

Safety Policy and Reference Manual



SHERTINE

C O N S T R U C T I O N

G E N E R A L B U I L D E R S

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HEALTH AND SAFETY POLICY STATEMENT

Shertine Construction Ltd. has an excellent record in accident prevention. Our goal is to provide staff and associated personnel with a safe and healthy working environment. Attaining this goal requires a dedication to exceeding legislative and industry standards at every opportunity. For this reason we have established policies and procedures to provide direction to all staff members.

To achieve maximum effectiveness, it is vital that each member wholeheartedly embrace their respective responsibilities, and actively participate in the initiatives undertaken, as well as those planned for the future. It is the responsibility of each and every member, irrespective of position, to work in a safe manner at all times, and to immediately report all unsafe or unhealthy conditions observed so that these conditions and the factors which give rise to them can be eliminated from our work environment. Similarly, it is the responsibility of all supervisory, management staff and subtrades to effectively deal with safety issues that are brought to their attention by a staff member, and to make every effort to achieve and maintain a safe and healthy work environment for all. Details of the various policies and procedures applicable to this program are contained in our Safety Manual, which is available to all staff members at the Safety Bulletin Board.

Through constant vigilance and diligence we can and will prevent injury and illness to our fellow staff members. I am personally committed to these initiatives, and expect that all members of Shertine Construction Ltd. will share my commitment.



Les Burgess
President
Shertine Construction Ltd.



