies.

Section 16: Full description of the incident

Use the brief description from the preliminary report as a starting point. Expand on it, as necessary.

Section 17: Additional corrective actions necessary to prevent recurrence of similar incidents

Provide information about the corrective actions you have identified to prevent similar incidents. Include the action, the name and job title of the person responsible for it, and the completion date or anticipated completion date.

Note: If all the corrective actions have been completed by the time you write the full report, this report can also serve as the full corrective action report. In this case, remember to check both boxes in section 5.

Section 18: Persons who carried out or participated in the full investigation

Include the names and job titles of those who took part in the employer's incident investigation.

Section 19: Other relevant workplace parties

Depending on the nature of your workplace, there may be other people, such as prime contractors or property owners, who have duties or responsibilities for workplace safety. Identify any other person actively involved in the incident, and include the name and contact information for these other workplace parties, if applicable.

The information you provide in sections 1 to 19 is sufficient to satisfy your legal obligation to prepare a full incident investigation report. You must provide this report to your joint occupational health and safety committee (or worker health and safety representative, if applicable). If there is no joint committee or worker representative, the reports must be posted in the workplace.

Step 4: Full corrective action report

If there are still outstanding, incomplete corrective actions when you write the full investigation report, then you may be unable to complete the full corrective action report at that time. When all the corrective actions have been completed, open the full investigation report and rename it (full corrective action report). Add the completion dates in section 17 (and section 9, if any).

You must provide this report to your joint occupational health and safety committee (or worker safety representative, if applicable). If there is no joint committee or worker representative, you must post the report in your workplace. Don't send this report to WorkSafeBC unless an officer asks for it.

What formats is the EIIR template available in?

The template is available in two formats: PDF and Word. The PDF template is dynamic — you can type in the fields. However, it can't be customized with additional fields.

The Word template also has dynamic fields you can type in. You may wish to customize the template by adding a company logo, more fields for tracking and categorizing incidents, or more rows in different sections (for complex or large investigations).

Do I have to use the EIIR template?

Employers are not required to use the template. You can choose to continue using your own methods of recording incident investigations on your own forms.

Regardless of the reporting format used, your reports must contain the information required by [Policy D10-175-1](#) and [Policy D10-176-1](#) in order to comply with sections 175(2)(a) and 176(2)(a) of the Act.

If you are using your own form, please attach a cover sheet that includes any required information that isn't covered in your form. The cover sheet should include:

- Your WorkSafeBC account number and operating location
- The type of report you are submitting (full investigation or other)
- The type of incident (for example, a minor injury, a near miss, or a serious injury)

What are the timelines?

You must initiate the preliminary investigation immediately and complete a preliminary investigation report within 48 hours of the incident. You must also initiate the full investigation and submit the full investigation report to WorkSafeBC within 30 days of the incident, unless WorkSafeBC grants an extension.

Depending on the complexity of the incident, you might be able to complete your full investigation report within 48 hours. (See "Can I combine reports?")

The 48-hour period can be extended if it expires on a Sunday or other holiday, or it expires on a day you are not normally open.

You must provide the corrective action report to your joint occupational health and safety committee (or worker safety representative, if applicable) as soon as possible after the corrective action occurs.

How should I organize my investigation files?

We recommend that when an incident occurs you open the template and save it as a Word or PDF file with a name that indicates the date of the incident, the injured worker's name, and the type of report. For example, you could save a file as: "2015-12-27 John Doe – Preliminary"

If there was no injury, a near-miss incident could be saved as:
"2015-12-27 Near Miss – Preliminary"

When you move to step 2 (the corrective action report), open the preliminary report, rename it, and update the information. For example, rename the file "2015-12-27 John Doe – Interim"

When you have completed the full investigation, open the interim file, rename it, and complete the information in sections 15 to 19. For example, rename the file:
"2015-12-28 John Doe – Full"

When you have completed all the corrective actions, it is time to complete the full corrective action report. Open the full report, rename it, and finalize the information in section 17. For example, rename the file:
"2015-12-28 John Doe – Corrective"

Naming and organizing your files in this way, helps keep all reports together and minimizes re-entering data in the reports.

Can I hand write the full investigation report?

Both the Word and PDF versions of the template are formatted to be printed and may allow enough space for you to write in the needed information. You could then scan the print document as either a PDF or JPG file and submit it online.

When can I combine reports?

Depending on the complexity of the incident investigation, it may be possible to complete the full investigation report and resulting corrective action within 48 hours. In this situation, you may combine one or more reports as long as you meet all the requirements and complete the reports within the required time. [Policy D10-176-1](#) describes what to do when the incident investigation and resulting corrective action are completed within 48 hours.

Who needs to conduct the investigation?

Your incident investigation must be carried out by people who are knowledgeable about the type of work involved. The employer, or a representative of the employer, and a worker representative must participate if they are reasonably available. That means each investigation will be carried out by at least two people, maybe more for complex investigations.

Participation in the investigation will include:

- Viewing the scene of the incident with those carrying out the investigation
- Providing advice to the people carrying out the investigation
- Any other activities prescribed by WorkSafeBC

People participating in the investigation must have adequate training to be able to fulfill their responsibilities. They should understand the investigation process and be able to analyze the sequence of events to find all factors contributing to the incident.

Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#) for assistance completing the investigation and this form.



1. Employer's information

Employer's name (legal name and trade name)		
WorkSafeBC account number	Operating location number	
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.

5. Report type (select all that apply) If this is a revised version of a previous report, please check here ☐.

<input type="checkbox"/> Preliminary Investigation Report If requested only, provide a copy to WorkSafeBC.	<input type="checkbox"/> Interim Corrective Action Report	<input type="checkbox"/> Full Investigation Report Must be provided to WorkSafeBC within 30 days* Fax 1.866.240.1434	<input type="checkbox"/> Full Corrective Action Report
Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)
Officer's name		Date sent (yyyy-mm-dd)	

Employer Incident Investigation Report (EIIR)

6. Witnesses

Last name	First name	Job title
a)		
b)		
c)		

7. Other persons whose presence might be necessary for proper investigation

Last name	First name	Job title
a)		
b)		

8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

10. Nature of the serious injury (optional — complete only if there has been an injury)

- | | |
|---|---|
| <input type="checkbox"/> Life threatening or resulting in loss of consciousness | <input type="checkbox"/> Punctured lung or other serious respiratory condition |
| <input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs | <input type="checkbox"/> Injury to internal organ or internal bleeding |
| <input type="checkbox"/> Major crush injuries | <input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch |
| <input type="checkbox"/> Major cut with severe bleeding | <input type="checkbox"/> Injury requiring CPR or other critical intervention |
| <input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot | <input type="checkbox"/> Diving illness such as decompression sickness or near drowning |
| <input type="checkbox"/> Major penetrating injuries to eye, head, or body | <input type="checkbox"/> Serious chemical or heat/cold stress exposure |
| <input type="checkbox"/> Severe (third-degree) burns | <input type="checkbox"/> Other (specify) |

Employer Incident Investigation Report (EIIR)

11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action (Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)	Action assigned to (name and job title)	Expected completion date (yyyy-mm-dd)	Completed date (yyyy-mm-dd)
a)			
b)			
c)			
d)			
e)			

13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

14. Persons who carried out or participated in the preliminary investigation

Representative	Name	Job title	Signature (optional)	Date signed (yyyy-mm-dd)
Employer representative				
Worker representative				
Other				
Other				

End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

Note: If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

Employer Incident Investigation Report (EIIR)

15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action (Required in Full Report and Full Corrective Action Report.)	Action assigned to (name and job title)	Expected completion date (yyyy-mm-dd)	Completed date (yyyy-mm-dd)
a)			
b)			
c)			
d)			

18. Persons who carried out or participated in the full investigation

Representative	Name	Job title	Signature (optional)	Date signed (yyyy-mm-dd)
Employer representative				
Worker representative				
Other				

19. Other relevant workplace parties

Company name	Contact person	Contact number or email address
a)		

End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.



Fall Hazard Assessment

PAGE:

1

Effective Date:
04/04/2014

Name:		Signature:	
Position:		Date:	

Potential hazards related to project:

(such as height of fall, uneven ground surface.....)

Risk and severity of potential injuries:

Who is at risk of injury:

Control measures to be implemented:

(fall arrest, fall restraint, safety zone.....)

Training required:

Level of risk after control measures and training:

Emergency response procedure:

A formal written Safe Work Procedure is required if the hazards defined above include:

- Risk of fall from 25' or more.
- Where there are unusual hazards that increase the risk, such as worked from an elevated position beside an excavation.



Written site-specific fall protection plan

Planning plays a key role in protecting workers from fall hazards. The fall protection plan template below is provided to assist in the planning process. Employers should ensure that fall protection plans are

- Designed and completed to address site-specific conditions
- Compliant with the Occupational Health and Safety Regulation

Site address:		Start date:
Site description:	Employer:	
Work area:		
Tasks:		

Site-specific fall hazards *(see diagram on page 2 for more details)*

Max. height (peak):	Max. height (eaves):	Max. height (other):
Roof slope(s), if applicable:		
Proximity to high voltage power lines:		
Ground cover/hazards:		
Other/comments:		

Type of fall protection to be used *(see definitions on page 3)*

<input type="checkbox"/> Fall restraint	<input type="checkbox"/> Fall arrest	<input type="checkbox"/> Temporary guardrail system
---	--------------------------------------	---