SHERTINE
CONSTRUCTION

GENERAL BUILDERS

Accident Occurrence Flow Chart

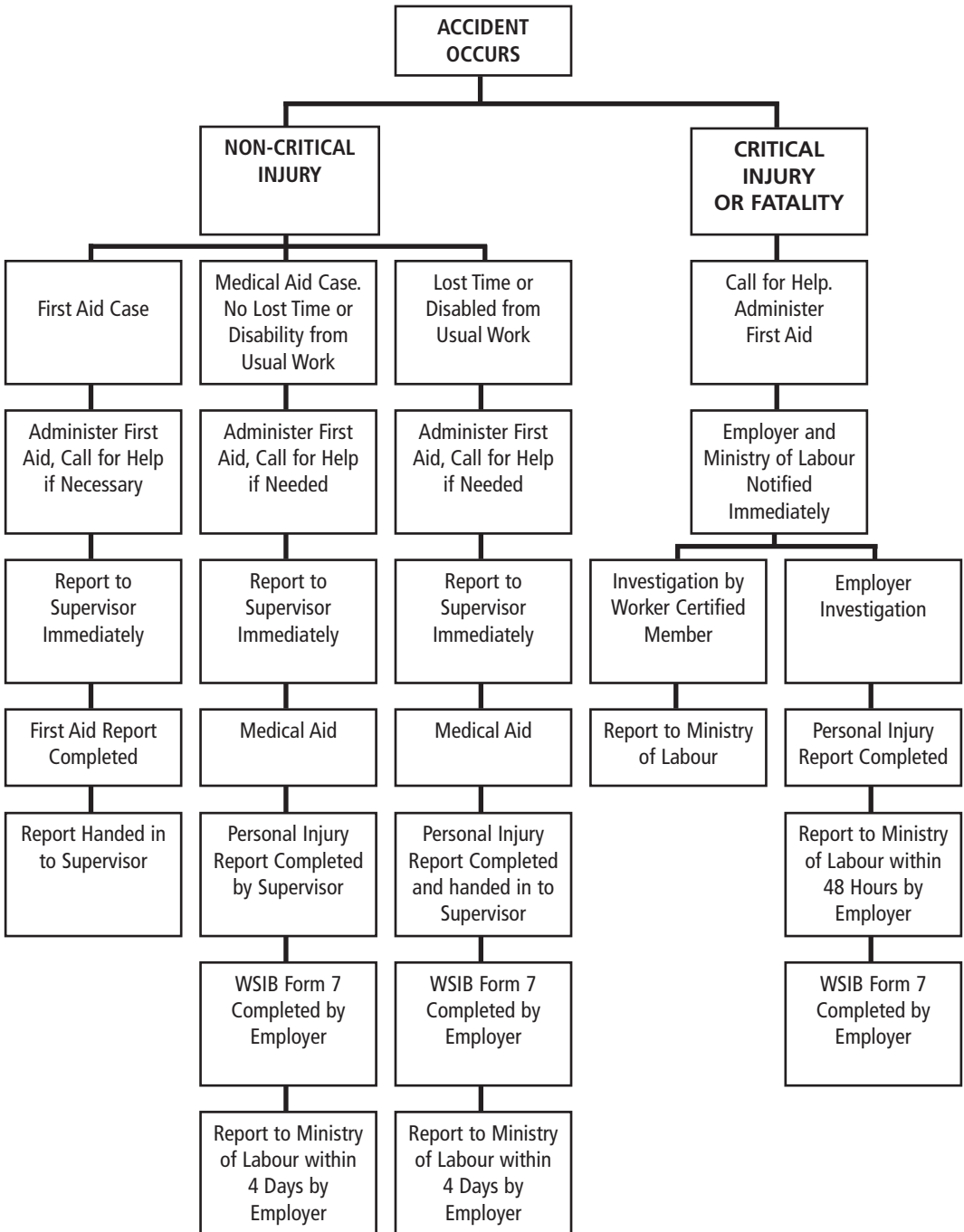


TABLE OF CONTENTS

	SECTION	PAGE
Health and Safety Policy Statement	1	1
Accident Occurrence Flowchart		2
PART I RESPONSIBILITIES		
The Constructor	2	4
The Employer	3	4
The Job Site Supervisor	4	4
The Sub Trade Management	5	4
The Employees	6	4
The Workers Health & Safety Representative	7	5
The Shertine Project Manager	8	5
PART II INJURY PREVENTION		
Heat Protection	9	5
Foot Protection	10	5
Eye Protection	11	5
Ear Protection	12	5
Dust Masks	13	5
High Visibility Safety Vests	14	5
Safety Belts Harnesses and Lanyards	15	5
PART III ACCIDENT PREVENTION		
Warnings – Safety Violations	16	6
Communications	17	6
Lighting	18	6
Ladders	19	6
Scaffolds	20	7
Guard Rails	21	8
Access to Work Area	22	10
Public Protection	23	10
Trenches and Excavations	24	10
Masonry Wall	25	11
Confined Spaces	26	11
Heating in Confined Spaces	27	11
PART IV FIRE PREVENTION	28	12
PART V TRAFFIC CONTROL	29	12
PART VI SITE CLEANUP	30	12
PART VII MATERIAL HANDLING	31	12
WHMIS	32	13
Controlled Products	33	13
PART VIII INCIDENTS AND ACCIDENTS	34/35	13
PART IX MODIFIED AND/OR ALTERNATE WORK PROGRAM	36	14
PART X IN ALL CASES OF INJURY	37	15
PART XI CRITICAL INJURIES	38	15
PART XII THE IMPORTANCE OF “DUE DILIGENCE”	39	15
PART XIII ADDITIONAL SAFETY INFORMATION	40	16
PART XIV EMPLOYEE RIGHTS	41	16
PART XV WORK REFUSAL	42	16
PART XVI WORK STOPPAGE	43	16
REPORTS AND FORMS	44	16 (F2—F17)
Sign Off #1		37
Sign Off #2		39

PART I RESPONSIBILITIES

2. The constructor shall ensure that

- a) Measures and procedures required by Shertine Construction Ltd. and the Occupational Health and Safety Act and Regulation (OHSA or The Act) for construction projects are carried out on all job sites.
- b) Employers and employees on the project comply with The Act and Regulation. Health and Safety of employees on a project is achieved by adhering to the policy and guidelines set out in this booklet.

3. The Employer shall ensure that

- a) A competent person is appointed as supervisor.
- b) Information, instruction and supervision are provided.
- c) Measures and procedures required by Shertine Construction Ltd. and the Occupational Health and Safety Act are carried out in the work place.
- d) Equipment, materials and protective devices provided are maintained in good condition and used as prescribed.
- e) Equipment, materials and protective devices required by law are provided.
- f) Accident prevention education and first aid training programs are provided as required.

4. The Job Site supervisor shall ensure that

- a) He has a current emergency First Aid Certificate or equivalent.
- b) Employees and sub trades do wear hard hats, safety boots and other safety related equipment. Make sure that other equipment is available for Shertine Construction Ltd. employees when required (i.e. masks, safety harnesses, safety glasses, ear plugs, gloves, etc.).
- c) Employees and sub trades are advised of any potential or actual danger to their health and safety. Take precautionary measures such as fencing off hazardous area, signing job sites.
- d) Instruction is provided to all personnel in clear concise manner on all production and safety aspects of the job when assigning work tasks.
- e) All new employees are trained in job hazards.
- f) All job site accidents are fully investigated. Completing Accident/Injury and Medical Reports if a doctor's visit is needed.
- g) Causes of accidents are reported and corrective action taken.
- h) Equipment machinery and tools are maintained in good condition.
- i) Workers will clean up the work place and maintain good housekeeping practices.
- j) Safety start up meeting is held with sub-contractors immediately upon their arrival on site and prior to starting work.

5. Sub Trade Management shall ensure that workers in their trade shall

- a) Act as directed by the job site supervisor and will follow the rules for employees as outlined in Section 6.
- b) Use or wear the equipment, protective devices or clothing that Shertine Construction Ltd. requires to be used or worn. Hard hats and safety boots are mandatory.
- c) Work within the provisions of The Act and the regulations.
- d) Frequent clean up and removal of trades' garbage from the site is the responsibility of each trade to be completed at least once daily.
- e) For job sites with a Shertine Construction Ltd. Site Safety Plan, work within additional safety guidelines that are identified as unique to that project.

6. Employees shall

- a) Comply with all safety rules, work practices and procedures of the Shertine Construction Ltd. Safety Policy and Reference Manual.
- b) Work in compliance with the provisions of The Act and the regulations.
- c) Report all hazards to the job site supervisor.
- d) Report all accidents immediately.
- e) Use or wear the equipment, protective devices or clothing that Shertine Construction Ltd. requires to be used or worn. Hard hats and safety boots are mandatory.
- f) Report to job site supervisor any problems or hazard with equipment.

- g) Maintain an orderly work area.
- h) Use appropriate eye protection when chipping, drilling, sawing or using chemicals and/or acids.
- i) Never work in a manner that may endanger anyone.
- j) Never use, or be under influence of non-prescription drugs and/or alcoholic beverages while on the job site.
- k) Never engage in horseplay, unnecessary running, pranks, feats of strength, contests of rough and boisterous conduct while on the job site.
- l) Control welding and cutting operations at all times to protect employees, equipment and material
- m) When in doubt, ask for information or direction from the job site supervisor.
- n) Report to the job site supervisor any contravention of The Act or the regulations or hazard on the project.

7. Workers Health & Safety Representative (WH&SR) to be selected on a jobsite by workers

- a) The WH&SR should have a valid First Aid Certificate or equivalent.
- b) The WH&SR must be familiar with requirements of The Occupational Health and Safety Act and Regulations for construction projects.
- c) The Representative should follow the guidelines for Health and Safety representative published by Construction Safety Association of Ontario.
- d) The Representative may perform site inspections, help to mediate disputes over unsafe conditions, assist in investigating serious accidents and confer with supervisor, employees and Ministry of Labour as required.
- e) The full cooperation of management and the work force will assist in making the WH&SR effective at his job.
- f) Assist with new worker site orientation and safety mentoring when requested.

8. The Shertine Construction Ltd. project manager shall

- a) Complete a safety review of the jobsite once every four weeks and complete a follow up report.
- b) Communicate immediately to the site superintendent all safety concerns.
- c) Issue Sub-contracts that include sub-trade safety participation in the Shertine Construction Ltd. Safety Policy.
- d) Attend initial *Shertine Construction Ltd.* Safety Start Up Meeting prior to work commencing on the jobsite.
- e) Provide positive support and safety leadership to all members of the construction team.

PART II INJURY PROTECTION

9. Head Protection All workers must wear a CSA approved Class E safety hardhat at all times while on the job site.

10. Foot Protection A worker at all times must wear CSA Certified (Green Patch) Grade #1 footwear with heavy duty toe and sole protection.

11. Eye Protection A worker must wear appropriate eye protection when drilling overhead or into concrete, masonry and drywall, when using power activated tools, or when chipping, grinding or cutting.

12. Ear Protection Appropriate hearing protection must be worn when worker is exposed to continuous noise at his or her work station.

13. Dust Masks Dust masks are to be worn when cutting concrete and masonry blocks. In addition dust masks may be required in enclosed areas where there are demolition activities. These masks are available in the Shertine Construction Ltd. safety cabinet.

14. High Visibility Safety Vest Safety traffic vests or bright orange t-shirts are to be worn when directing traffic or working in any areas where heavy equipment is operating. This will apply to the majority of workers who are involved in the superstructure construction where heavy equipment is in use.

15. Safety Harnesses and Lanyards All safety harnesses and lanyards must be CSA certified. Safety harnesses must be snug-fitting and worn with all hardware and straps intact and properly fastened. Lanyards must be 16 mm (5/8") diameter nylon or equivalent The D-ring on the safety harness must be in the center of the back. The lanyard must be secured to a rigid support of lifeline) no more than 1.5 meters-5 feet) to reduce fall distance. A shock absorber must be used with the lanyard. All workers exposed to a fall of 3.0 meters or more will have been trained in fall arrest and be in possession of a valid certificate.