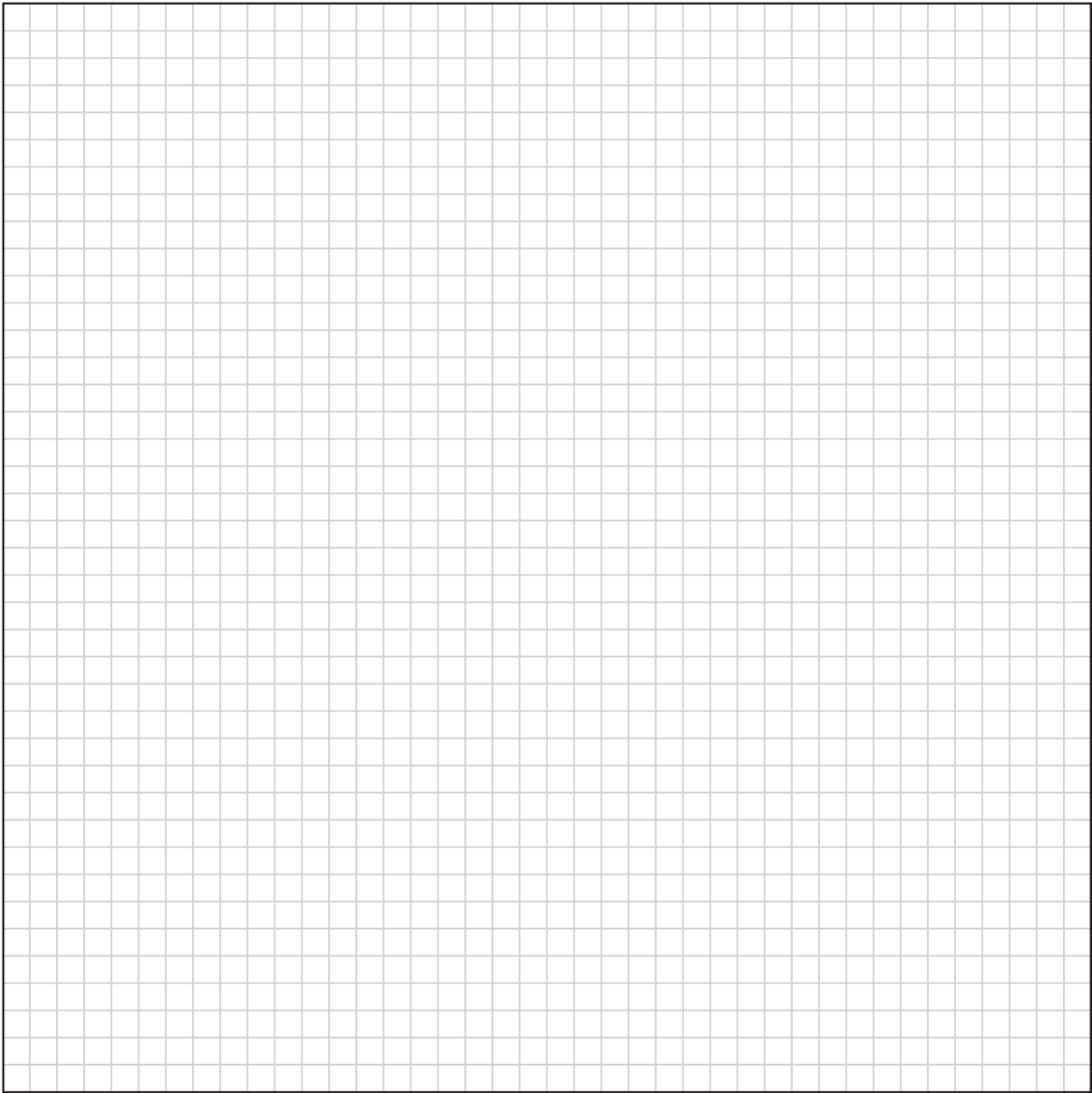
Equipment inspection

Item	Comment/defect	Item	Comment/defect
<input type="checkbox"/> Full body harness		<input type="checkbox"/> Anchors	
<input type="checkbox"/> Vertical lifelines		<input type="checkbox"/> Ladders	
<input type="checkbox"/> Lanyards		<input type="checkbox"/> Ladder hoist	
<input type="checkbox"/> Rope grabs		<input type="checkbox"/> Toeboards	

Prior to accessing the work location

Checklist	Comments
<input type="checkbox"/> First aid attendant/facilities/equipment	
<input type="checkbox"/> Safety headgear available for all workers	
<input type="checkbox"/> Bin in place	
<input type="checkbox"/> Barricades in place	
<input type="checkbox"/> CSA safety footwear for ground work	
<input type="checkbox"/> Safety eyewear if nail guns to be used	

Site roof diagram *(include anchor locations)*



Ladder setup

<input type="checkbox"/> Set up on a firm, level base	<input type="checkbox"/> Extends approx. 1 metre (3 feet) past edge of roof
<input type="checkbox"/> Set up 4:1 (vertical:horizontal)	<input type="checkbox"/> Secured/tied off

Fall protection system special assembly procedures

Rescue procedures for a fallen worker

Fall protection definitions

- **Fall restraint** means a system to prevent a worker from falling from a work position, or from travelling to an unguarded edge from which the worker could fall.
- **Fall arrest** means a system that will stop a worker’s fall before the worker hits the surface below.
- **Guardrail** means a guard consisting of a top rail 102 cm to 112 cm (40 in. to 44 in.) above the work surface, and an intermediate rail located approximately midway between the underside of the top rail and the top of the toeboard, if one is provided, or the work surface if no toeboard is provided.

Notes

Worker sign-off

By signing below, I acknowledge that I have reviewed the fall protection requirements and procedures for this site with my supervisor and understand my responsibilities, specifically the requirement to use personal fall protection.

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Supervisor: _____ Date: _____
(signature)



WORKING TO MAKE A DIFFERENCE
worksafebc.com

HOW TO USE MSDS *fetch*



ONLINE:

- Visit
<http://msdsfetch.vsb.bc.ca>
- Search by ID#, by description or by company
- View and print



User Name: sd79cowichanvalley

Password: 2507480861

WANT AN MSDS BY FAX?

- Call 604-713-5273
Office hours: M-F 8:30 - 4:30
- Provide the ID # of the product and your fax # with area code



My Fax # is: _____



Indoor Air Quality Complaint Form

PAGE:

1

Effective Date:

INDOOR AIR QUALITY COMPLAINT FORM

(This Form Does Not Replace WorkSafeBC Form 6A)

Please fill out this form with as much detail as possible.

All Indoor Air Quality complaints must be submitted using this form and returned to the District Health and Safety Office as soon as possible.

DATE: _____

NAME: _____ TITLE: _____

FACILITY NAME: _____

CLASSROOM or LOCATION IN BUILDING: _____

SITE ADMINISTRATION NAME/SIGNATURE: _____

Please describe the nature of the complaint:

Please list any symptoms you are experiencing:

Please list names of other workers in your area:

OFFICE USE ONLY

Complaint No. _____ Received by _____ Date Received _____



Job/Task Hazard Analysis

PAGE:
2 of 5

Effective Date:
21/09/2009

LIFTING - VERY LIGHT (MAX 10 LBS / 4.5 KG)								
- LIGHT (MAX 20 LBS / 9 KG)								
- MEDIUM (MAX 50 LBS / 22.5 KG)								
- HEAVY (MAX 100 LBS / 45 KG)								
- VERY HEAVY (OVER 100 LBS / 45 KG)								
CARRYING - VERY LIGHT (MAX 10 LBS / 4.5 KG)								
- LIGHT (MAX 20 LBS / 9 KG)								
- MEDIUM (MAX 50 LBS / 22.5 KG)								
- HEAVY (MAX 100 LBS / 45 KG)								
VERY HEAVY (OVER 100 LBS / 45 KG)								
MOBILE PUSHING - LIGHT (MAX 20 LBS / 9 KG)								
- LIGHT (MAX 20 LBS / 9 KG)								
- MEDIUM (MAX 50 LBS / 22.5 KG)								
- HEAVY (MAX 100 LBS / 45 KG)								
- VERY HEAVY (OVER 100 LBS / 45 KG)								
MOBILE PULLING - LIGHT (MAX 20 LBS / 9 KG)								
- MEDIUM (MAX 50 LBS / 22.5 KG)								
- HEAVY (MAX 100 LBS / 45 KG)								
- VERY HEAVY (OVER 100 LBS / 45 KG)								
STATIC PUSHING/PULLING - LIGHT (MAX 20 LBS / 9 KG)								
- MEDIUM (MAX 50 LBS / 22.5 KG)								
- HEAVY (MAX 100 LBS / 45 KG)								
- VERY HEAVY (OVER 100 LBS / 45 KG)								
REACHING ABOVE SHOULDER - REPETITIVE								
- SUSTAINED								
REACHING FORWARD - REPETITIVE								
- SUSTAINED								
HANDLING - FINE MANIPULATION								
- GROSS MANIPULATION								
- HAND TOOL USAGE								

NOISE LEVELS >80 DECIBELS

ENVIRONMENTAL WORKING CONDITIONS: INDICATE EXPOSURE TIME IN MINUTES / DAY

HOT		HUMID		FUMES		VIBRATION	
COLD		DRY		DUST		JARRING	



Job/Task Hazard Analysis

PAGE:
3 of 5

Effective Date:
21/09/2009

JOB SITE WORK PROGRAMS

Is there a First Aid Attendant on site?	YES	NO	NAME		PHONE NO.			
Does worker have a job to return to?	YES	NO	If no, has an R.O.E. been Issued? (Separation Slip)	YES	NO	Claim Number		
Are modified duties available?	YES	NO	Are alternate duties available?	YES	NO	Is graduated return to work available?	YES	NO

WORKSHEET COMPLETED BY (EMPLOYER)

PHONE



Job/Task Hazard Analysis

PAGE:
4 of 5

Effective Date:
21/09/2009

GUIDELINES - JOB TASK ANALYSIS

Job Duties:

A brief description of the types of tasks the worker is expected to perform on a regular basis, e.g. Drive grader, change grader blades, grease machinery.

Physical Job Demands:

The scale provided ranges from "0" (not required) to "5" (always required) and is used to indicate how often the physical demands of the job are required.

Whole Body Demands:

Whole body demands include: sit/drive, walk, stand, climb, run and low level work. Total of these **MUST NOT** exceed total minutes/hours worked per day.

For Example: 8 hour shift = 480 minutes

Sitting	= 35 min.	Standing	=240 min. (4 hours)	
Climbing	= 45 min.	Kneeling	= 40 min.	
Crawling	= 30 min.	Walking (level)	= 25 min.	Walking
(rough)	= 50 min.			
Walking (slopes)	=15 min.			
TOTAL = 480 minutes				

Sitting and Driving:

- may be described as short, intermittent, or prolonged.
- describe type of seating - e.g. bucket seats, air-ride seats in semi-trucks, adjustable office chairs, wooden chairs, etc.
- indicate maximum time required before a break.
- for driving, indicate type of vehicle or equipment and whether there is vibration.

Walking:

- describe as frequent short walks or prolonged walk.
- describe surface: level-concrete, carpet, etc.; rough-dirt, rocks, etc., slopes-ditches, roofs, ramps.

Standing:

- indicate stationary with little movement, or if more mobile
- add comments such as: with frequent bending, at assembly line, etc.

Climbing:

- may need to indicate number of steps or flights of stairs.
- indicate height if claimant is working off ladders or carrying while climbing.
- regular stairs - standard steps used in most buildings.
- steep stairs - higher in between each step; often seen in maintenance rooms.
- ladders - describe as stepladder, extension ladder or fixed ladder.

Running (Emergency personnel ONLY):

- if significant requirement only, e.g. nurse in "Code 99", police officer or fire fighter in emergency.
- Describe frequency, distance, and surface.

Low Level Work:

- Kneeling - where one or both knees are on the ground.
- Crouching - to stoop or bend low - worker is unable to remain upright, yet work is too high to be performed in a squat or kneel.
- Squatting - to sit in a low position on heels with legs drawn up closely in front of the body.
- Frequent - means squatting often but able to change positions often.
- Sustained - describes maximum time remained in the position before rising.

Balancing:

- Worker is required to remain in a stable position while reaching, or where the surface the worker is on is narrow or unstable, e.g. walking on high beams, on scaffolding.



Job/Task Hazard Analysis

PAGE:
5 of 5

Effective Date:
21/09/2009

Specific Body Demands:

The total of the specific body demands (lifting, carrying, pushing and pulling) MUST NOT exceed total minutes/hours worked per day.

For Example: 8 hour shift = 480 minutes.

Reaching	= 35 min.	Lifting	= 240 min.	
Carrying	= 45 min.	Mobile Push/Pull	= 40 min.	
Static Push/Pull	= 30 min.	Handling	= 90 min.	TOTAL = 480 min.

Neck/Trunk Movements:

- Sustained - indicates length of time a worker remains in a position.
- Repetitive - is continually moving about in all directions. Indicate period of time worker performs repetitive action.
- Bending - to move forward from the waist or neck.
- Twisting - to move shoulders and trunk to one side or the other or look over one shoulder or the other.

Twisting (moving of objects from one level to another):

- Indicates heights lifted to and from, of the most frequent lifts.
- Describe types of objects, e.g. large box, bags, pails, bulky objects, tall, etc.
- Indicate one or two-handed lift, one or two more person lifts.

Carrying (moving weight from one location to another):

- Indicate how object is carried - both hands down at sides (briefcases), both hands in front, one hand at side, on shoulder, etc.
- Indicate distance traveled and type of surface, e.g. up stairs, over rough terrain.
- Include height object is carried at, e.g. Waist, shoulder, at sides, and object carried.

Mobile Pushing/Pulling:

- Object being moved is either being moved over a distance, or worker is moving it while pulling on a rope or pulley, e.g. Wheelbarrow, wheelchair, pulling cable.
- Indicate distance traveled and type of surface.

Static Pushing and Pulling:

- Worker is remaining in one position and must move an object a short distance, e.g. Pull boxes from a shelf, or use tools that require push/pull motion, e.g. Tire iron.
- Indicate work height.

Reaching (the extent to which the arms must be stretched in order to perform the task):

- Repetitive - indicates arms are continually changing position from a low to high level or from close to body to stretched forward.
- Sustained - indicates the arms must remain in one position for longer than one minute.

Handling:

- Fine manipulation - use of small objects with the hands. e.g. Screws, bolts, typing.
- Gross manipulation - handling of large, usually awkward objects; generally requires both hands for safe handling, e.g. Plywood, transferring.
- Indicate how moved and weight of object.
- Indicate if repetitive, such as assembly line work.
- Hand tool usage - indicated what tool(s) used, which hand, length of time, repetitive or sustained.
- Indicate if vibrating tools are used.

Noise Levels over 80 decibels:

- Omit if noise levels never measured.

Environmental Work Conditions:

- Vibration - generally refers to tool usage that affects the upper extremity, e.g. Drills, saws, jackhammer.
- Jarring - generally refers to movements affecting the entire body such as those experienced in a bobcat, while driving over rough roads, etc.
- Indicate whether is inside or outside work or combination and total number of minutes in each.

Joint OHS Committee Terms of Reference

Section 1 – Committee definitions

1. Name of committee

The name of committee will reflect operations and the area of responsibility

- a. District Advisory Committee - Health and Safety Committee
- b. Site Joint Occupational Health and Safety Committee (JOHSC) – Location (ie. Site Joint Occupational Health and Safety Committee – Bench School)

2. District Advisory Committee - Health and Safety: The purpose of this committee is to provide input and recommendations to the employer on issues globally impacting the district across multiple sites and employee (union) groups. The committee completes this objective through the following specific tasks.

- a. Review trends in accidents, injuries and incidents to identify across the district potential risks and put forth recommendations to the employer. This includes reviewing the nature of injury, potential hazard, contributing factors and location.
- b. Review any items brought forward by the site committees as to unresolved safety issues, items in this category are pertaining to only those the site committees do not have the capacity to resolve themselves. These may arise out of accident investigations, site inspections or other Site JOHSC activities.
- c. Based on findings and reports, make recommendations to the employer on improving and increasing safe work conditions and practices, where the sites own corrective actions are insufficient to address the safety concerns, or where the changes need to occur across multiple sites to address any potential risks. These may include strategies such as physical changes to the environment or work site, procedural changes in how work is completed, and/or education to address increased awareness in specific areas; amongst other recommendations.
- d. Additionally, review the investigation of any serious injuries, or potentially serious injuries.
- e. Review and amend terms of reference, with adoption by a majority vote of the District Advisory - Health and Safety Committee.
- f. Provide update to Trustees.

3. Site JOHSC – Fulfills the requirements under the Worker’s Compensation act, as a joint health and safety committee made up of worker and employer representatives consulting in a co-operative spirit to identify and resolve safety and health problems in support of the occupational health and safety program. The committee completes this objective through the following specific tasks.

- a. Complete site inspections, each inspection is to be completed by at least 1 employer representative and 1 worker representative. A schedule of inspection areas is to be devised by the committee, to ensure that all areas of the site are inspected throughout the year. An additional resource, such as a staff considered a Subject Matter Expert (SME), may be additionally consulted or

- b. Participate in the inspection to assist in ensuring the space reviewed is thoroughly considered for hazards and safety concerns. Examples of a SME include the following and others:
 - i. Chemistry Teacher (Chemistry Classroom)
 - ii. Transportation Supervisor/Bus Driver (Transportation)
 - iii. Health and Safety Manager (Safety Program/Process)
- c. Complete and Review Incident inspections.
 - i. The employer is required to complete an incident inspection for each workplace injury, or incident that had the potential to result in injury. A worker representative may participate in the investigation on behalf of, or in addition to, the worker(s) involved in the incident.
 - ii. The committee should review at each monthly meeting the incidents for the month prior and relative corrective actions, and determine if the appropriate measures have been implemented to prevent a similar occurrence. Any additional, or alternate recommendations would be put forth to the employer via the manager responsible for that area. Should the committee not receive a response within 21 days, or feel that the response is inappropriate the matter should be escalated to the Health and Safety Manager. If there is imminent danger that needs to be resolved, the issue should be reported to the Supervisor for that area and HS Manager immediately.
 - iii. The committee shall complete 2 times per year a review of the prior year's incidents, with the intent of recognizing potential trends and areas that may require further corrective actions to fully address the level of risk based on the number of similar incidents. The committee would provide the employer any recommendations that arise out of this review.
- d. Bring forward any safety concerns vocalized by the members (worker/employer/other) of the site; that are unable to be resolved by the members directly involved with the concern and follow the reporting as outlined in 2.b.ii. Make recommendations to workers and the employer regarding resolution of these concerns.

4. Constituency and composition of the site JOHSC

- a. This committee is comprised of 1 volunteer representative from CUPE, USW, CVTF, and administration.
- b. Where there is more than 1 volunteer from a specific employee group, members of that committee will have the opportunity to vote.
- c. If a group fails to put forward a representative, the employer reserves the right to appoint one.
- d. Committee must consist of two co-chairs – one employer and one employee.

5. Duties and functions of the site JOHSC as required by section 130 of the Workers Compensation Act.

- a. Identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations.
- b. Consider and expeditiously deal with complaints relating to the occupational health and safety of workers.
- c. Consult with workers and the employer on issues related to occupational health and safety.

- d. Make recommendations to employer and the workers for the improvement of the occupational health and safety of workers and compliance with the Occupational Health and Safety Regulation, and monitor the recommendations' effectiveness.
- e. Make recommendations on educational programs promoting the health and safety of workers and compliance with the Regulation, and monitor the recommendations' effectiveness.
- f. Advise the employer on programs and policies required under the Regulation for this workplace and monitor their effectiveness.
- g. Advise the employer on proposed changes to the workplace or the work processes that may affect the health or safety of workers.
- h. Ensure that incident investigations and regular inspections are carried out as required by the Regulation.
- i. Participate in inspections and inquiries as provided by the Regulation.
- j. Select appropriate worker and employer representatives to participate in preliminary and full incident investigation processes.
- k. Review and provide feedback on any corrective action reports resulting from incident investigations.
- l. When necessary, request information from the employer about:
 - i. Known or reasonably foreseeable health or safety hazards to which workers at the workplace are likely to be exposed.
- m. Carry out any other duties and functions prescribed by the Regulation.

Section 2 - Procedures and Protocols for Site JOHSC

1. Records and reports

- a. Under the mandate of this joint committee, the employer will make the following site specific records and reports available to the committee upon request:
 - i. Incident investigations reports
 - ii. Corrective action reports
 - iii. Inspection reports
 - iv. OHS-related training records
 - v. District health and safety program
 - vi. Safe work policies and procedures
 - vii. Manufacturers' specifications
 - viii. First aid statistics
 - ix. Time-loss injury statistics

2. Meetings

- a. The employer will supply the resources required to facilitate a meeting, including a note-taker to document the minutes of the meeting.
- b. The committee will meet monthly at a specified time determined by the committee.
- c. Special meetings, when required, will be held at the call of the co-chairs.
- d. A quorum shall consist of over 50% of the committee members (with 1 being a worker representative and 1 being an employer representative). If quorum is not met, the co-chairs will reschedule the meeting to take place within the next 5 school days.

- e. The committee co-chairs are responsible for securing meeting rooms, coordinating with administrative staff and any other logistical issues that may impact the meeting.
- f. If the meeting is held in coordination with the site staff meeting, ensure that a specific portion of the meeting is set aside for health and safety.

3. The role of the site co-chairs is to:

- a. Control the meetings.
- b. Ensure the maintenance of an unbiased viewpoint.
- c. Review previous meeting reports and material prior to the meetings.
- d. Notify members of meetings.
- e. Review meeting agendas and reports.
- f. Forward a copy of meeting reports to Occupational Health and Safety Office.
- g. Prepare recommendation(s) and forward to the District Occupational Health and Safety Advisory Committee for a consideration. If required, the advisory committee will forward the recommendation to the school district.
- h. Prepare all correspondence.
- i. Shall alternate chairing of each monthly meeting.
- j. When called upon by the employer, identify employer representatives and worker representative to participate in incident investigations as per rule 4(j).

4. The committee members shall:

- a. Be selected in accordance with section 128 of the Workers Compensation Act
- b. Actively participate
- c. Come prepared and on time for meetings
- d. Maintain confidentiality

5. Guests

- a. Guests can be invited to committee meetings at the request of the co-chair(s).
- b. Guests attending committee meetings must be there for the purposes of:
 - i. Training
 - ii. Making a presentation
 - iii. Consultation

6. Agendas and meeting minutes

- a. The agenda will be determined by the co-chairs.
- b. The agenda and any other required documentation will be prepared by the co-chairs and distributed to committee members prior to the meeting. Whenever possible, the agenda should be emailed three days in advance of the meeting.
- c. A report of the meeting will be prepared as soon as possible after the meeting and will be posted in the site staff room(s) for at least 3 months. Upon request, a copy will also be made available to the unions and WorkSafeBC. Minutes must be submitted to the H&S Department within five days of the site meeting.