PART III ACCIDENT PREVENTION

16. Warnings – Safety Violations Warnings will be issued to any worker who violates the rules as written by the Occupational Health and Safety Act and Regulations and/or the Shertine Construction Ltd. Safety Policy and Reference Manual.

1st Verbal Warning – Recorded by site supervisor

2nd Infraction – Written notice

3rd Infraction – Worker removed from the jobsite

17. Communication Any concerns regarding health & safety by employees shall be addressed to a supervisor immediately.

18. Lighting Stairs and work areas shall be adequately lit at all times.

19. Ladders Your jobsite Supervisor has available for you a booklet on ladders prepared by the Construction Safety Association of Ontario. Please ask for it and read it if you require additional information.

- Portable Ladders:** straight, extension, sectional or hooked ladders must have non-slip feet be set up so that the feet will not slip. For general construction applications, heavy duty portable ladders are recommended.
- Step, Trestle and Platform Ladders:** The primary consideration with these ladders is that they have spreader arms which lock securely in the open position.
- Fixed Ladders:** Permanently fixed ladders to structures are often used by work crews during construction if the ladders are vertical and more than 5 meters (16 feet) long. Safety belts and life lines, or safety belt and channel lock devices, must be used by workers ascending, descending or working from the ladders.

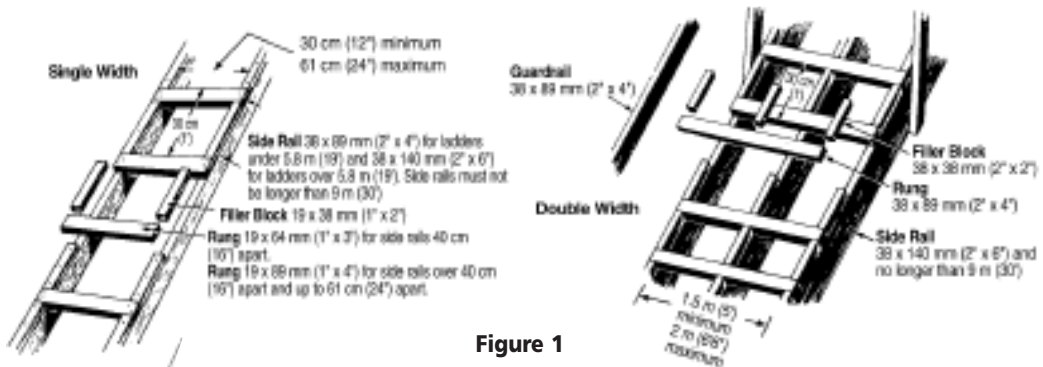


Figure 1

- Wooden Ladders:** Must be placed on a firm footing and be securely fastened in position and be inspected daily. If defective they must be repaired immediately or taken out of service and removed from job site (see figure 1).
- Proper Ladder Angles:** One foot (1'0") out for every four feet up (4'0") (see figure 2).
- Tie off ladders:** Ladders must not be erected on boxes, carts, tables, scaffold platforms, manlift platforms or vehicles (see figure 3).
- Workers must always face the ladder when climbing up or down.
- Metal ladders or ladders with metal reinforcing must not be used near energized electrical conductors.
- Ladders are not to be used horizontally as substitutes for scaffold planks or for any other service for which they have not been designed.
- Two feet and one hand or one foot and two hands must be in contact with a ladder when climbing up or down.
- Workers must never straddle the space between a ladder and another object.
- Workers should keep their feet free of mud, snow, grease or other slippery material when using ladders.
- Short ladders must never be spliced together to make a longer ladder.
- Ladders must not be set up in passageways, doorways, or driveways unless suitable barricades have been erected.
- Tools or material must not be carried up or down a ladder.
- All ladders at the ground level are to be removed from the structure at the end of each work day and locked up to prevent children from gaining easy access to elevated levels of the structure after regular work hours.

20. Scaffolds The eight major problem areas are listed herewith. Your job site supervisor has available for you a booklet on scaffolds prepared by Construction Safety Association of Ontario. Please ask for it and read it if you require further information.