7. Terms of office

- a. Committee members will sit on the committee for two years.
- b. Committee selection should occur twice a year to encourage overlap between new and experienced committee members.

- c. If a member of the committee chosen by the workers is unable to complete the term of office, the workers will choose another member.
- d. If a member of the committee appointed by the employer is unable to complete the term of office, the employer will appoint another member.
- e. All members will arrange, if possible, to have an alternate member to attend meetings in their place, when they are unavailable to attend.
- f. A list of committee members will be kept posted in the staff room with the meeting minutes and updated as required.

8. Participation in investigations

- a. When an investigation is required, the committee co-chairs will identify a worker representative from the committee to participate in the investigation.
- b. If a suitable committee member is not available, the co-chairs will identify another worker to participate in the investigation.

9. Recommendations to the employer

- a. Recommendations to the employer must be:
 - i. Directly related to occupational health and safety
 - ii. Doable (reasonably capable of being done)
- b. Informal recommendations that can be actioned by the employer co-chair will be documented in the meeting minutes.
- c. Any physical changes to the work site should be submitted via a work order and the work order tracked in the regular site meetings. If the site committee determines resolution of the work to be unsatisfactory, it can be brought forward to the HS Manager. Any imminent hazards should be reported to the supervisor for that area and HS Manager.

10. Decision-making model

- a. This committee will make decisions based on consensus via quorum. If the committee is unable to reach agreement on a matter relating to the health or safety of workers at the workplace, a special meeting will be called to address the matter

11. Education and training

- a. All new members appointed will participate in an introductory joint committee course.
- b. Every member of the joint committee is entitled to eight hours of education leave each school year. Members are able to pool hours of leave to achieve specialized training for one or more members in an area of expertise the committee mutually agrees as beneficial to the committee's membership.

Co-Chair

Co-Chair

Date

Date



Lockout Procedure

Effective Date:
17/08/2009

The following steps must be followed when there is potential for a release of an energy source while working on any type of machinery or equipment.

Notify the most immediate supervisor and the person(s) affected by the work before commencing action on any machinery or equipment.

Identify all hazardous energy sources to be neutralized.

Neutralize all hazardous energy sources prior to lock out taking effect.

- Neutralize electrical systems. The machine should be turned OFF first at the normal stop-start station and then at the disconnect switch or switches in the panel room which controls power to the machine.
- Close supply valve(s). Vent air or gas pressure from reservoirs, accumulators, surge tanks and lines leaving vent lines open when required.
- Drain and bleed hydraulic lines to release pressure when required.
- Block any movable parts, lower/secure any suspended part(s).
- Cool down any heat systems (steam lines, etc.)

Lock Out and Tag all neutralized hazardous energy systems prior to starting work. Anyone working on the equipment must apply their lock to the lock out point. These points can include:

- Electrical disconnects and/or valves
- Single pole circuit breakers
- Light switch cover devices.
- If the machine utilizes an electrical plug, the plug must be removed from the outlet and kept in view at all times.

Multiple locks and lock-out scissor clips are to be used when there is more than one person working on a piece of equipment.

Test that the equipment is properly neutralized and cannot be activated after the first lock has been applied and prior to starting repair/maintenance work.

Lock Removal is done upon completion of the work. A person can only remove his or her own personal locks. The last person to remove their locks is responsible to ensure the equipment can now be safely operated.

Emergency Lock Removal can only be done by the supervisor in charge and only when the lock owner is not available to do so. These instances must be recorded.

Refer to the Cowichan Valley School District 79 Employee Health and Safety Manual section 7.08 for further information.

Introduction & Purpose

The *Musculoskeletal Injury Risk Assessment Worksheets* can be used to help achieve compliance with Section 4.48 of the Ergonomics (MSI) Requirements in the Occupational Health & Safety Regulation.

For each risk factor identified, these worksheets will help you determine if the likelihood of injury is low, moderate, or high. You may select and fill out one or more worksheets for each task depending on which risk factors were identified.

There are eight worksheets, one for each risk factor to be considered as required in Section 4.49 of the Occupational Health & Safety Regulation:

1. Force Required - Grip Force
2. Force Required - Lift, Lower, or Carries Objects
3. Force Required - Pushes or Pulls Objects
4. Work Postures
5. Aspect of the Layout and Condition of Workplace or Workstation
6. Local Contact Stress
7. Environmental Conditions
8. Work Organization

There are no distinct worksheets for the risk factors Repetition, Duration, and Objects Handled. Instead these factors were incorporated into other worksheets where appropriate.

For each risk factor parameter, scenarios are described under the Low Risk, Moderate Risk, or High Risk columns. Corresponding scores reflect the risk i.e. a score of '1' represents low risk, a score of '2' represents moderate risk, and a score of '3' represents high risk.

You can use these worksheets to determine appropriate risk controls. Where observations fall into a high risk category, look to see what the lower risk category requires to determine if it is practicable for your particular situation.

For each worksheet, a subtotal score can be determined. The subtotal for a particular worksheet can be compared before and after ergonomics improvements are made as evidence of risk reduction.

For all worksheets filled out for a particular task, a total score can be determined. The total score can be compared between tasks for prioritizing tasks for risk control (those with the highest total score have the highest risk).

Assessment Instructions

- STEP 1** Fill out the Task Analysis Worksheet.
- STEP 2** Select the applicable MSI Risk Assessment Worksheets to reflect the risk factors identified.
- STEP 3** Read down the first column to determine which risk factor parameters are applicable (Not all parameters may be pertinent. For example, under Grip Force, vibration may not be present in a hand tool, therefore, skip 'vibration' and go to the next parameter).
- STEP 4** For each pertinent parameter, circle the descriptor or parts thereof which best apply and enter the corresponding score in the far right column.
- Note:** *When observations fit between the High and Low Risk categories, but a blank box exists for Moderate Risk, write in your specific scenario and enter a corresponding score of '2'.*
- If a parameter is not present or observed, do not enter a score, and go to the next parameter.*
- If there are 2 or more observations for a particular parameter, the highest score (highest risk category) should be recorded.*
- STEP 5** Add the corresponding scores and enter the subtotal in the space provided at the bottom of the worksheet.
- STEP 6** Once all applicable worksheets have been filled out; transfer the subtotals from the individual worksheets to the summary sheet in the column labeled "Before".
- STEP 7** Parameters which were described as high or moderate risk (corresponding scores of 2 or 3) need to be targeted for risk control. The goal is to implement changes to reduce the overall risk which will be reflected in reduced subtotals on one or more worksheets or a reduced total score for a task.
- STEP 8** After controls have been implemented, go through STEPS 2 to 5 and enter the total score on the Summary Worksheet in the column labeled "After".



Musculoskeletal Injury Risk Assessment Worksheet

PAGE:
3 of 14

Effective Date:
27/08/2009

Task Analysis

Date of Assessment: _____

Job Title: _____

List tasks in the job and specify the relative percentage of a shift spent performing each task:

Task List	% of Shift
1.	
2.	
3.	
4.	
5.	

Task observed for this assessment: _____

List activities involved in task:

--

Include worker comments about task (i.e. discomfort, effort required):

--

Assessment Completed By: _____

Name(s) of worker(s) observed/interviewed: _____

Force Required - Grip Force

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Wrist posture	Neutral or straight wrist position	Wrist in partial flexion or extension	Grasping while wrist in extreme range of motion	
Gloves	Good fitting, high friction	Good fitting, poor friction	Poor fitting or increased slipperiness between hand and object	
Hand-arm vibration <i>OH&S Regulation Section 7.25</i>	Dampened, acceleration < 4 m/s/s	Acceleration > 4 and < 12 m/s/s	Acceleration > 12 m/s/s, above ISO Standard 5349-1986, or above ANSI Standard S3.34-1986	
Grip type	Power grip: thumb and forefinger slightly overlap	Pinch grip but with palmar contact or partial power grip	Pinch grip or no overlap of thumb and forefinger	
Grip span	Thumb and forefinger slightly overlap around a closed grip, or 3.7 cm diameter grip size	Thumb and forefinger overlap greatly	Requires a wide span grip	
Grip effort	Holds object weighing 10 lb. or less in power grip, or holds object weighing 2 lb. or less in pinch grip, or low worker effort	Medium worker effort	Holds object weighing 10 lb. or more in power grip, or holds object weighing 2 lb. or more in pinch grip, or high worker effort	
Object temperature	Comfortably warm object		Very cold object or cold exhaust on hands	
Object surface	High friction surface to allow worker to gain comfortable and efficient grip		Slippery object requiring increased grip force to hold	
Frequency	<ul style="list-style-type: none"> Hands idle most of the time or consistent conspicuous pauses Less than 10 repetitions per minute when performed at least 60 minutes continuously Gripping for less than 5 seconds at once 	<ul style="list-style-type: none"> Slow or steady gripping but with frequent pauses Gripping for more than 5 seconds but less than 30 seconds at any one time More than 10 repetitions per minute but less than 60 minutes continuous 	<ul style="list-style-type: none"> Rapid steady gripping, no opportunity for pauses Difficulty keeping up More than 10 repetitions per minute performed for at least 60 minutes continuously Gripping for 30 seconds or more at once 	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occasional (not daily)	Daily - intermittent	Daily - continuous	
Subtotal				

Force Required - Lifts, Lowers, or Carries Objects

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Weight of object	Less than 8 kg. (17 lb.)	8 - 23 kg. (17-51 lb.)	More than 23 kg. (51 lb.)	
Distance load is away from body	0 - 10 cm. (0-4 in.)	More than 10 cm. (4 in.) up to 25 cm. (10 in.)	More than 25 cm. (10 in.)	
Location of load at start or end of lift	Between hip and shoulder height	Between knee and hip height	Below knee level or above shoulder height	
Asymmetry	Shoulders turned up to 20°, uses 2 hands	Shoulders turned 20 - 45°	Shoulders turned more than 45°, uses 1 hand	
Size and shape of object	Small compact load		Object > 50 cm. (20 in.) wide > 30 cm. (12 in.) long, or has any two dimensions (such as height, width, or depth) adding up to > 75 cm. (30 in.)	
Load condition	Dry, predictable, moderate temperature		Slippery-wet, extremes of temperature (cold/hot), unpredictable	
Weight distribution of load	Stable, solid load		Top-heavy load, liquid, shifting centre of gravity, or unbalanced	
Hand coupling	Hand wraps easily around the object, hand holds are optimal in location and size	Hand is able to flex 90° around the object, handles or hand holds are less than optimal	No handles, surface of load is non-rigid or irregular in shape, or sharp resulting in poor grip	
Seated lifting or lowering	Less than 1 kg. (2 lb.)	1-5 kg. (2 - 11 lb.)	More than 5 kg. (11 lb.)	
Carry	Carries 8 kg or more less than 3 m. (10 ft.)	Carries 8 kg or more 3-9 m. (10 - 30 ft.)	Carries 8 kg or more greater than 9 m. (30 ft.)	
Frequency	Less than 1 lift, lower, or carry per minute	1 - 5 lifts, lowers, or carries per minute	More than 5 lifts, lowers, or carries per minute	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occasional (not daily)	Daily - intermittent	Daily - continuous	
Subtotal				

* NIOSH, Snook tables, or Mital tables can also be used for a more detailed assessment.

Force Required - Pushes or Pulls Objects

Corresponding score	Low Risk	Moderate Risk	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Distance travelled	Pushes or pulls 9 kg. Or more less than 2 m. (7 ft.)	Pushes or pulls 9 kg or more 2 - 60 m. (7 - 197 ft.)	Pushes or pulls 9 kg or more than 60 m. (197 ft.)	
Force	Less than 9 kg. (20 lb.) of force required, no difficulty initiating movement	9 - 23 kg. (20 - 50 lb.) of force required such as moving a shopping cart loaded with 200lbs of groceries.	More than 23 kg. (50 lb.) of force required, difficult to initiate movement such as moving a 2 drawer full file cabinet across a carpeted floor	
Handle height	Variable height with respect to user. Worker able to keep elbow bent between 80 - 100°		Height too high - worker's arms elevated, or height too low – worker stooped or twisted	
Floor surface	Smooth, less than 10% slope		Uneven, cluttered surface, > 10% slope	
Asymmetry	Arms in front of body, uses 2 hands	Uses 1 hand in front of body, but body is not twisted	<ul style="list-style-type: none"> reaches behind body is twisted uses 1 hand pushes/pulls across the front of the body 	
Condition of equipment	Well maintained equipment such as well lubricated castors		Poorly maintained	
Stability of load	Stable and well balanced		Unstable, unpredictable, shifting centre of gravity	
Design of equipment	Suitable for the task sondering, size, weight of load, travel distance, etc.		Equipment not suitable for task	
Space considerations	Open space - no restriction		Small space, standing close to load, difficult for worker to get enough leverage to start the load moving	
Frequency	1 push or pull every 8 hours		1 push or pull every 6 seconds	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occasional (not daily)	Daily - intermittent	Daily - continuous	
Subtotal				

Work Postures

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Neck Posture <i>Also refer to Aspects of the Layout and Condition of the Workplace or Workstation and Environment worksheets</i>	<ul style="list-style-type: none"> Bent forward 0-10° Bent back 0-10° Side bending 0-10° Twisting 0-10° 	<ul style="list-style-type: none"> Bent forward 10-30° Bent back 10-20° Side bending 10-30° Twisting 10-20° 	<ul style="list-style-type: none"> Bent forward more than 30° Bent back more than 20° Side bending more than 30° Twisting more than 20° 	
Trunk Posture <i>Also refer to Aspects of the Layout and Condition of the Workplace or Workstation and Environment worksheets</i>	<ul style="list-style-type: none"> Forward bending 0-20° Backward bending 0-10° Twisting 0-20° Side bending 0-10° 	<ul style="list-style-type: none"> Forward bending 20-45° Backward bending 10-20° Twisting 20-45° Side bending 10-20° 	<ul style="list-style-type: none"> Forward bending more than 45° Backward bending more than 20° Twisting more than 45° Side bending more than 20° Squatting or kneeling 	
Shoulder Posture <i>Also refer to Aspects of the Layout and Condition of the Workplace or Workstation and Environment worksheets</i>	<ul style="list-style-type: none"> Arm raised from shoulder in front of body 0-45° Arm raised to side of body 0-45° Arm behind body 0-10° 	<ul style="list-style-type: none"> Arm raised from shoulder in front of body 45-90° Arm raised to side of body 45-90° Arm behind body 10-20° 	<ul style="list-style-type: none"> Arm raised from shoulder in front of body more than 90° Arm raised to side of body more than 90° Arm behind body more than 20° 	
Wrist Posture <i>Also refer to Aspects of the Layout and Condition of the Workplace or Workstation and Environment worksheets</i>	<ul style="list-style-type: none"> Wrist bent towards palm 0-15° Wrist bent backwards 0-25° Wrist bent towards pinkie 0-15° Wrist bent towards thumb 0-5° 	<ul style="list-style-type: none"> Wrist bent towards palm 15-30° Wrist bent backwards 25-40° Wrist bent towards pinkie 15-20° Wrist bent towards thumb 5-10° 	<ul style="list-style-type: none"> Wrist bent towards palm more than 30° Wrist bent backwards more than 40° Wrist bent towards pinkie more than 20° Wrist bent towards thumb more than 10° 	
Subtotal				

Work Postures continued

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Forearm Posture	Forearm not rotated or forearm turned so palms face upwards		Forearm rotation or forearms turned so palms face all the way up or down	
Fingers	In line with hand	Bent somewhat backwards	Bent extremely backwards	
Seated Knee Posture	Knee angle between 95 and 120° when seated		Knee angle < 95° or > 120° when seated or kneeling	
Ankle Posture	Ankle posture between 85° and 95°		Ankle posture < 85° or > 95°	
Frequency	Shoulder: less than 2.5 repetitions per minute if performed for 60 minutes continuously Elbow, Forearm, and Wrist: less than 10 repetitions per minute if performed for 60 minutes continuously Fingers: less than 100 repetitions per minute if performed for 60 minutes continuously Any: posture held less than 5 seconds at once Any: repeated less than 60 minutes continuously	Shoulder: more than 2.5 repetitions per minute performed less than 60 minutes continuously Elbow, Forearm, and Wrist: more than 10 repetitions per minute performed less than 60 minutes continuously Fingers: more than 100 repetitions per minute performed less than 60 minutes continuously Any: posture held for more than 5 seconds but less than 30 seconds at once	Shoulder: more than 2.5 repetitions per minute if performed for 60 minutes or more continuously Elbow, Forearm, and Wrist: more than 10 repetitions per minute if performed for 60 minutes or more continuously Fingers: more than 100 repetitions per minute performed for 60 minutes or more continuously Any: posture held for more than 30 seconds at once	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occasional (not daily)	Daily - intermittent	Daily - continuous	
Subtotal				

Aspect of Layout and Condition of Workplace or Workstation

Risk Factor Parameters	Low Risk	Moderate	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Standing Work Height <i>Also determine neck, shoulder, or trunk posture</i>	<ul style="list-style-type: none"> Precision task: 95-120 cm. or 4-6 cm above worker's elbow height Light work (e.g. assembly) 85-110 cm or 5-10 cm below worker's elbow height Heavy work (downward force) task: 65-95 cm. or 20-40 cm below worker's elbow height. 	<ul style="list-style-type: none"> Work heights are within guidelines (left) but awkward postures of the neck, shoulder, or trunk still occur. Work heights are not within guidelines (right) but awkward postures of the neck, shoulder, or trunk do not occur. 	<ul style="list-style-type: none"> Precision task: < 95 or > 120 cm. Light work < 85 or > 110 cm. Heavy work task: < 65 or > 95cm. 	
Seated Work Height <i>Also determine neck, shoulder, or trunk posture</i>	<ul style="list-style-type: none"> Precision work (highly visual): 80-110 cm. Light work (e.g. assembly) 63-76 cm. Computer work: 55-75 cm. Heavy work (downward force) task: 66-72 cm. 	<ul style="list-style-type: none"> Work heights are within guidelines (left) but awkward postures of the neck, shoulder, or trunk still occur. Work heights are not within guidelines (right) but awkward postures of the neck, shoulder, or trunk do not occur. 	<ul style="list-style-type: none"> Precision work (highly visual): < 80 or > 110 cm. Light work (e.g. assembly): < 63 or > 76 cm. Computer work: < 55 or > 75 cm. Heavy work (downward force) task: < 66 or > 72 cm. 	
Standing Horizontal Reach <i>Also determine shoulder, wrist, or trunk posture</i>	<ul style="list-style-type: none"> One hand reach < 46 cm. Two hand reach < 36 cm. Side reach < 46 cm. No reaching behind the body 	<ul style="list-style-type: none"> Horizontal reach distance within guidelines (left) but awkward posture of the neck, shoulder, or posture occurs Horizontal reach distances not within guidelines (right) but no awkward neck, shoulder, or trunk postures 	<ul style="list-style-type: none"> One hand reach > 46 cm. Two hand reach > 36 cm. Side reach > 46 cm. Any reaching behind the body 	
Sitting Horizontal Reach <i>Also determine shoulder, wrist, or trunk posture</i>	<ul style="list-style-type: none"> Frequent forward reach < 30 cm. Frequent side reach < 40 cm. Occasional forward reach < 75 cm. Occasional side reach < 80 cm Infrequent forward reach < 50 cm. Infrequent side reach < 60 cm. 	<ul style="list-style-type: none"> Horizontal reaches within guidelines (left) but awkward trunk or shoulder postures occur. Horizontal reaches not within guidelines (right) but no awkward trunk or shoulder postures occur. 	<ul style="list-style-type: none"> Frequent forward reach > 30 cm. Frequent side reach > 40 cm. Occasional forward reach > 75 cm. Occasional side reach > 80 cm Infrequent forward reach > 50 cm. Infrequent side reach > 60 cm. 	

Aspect of Layout and Condition of Workplace or Workstation continued

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	Enter scores below
	Score = 1	Score = 2	Score = 3	
Chair or Seating	<ul style="list-style-type: none"> Lumbar support is adjustable and tilts. Seat pan tilts, has a waterfall design, and is covered with breathable material. Easily height adjustable and has a 5-star base. 	<ul style="list-style-type: none"> Lumbar support is not adjustable and backrest does not tilt. Seat pan is covered with breathable material but does not tilt. Height adjustable with tools with 5-star base. 	<ul style="list-style-type: none"> No lumbar support. Seat pan is hard and does not tilt. Not height adjustable or does not have 5-star base support. 	
Work Area Characteristics	<ul style="list-style-type: none"> Open area Work postures are not confined 	<ul style="list-style-type: none"> Moderately sized work pace with minimal clutter. Worker occasionally needs to accommodate posture due to restriction in work space. 	<ul style="list-style-type: none"> Small tight work space. Worker needs to get into awkward posture to perform task. Highly cluttered area, worker needs to work around or over obstacle. 	
Floor Surfaces	<ul style="list-style-type: none"> Stands/walks on anti-fatigue mat. Stands using footrests regularly 	<ul style="list-style-type: none"> Stands with foot-rest occasionally. Stands/walk on mat (not anti-fatigue) 	<ul style="list-style-type: none"> Stands or walks on non-resilient floor, no foot-rest 	
Pedals or Knee/Foot Controls	<ul style="list-style-type: none"> Ankle remains between 85 and 95° No exertion required to actuate 	<ul style="list-style-type: none"> Ankle posture less than 85° or more than 95° but not near extreme joint range of motion Some exertion to actuate 	<ul style="list-style-type: none"> Ankle posture near extreme joint range of motion Requires standing on one leg to operate. Ankle inverted (foot turned in to actuate) Noticeable exertion to actuate 	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occasional (not daily)	Daily - intermittent	Daily - continuous	
Subtotal				

Local Contact Stress

Risk Factors Parameters	Low Risk	Moderate Risk	High Risk	<i>Enter scores below</i>
	Score = 1	Score = 2	Score = 3	
From an object	<ul style="list-style-type: none"> Workers report little pressure is exerted on the skin Tool has rounded handle 	<ul style="list-style-type: none"> Workers report some pressure is exerted on the skin Tool has contoured handle 	<ul style="list-style-type: none"> Marks or depressions left on the skin, or high pressure/force is exerted Tool has sharp edges Tool butts into base of hand Tool has ringed handles (scissors) 	
Uses hand or body part to impact	Hand or body part impacts soft or rounded object		Hand or body part impacts hard object	
From kneeling or resting body weight	Cushioning used regularly	Leaning on semi-hard surface without cushioning	Leans on hard surface without cushioning	
Frequency	Occurs infrequently (more than 60 minutes passes)	Occurs occasionally (every 10 to 60 minutes)	Occurs frequently (every 10 minutes or less)	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occasional - not daily	Daily - intermittent	Daily - continuous	
Subtotal				

Environmental Conditions

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	<i>Enter scores below</i>
	Score = 1	Score = 2	Score = 3	
Lighting conditions	Appropriate lighting for task. Worker can assume comfortable position to see task.	Occasional lighting changes result in worker using awkward posture.	Low light level, worker hunching over OR high light level, worker avoiding glare by changing work position.	
Ambient temperature	Working temperature is comfortable and unnoticeable	Working temperature is occasionally uncomfortable	Working temperature is frequently uncomfortable	
Temperature of objects handled	Comfortably warm objects are handled and hands are not exposed to uncomfortably cold temperatures	Object temperature and hand temperature are between those described for 1 and 3	The object is very cold or there is cold exhaust on hands	
Noise level under usual conditions (i.e. with hearing protection if usually worn)	Noise level is comfortable and unnoticeable	Noise levels are occasionally uncomfortable and distracting	Noise levels are frequently annoying, distracting, or producing hearing loss	
Stands or sits on a vibrating surface (ISO 2631/1985)	Vibration dampened or comfortable	Vibration is present and noticeable	Vibration is measured as excessive - is annoying or uncomfortable	
Duration	Up to 25% of shift	26 - 50% of shift	More than 50% of shift	
Exposure Pattern	Occasional - not daily	Daily - intermittent	Daily - continuous	
Subtotal				

Work Organization

Risk Factor Parameters	Low Risk	Moderate Risk	High Risk	<i>Enter scores below</i>
	Score = 1	Score = 2	Score = 3	
Work-recovery cycles	Consistent, conspicuous pauses	Frequent pauses	No regular pauses	
Task variability	Variety of tasks performed allowing for use of different body parts/muscle groups	Tasks are repetitive for short periods and somewhat variable throughout the entire workday	Monotonous or repetitive use of the same body parts using the same muscle groups for long periods of time	
Work rate	<ul style="list-style-type: none"> No difficulty keeping pace Self-paced 	<ul style="list-style-type: none"> Slow or steady motions 	<ul style="list-style-type: none"> Rapid steady motion and/or difficulty keeping up Incentive pay or fast matching pacing 	
Duration	Up to 25% of shift	26 - 50% of shift	51 - 100% of shift	
Exposure Pattern	Occurs infrequently (more than 60 minutes passes)	Occurs occasionally (every 10 to 60 minutes)	Occurs frequently (every 10 minutes or less)	
Subtotal				



Musculoskeletal Injury Risk Assessment Worksheet

PAGE:
14 of 14

Effective Date:
27/08/2009

Summary

Worksheet	Subtotal <i>Before</i> Change	Subtotal <i>After</i> Change
1. Force Required-Grip Force		
2. Force Required-Lift, Lower or Carries Objects		
3. Force Required-Pushes or Pulls Objects		
4. Work Postures		
5. Local Contact Stresses		
6. Aspect of layout and Condition of Workplace or Workstation		
7. Environmental Conditions		
8. Work Organization		
Total Score		

Personal Protective Equipment (PPE) Meeting Record

Company: _____ Department: _____

Date: _____ Time: _____ Presenter(s): _____

PPE topic(s):

- ☐ Eye and face protection ☐ Fall protection ☐ High visibility garments ☐ Hand protection ☐ Head protection
☐ Hearing protection ☐ Foot protection ☐ Limb and body protection ☐ Personal flotation devices ☐ Respirators

Record of those attending:

Name: (please print)	Signature:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Absent:

1.	3.
2.	4.

Comments/suggestions/action items (Presenter[s] to complete):

Manager/Supervisor: _____ Date: _____

(signature)

It can sometimes be difficult to determine when you should wear, and when you must wear, Personal Protective Equipment. Occupational Health and Safety Regulations detail PPE responsibilities for both the Employer and the Employee. Please refer to WorkSafeBC info sheets PPE 08-00 and PPE 09-037 for more information.

The following table is designed to help assist workers and supervisors determine the need for using PPE, but it is not an exhaustive list. There might be other job tasks that require the use of PPE and any job we do needs to be assessed for the need to wear appropriate PPE. For any row where the answer is Yes, PPE must be worn.

Needs Assessment			
Face and Eyes			
Potential Hazard	Tasks involved	Yes	No
Airborne dust and flying debris	Sawing, cutting, drilling, hammering, grinding, use of compressed air, etc.		
Hazardous chemical splashes	Diluting cleaning products, using paint products, transferring liquid from one container to another.		
Blood or bodily fluids	Cleaning up blood and/or vomit, working on sewer lines and pumps		
Intense light or flash	Welding and cutting torch work		
Working in close proximity to co-workers performing the tasks above can expose you to the hazard as well. In these instances you will need to use the same PPE.			
Head			
Potential Hazard	Examples of Tasks involved	Yes	No
Tools or equipment might fall from above where you are working.	Working under or near scaffolding, ladders and man lifts. Tree trimming.		
Exposed beams or pipes are located in a space at head level.	Performing maintenance in boiler and equipment rooms.		
Feet			
Potential Hazard	Examples of Tasks involved	Yes	No
Heavy tools, equipment and boxes etc might fall on feet.	Working in the warehouse, moving furniture and equipment, construction activities including wall and window installation. Building and installing white/chalk/smart boards.		
Exposed electrical wiring	Building maintenance and utility work.		

Slippery surface	Mopping floors or salting icy sidewalks		
Nails/screws upright on ground	While tearing out an existing wall nails/screws penetrating scrap material can point up on the ground.		
Hands			
Potential Hazard	Examples of Tasks involved	Yes	No
Working with tools that might scrape, bruise or cut the hands.	Grinding, sanding and sawing etc.		
Working with chemicals that irritate skin or cleaning up blood and bodily fluids.	Pouring, mixing and diluting paints and chemicals. Cleaning up bodily fluids.		
Working near exposed electrical wiring and components.	Building maintenance and utility work		
Body			
Potential Hazard	Examples of Tasks involved	Yes	No
Exposed to chemical or material that is irritating or hazardous to skin.	Pouring/mixing solvents or custodial chemicals, wet stripping floors, working with fiberglass insulation etc.		
Hearing			
Potential Hazard	Examples of Tasks involved	Yes	No
Loud noise from machines, equipment, musical instruments.	Using power tools in the carpentry shop and mechanic shop, hammering, grounds equipment such as mowers and weed eaters. Teaching music and gym class.		

Acceptable Forms of PPE

If you answered yes to any of the points above, or have a different situation that requires the use of PPE, this table will detail WorkSafeBC requirements regarding acceptable forms of PPE.

Face and Eyes

Potential Hazard	PPE Required
Airborne dust and flying debris	Class 1 safety glasses
Hazardous chemical splashes	Class 2 safety goggles
Blood or bodily fluids	Class 1 safety glasses
Intense light or flash	Class 3 welding helmet



PPE Needs Assessment

PAGE:
3 of 3

Effective Date:
07/08/15

Eye and Face protection is covered under Part 8 of the Occupational Health and Safety Regulation starting at 8.14. An important note is that if there is a requirement for safety eyewear they must be fitted with sideshields. Covered under CSA Standard Z94.3.1-02.

Head

Potential Hazard

PPE Required

Tools or equipment might fall from above where you are working.

Exposed beams or pipes are located in a space at head level.

Feet

Potential Hazard

PPE Required

Heavy tools, equipment and boxes etc might fall on feet.

Exposed electrical wiring

Slippery surface

Nails/screws upright on ground

Hands

Potential Hazard

PPE Required

Working with tools that might scrape, bruise or cut the hands.

Working with chemicals that irritate skin or cleaning up blood and bodily fluids.

Working near exposed electrical wiring and components.

Body

Potential Hazard

PPE Required

Exposed to chemical or material that is irritating or hazardous to skin.

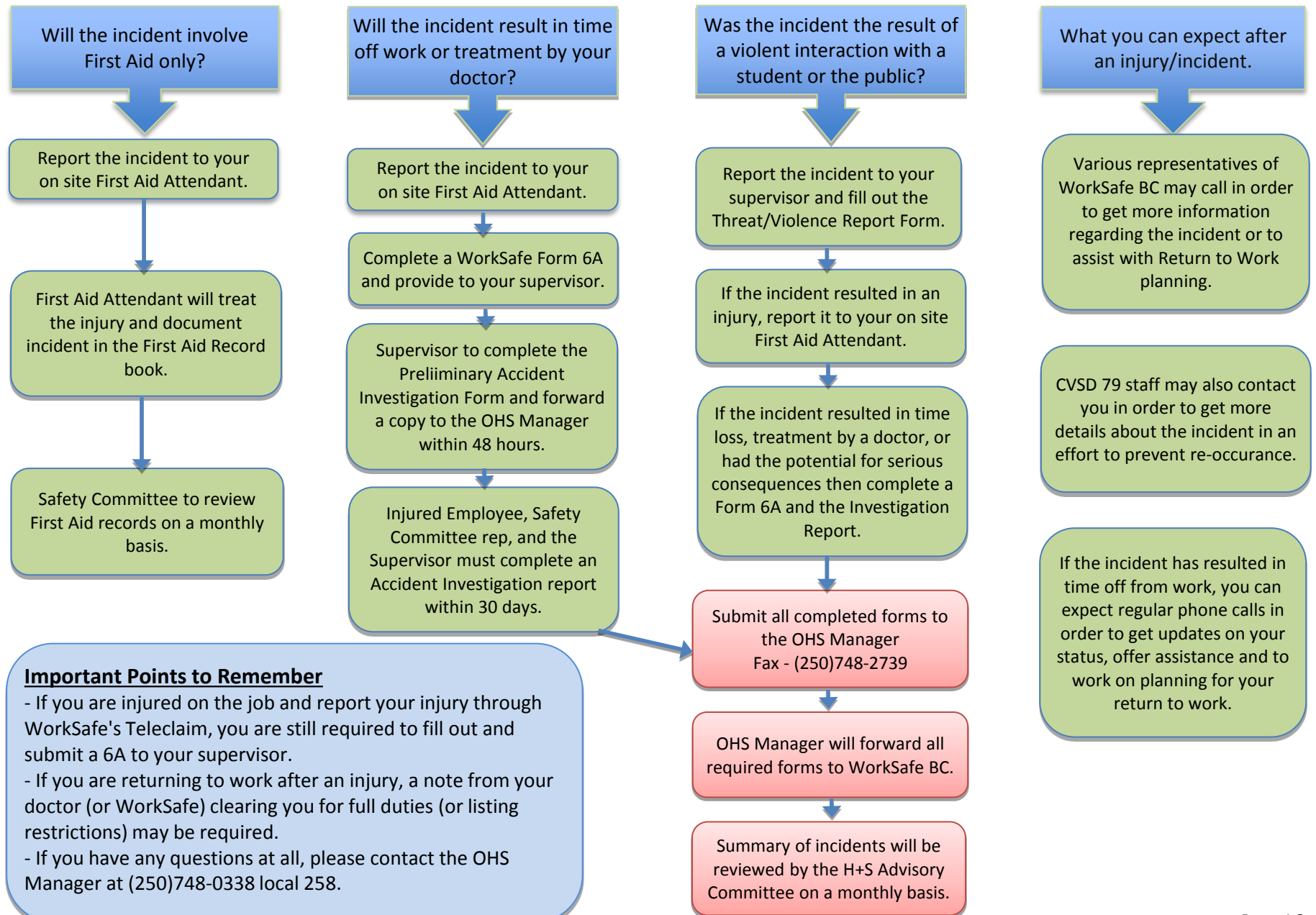
Hearing

Potential Hazard

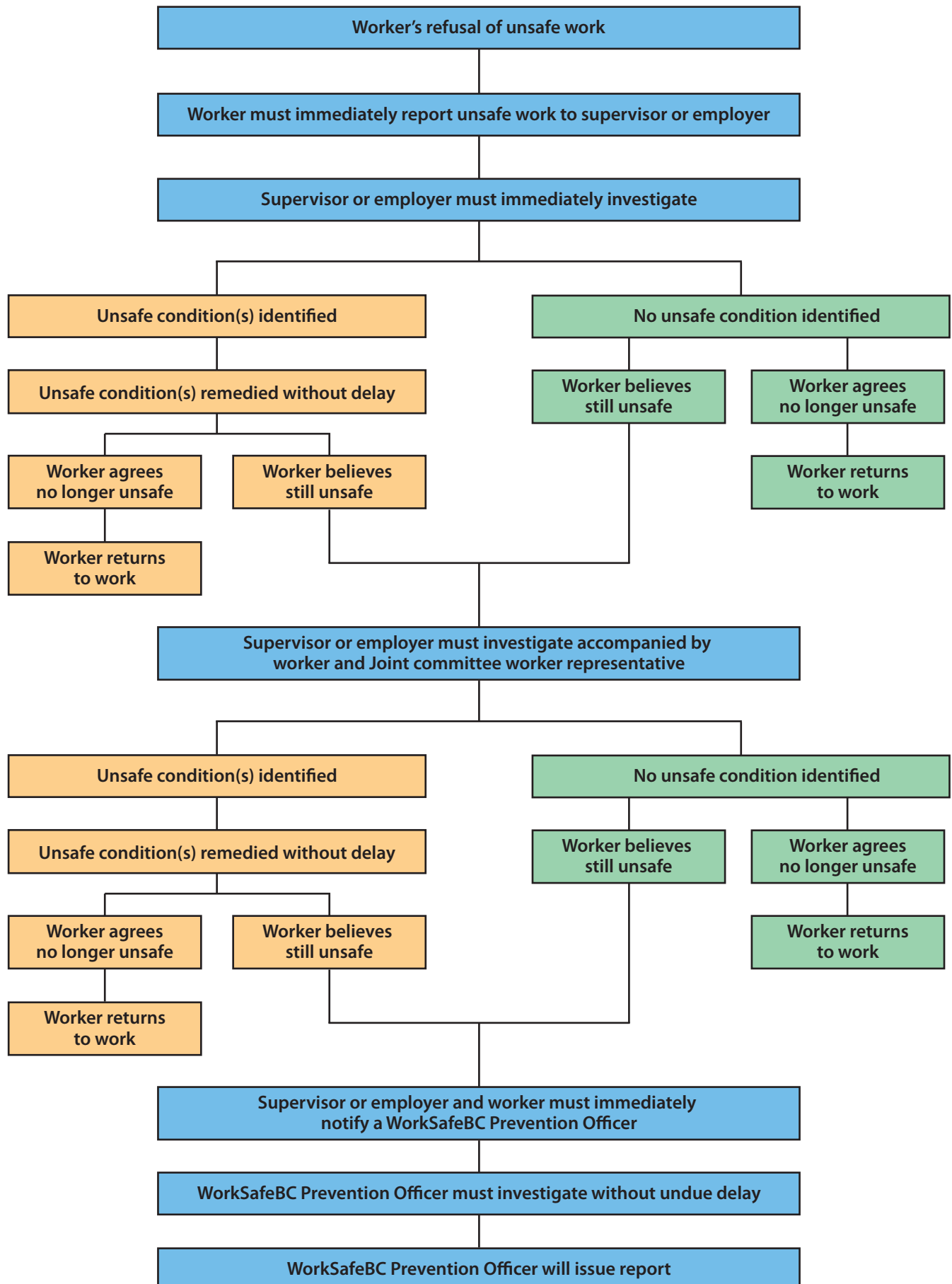
PPE Required

Loud noise from machines, equipment, musical instruments.

Procedure for Reporting an Injury or Incident



Refusal of Unsafe Work





SAFE FOOTWEAR HAZARD ASSESSMENT

Position: _____

Site: _____

Hazard	Is this an issue for the workplace/ specific job or task? (Yes / No)	Is the worker protected by the style of footwear under review? (Yes / No)
Is there a risk of injuries from punctures, crushing, cuts, lacerations, needles, or falling objects?		
Is there a need for a closed toe (vs. open toe)?		
Is there need for additional protection such as an internal steel toecap? (recommended for persons lifting or carrying objects or heavy loads)		
Is there need for metatarsal protection (top side of the foot)?		
Is there need for a protective sole (puncture resistance for the bottom of the foot)?		
Is there need for specialized footwear (e.g., protection from chainsaws)?		
Slips, trips and falls (does the footwear contribute to this risk?)		
Is the sole made of appropriate anti-slip material for the flooring or walking conditions?		
Is there a risk of the soles quickly becoming dirty or worn out which reduces the slip-resistant qualities?		
Is the shoe secure on the foot (e.g., are laces or a closed back required)?		
Is there need to provide support to heels and ankles to help reduce twists and sprains?		
Is a closed back required?		
Is a higher ankle shoe or boot required?		
Is there risk of contact with fluids or molten material?		
Is the fluid a hazard (e.g., corrosive, solvent, hot?)		
Is there need for a closed shoe or additional protection?		

Is there risk of contact with bodily fluids or other biohazards?		
Is there need for a closed shoe (vs. styles with holes or mesh)?		
Can the shoe be cleaned adequately?		
Is there risk of electrical conduction or shock?		
Is there need for electric shock resistance?		
Is there need for static-dissipative footwear?		
Is there need for footwear that is electrically conductive?		

Based on the answers above, footwear that would be appropriate for this position would include the following features:

Check all that apply:	
Closed Shoe	
Steel Toe	
Metatarsal Protection	
Puncture Resistant Sole	
Anti-slip Sole	
Shock Resistant Sole	
Ankle Support	



Sample Violent Incident Letter

PAGE:

1

Effective Date:

31/08/2009

SAMPLE LETTER - Re-type on your school's letterhead.

Name of Student

Date

Address

On (Date) you were requested by the Administrators of (School) to leave school property.

I am informing you of Section 191 of the School Act which states:

191

- (1) No person shall disturb or interrupt the proceedings of a school or an official school function.
- (2) A person who is directed to leave the land or premises of a school by an administrative officer or a person authorized by the board to make that direction
 1. shall immediately leave the land and premises, and
 2. shall not enter on the land and premises again except with prior approval from the administrative officer or a person who is authorized by the board to give that approval.
- (3) A person who contravenes subsection (1) or (2) commits an offence.
- (4) An administrative officer of a school or a person authorized by the board may, in order to restore order on school premises, require adequate assistance from a peace officer.

In accordance with the above, you are directed not to trespass upon school property from this date forward. A copy of this letter will be sent to the School District #82 (Coast Mountains) Board Office. Please be aware that if you choose to come on the school grounds, a complaint will be laid and you will be charged by the police.

I regret that your actions have made this letter necessary.

Yours truly,

(Principal)

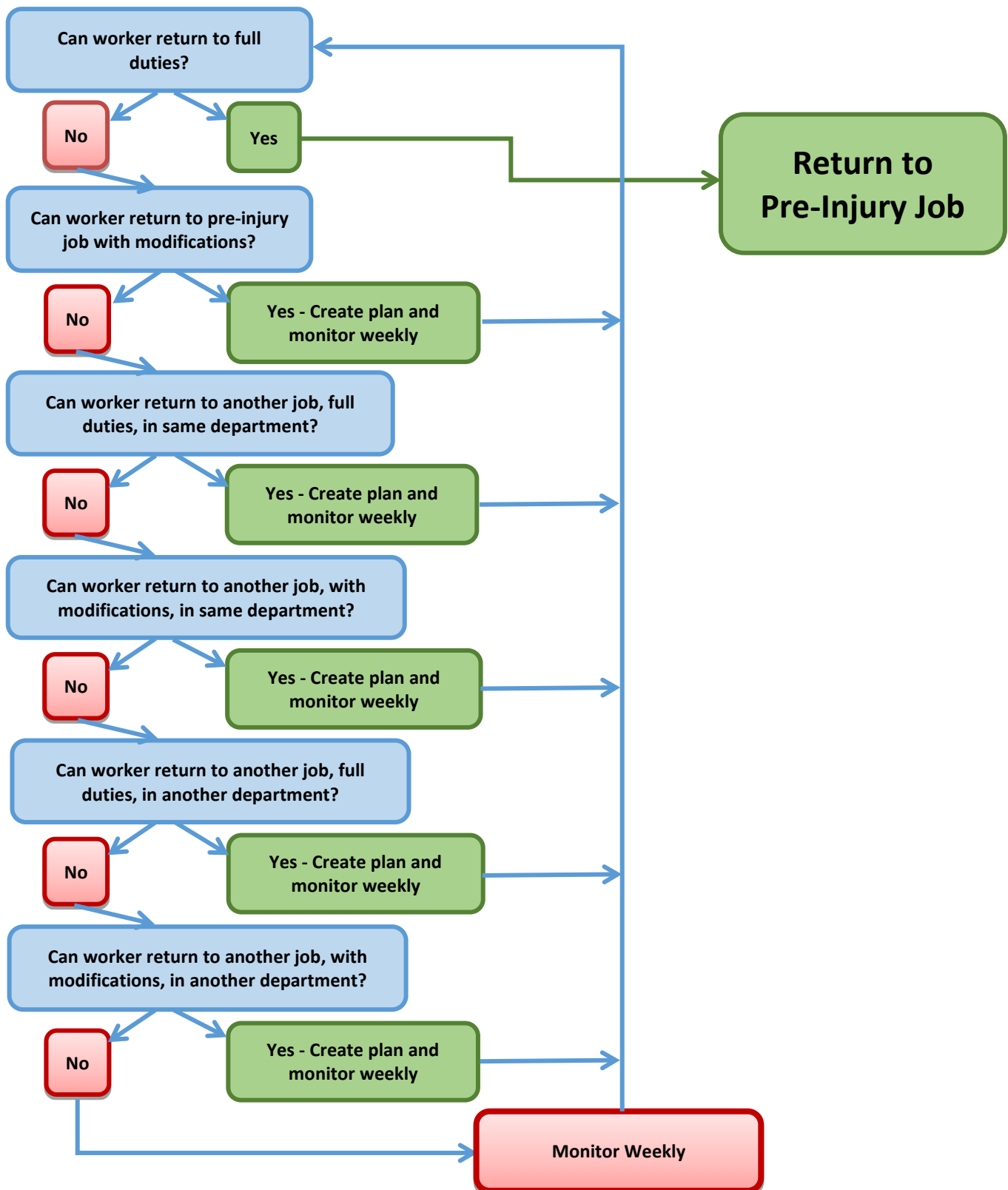
Cc: (Superintendent)
(Mr. and Mrs. Parent, Address)
(Local Police Department)



Scissor Lift Pre-Use Inspection

Operator:				Date:			
Site:				Project:			
Model:							
Pre-Start Checks		Status		Powered Checks		Status	
		P	F			n/a	P
Wheels, axles and tires. (condition/inflation)				Engine (Starts, oil pressure)			
Hydraulic Components				Battery (charge level)			
Data Plate (accurate and legible)				Gauges, instruments and warning lights			
Annual Inspection Verified				Ground platform controls:			
Battery Tray (opens, latch works)				Elevating section (raise and lower)			
Batteries (clean, secure and dry)				Drive (forward and reverse)			
Cover panels (open/close/lock)				Steer left and right			
Engine (fluids, filters, belts and hoses)				Horn			
Fuel tank (level)				Outriggers, stabilizers and pothole protection			
Hydraulic oil level				Function-enable (deadman) devices			
Lights and strobes				Manual and auxiliary controls			
Placards, labels and decals (legible)				Safety interlocks			
Top of base (leaks and debris)				Other:			
Accessory plugs and cables							
Elevating section condition				Workplace Inspection		P	F
Hydraulic cylinder and pin locks				Drop offs or holes			
Pivot pins (secured, worn)				Bumps and ground obstructions			
Power track (lines and hoses)				Debris			
Platform (guard rails, toe board, anchors)				Overhead obstructions			
Weather resistant storage compartment				Energized power lines			
Controls clearly marked				Hazardous Locations			
Other				Ground/Surface support conditions			
				Pedestrian and vehicle traffic			
				Wind/weather conditions			
				Other possible hazards			
Comments (Explain any Fails noted above)							
Operator Signature:							

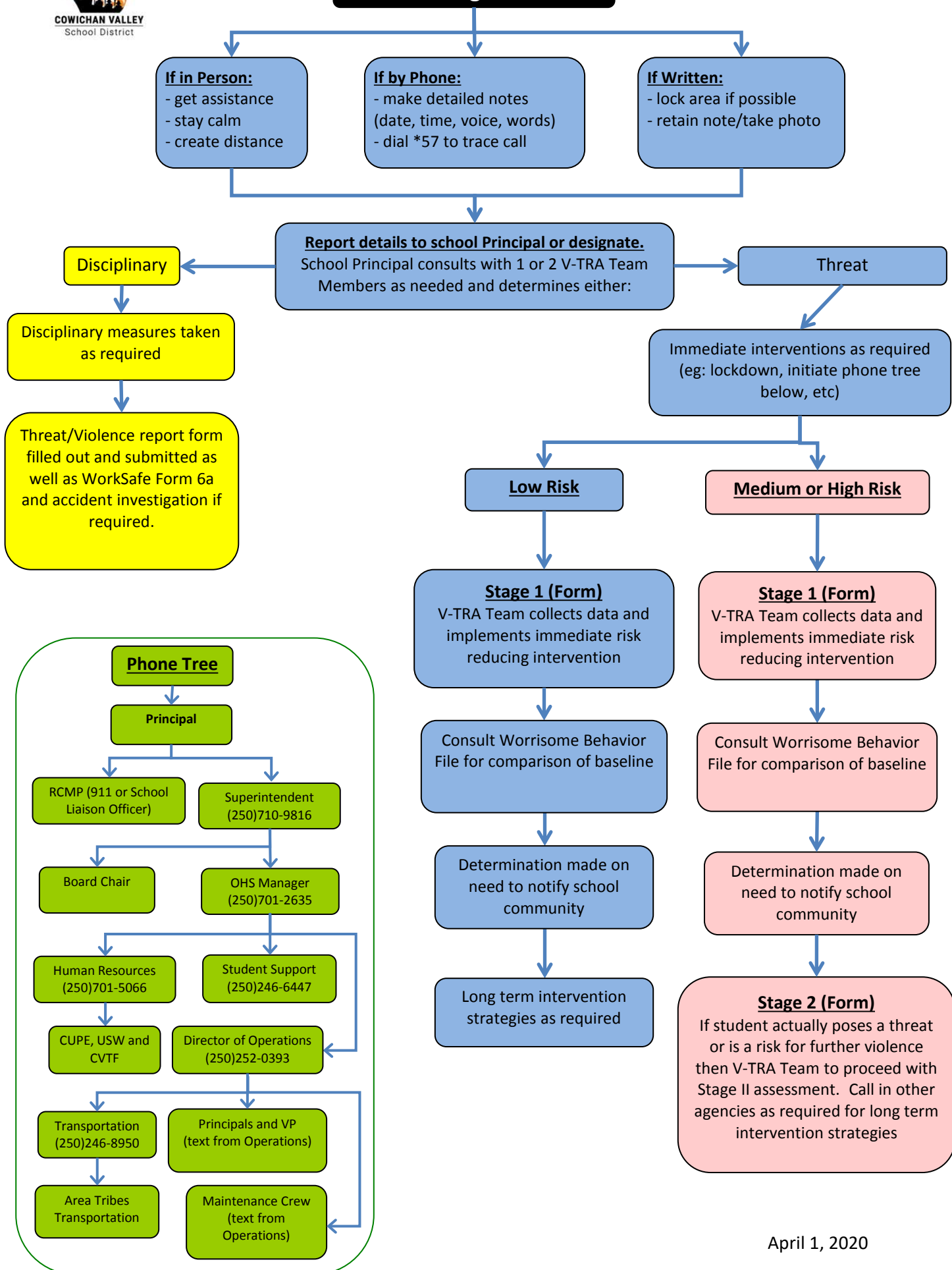
Stay at Work Return to Work Flowchart





Stay at Work Return to Work Flowchart

Threatening Behaviour



Work from home details to be completed upon initiating work from home, or upon change in

Name	
Home address – temporary work location	
Telephone contact number	
Emergency Contact name	
Emergency Contact phone number	
Emergency Contact 2 name	
Emergency Contact 2 phone number	
“Buddy check” Contact name	
“Buddy check” Contact number	

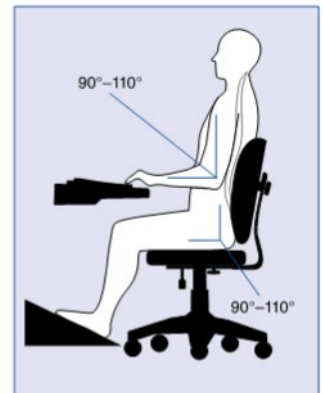
information – **SUBMIT PAGE 1 TO SUPERVISOR:**

Confirmation the work space is free of hazards and risks (check if complete/applicable):

- ☐ Emergency access is clear of obstructions
- ☐ Any tripping, slipping or fall hazards are addressed
- ☐ There is adequate space and lighting for work.
- ☐ Power cords are in good condition and surge protectors are used where applicable
- ☐ The space is free from environmental hazards – i.e. excessive dust, tobacco smoke, chemical fumes or other.
- ☐ The environment is free of risk of violence
- ☐ The space is free from biological hazards – i.e. pathogenic agents

Confirmation of setting up work area for administrative work:

- ☐ Seated work: Posture should allow for approximately 90 degree bend at elbows with shoulders down and relaxed; and 90-110 degree angle at hips with feet resting flat on the floor
- ☐ Wrists are straight when positioned at the keyboard, with the mouse positioned at the same level
- ☐ The top line of text on computer monitor is at eye level, at an arm’s length distance, and away from glare.
- ☐ Primary work should be positioned within 12 inches



These are the recommended dimensions and adjustment ranges for the chair, monitor, keyboard, and work surfaces. This worker is using good posture.

- ☐ **Acknowledgement of buddy check procedures:** The worker will arrange with their “Buddy Check” co-worker contact to engage in buddy-check regularly. The worker will utilize the buddy-check for any 2 hour period they do not have virtual (Zoom meeting) or telephonic meeting contact scheduled; at the start of their work day; and at the end of their work day. Should the buddy-check contact not be successfully made at any interval within 20minutes, including failure to report work commencement, the contact will notify the direct supervisor or their alternate. Workers should advise their contact of their daily schedule and planned checks; as well as their supervisors name and contact information or alternate contact.



Work from Home Fillable Form

PAGE:
Page 2 of 2

Effective Date:
01/04/2020

If any of the above conditions are not met, the worker should consult Supervisor prior to commencing work

Example of information provide to buddy check contact:

- Supervisor name and contact information
- Daily provide schedule (example):
 - 8:30am start – provide buddy schedule and check-in
 - 10:30am – BUDDY CHECK
 - 11am-12pm – Zoom meeting with supervisor
 - 1:30-2:30pm – Zoom meeting with supervisor
 - 3pm end – BUDDY CHECK