Problem Areas – see booklet

- a) **Erecting and Dismantling:** 15-20% of scaffold-related injuries occur during erection and dismantling. The most important problem is the failure to provide an adequate working platform to install the next lift of scaffold. Working from one or two planks is not recommended.
The next most important consideration is the erection of all components, including tie-ins, as assembly progresses. Failure to do so makes the scaffold less stable and, while it may not topple, it may sway or move enough to knock someone off the platform. This happens more often when platforms are only one or two planks wide and guardrails are missing, as is frequently the case during erection and dismantling.
- b) **Climbing Up and Down:** Approximately 15% of scaffold-related injuries occur when workers are climbing up and down. Adequate ladders must be provided to overcome this problem. Also, proper climbing techniques using three-point contact are required. Climbing up and down braces is a frequent cause of accidents.
- c) **Planks Sliding Off or Breaking:** If scaffold planks are uncleaned or otherwise unsecured they easily slide off. Scaffold planks also break occasionally. It is therefore important to use proper grades of lumber and to inspect planks before erection to ensure that there are no weak areas, deterioration or cracks. Overloading is also a cause of scaffold planks breaking. Overloading occurs most frequently in the masonry trade.
- d) **Platforms Not Fully Decked:** It is strongly recommended that scaffold platforms always be fully decked in. Where this is not possible, people on the platform should be tied off to a secure anchorage using a fall-arrest system.
- e) **Platforms Without Guardrails:** Guardrails are an important fall prevention measure not only for high platforms but also for low ones. Over one-third of the falls from scaffolds are from platforms less than 3 meters (10 ft) in height. Therefore, guardrails are recommended for all scaffold platforms over 5 ft. high during normal use.
- f) **Failure to Install All Required Components:** Cutting corners is most likely to occur where scaffolds are only a few frames in height. Base plates, braces, proper securing devices such as “banana clips” or “pig tails” at the pins of frame scaffolds and adequate tie-ins are all too frequently omitted. All the components must be provided and must be used for a safe scaffold. Further, the parts should be installed as scaffold erection progresses.
- g) **Moving Rolling Scaffolds With Workers on the Platform:** Where it is impractical for workers to climb down and the scaffold is over 10 feet in height, each worker must be tied off with a safety belt and lanyard to a solid structure other than the scaffold.
- h) **Electrical Contact With Overhead Wires:** Scaffolds making contact with overhead electrical lines is almost always fatal. Before attempting to move rolling scaffolds, check the route carefully to ensure that no overhead wires are in the immediate vicinity. The route should be sufficiently clear of overhead wires so that any mishap such as the scaffold toppling or rolling out of control will not result in accidental contact. Check elevation clearances by sighting from the scaffold platform. Partial dismantling may be necessary in some situations to ensure that the scaffold will meet legally required clearances.

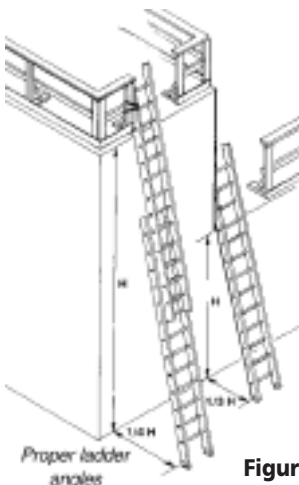


Figure 2

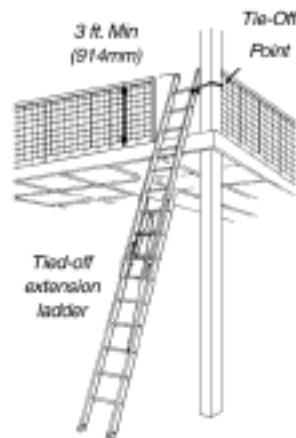


Figure 3

Minimum Distance From Live Power Lines

VOLTAGE RATING OF POWER LINE	MINIMUM DISTANCE
300 TO 150,000 volts	3 Meters (10 Feet)
150,001 to 250,000 volts	4.5 Meters (15 feet)
Over 250,000 volts	6 Meters (20 feet)

REMEMBER YOUR SAFETY POINTS FOR SCAFFOLDS

1. Mud sills minimum full 2" x 10" plank continuous under at least 2 consecutive supports. Use screw jacks for base plates and checking for plumb.
2. Vertical bracing (every section).
3. Horizontal bracing (every 3rd section).
4. Connectors must be used to hold section together, that is pig tails, thumb screws, banana clips.
5. Scaffolds above 5' in height must be fully planked. Planks must be #1 grade spruce. A full 2" thick x 10" wide.
6. Scaffolds above 10' in height must have guard rails.
7. Scaffolds above 50' must be designed by an engineer.
8. Use the ladder. Do not climb bracing.
9. Scaffold height must not exceed the width by 3 times, unless scaffold is:
i) tied to structure ii) equipped with outrigger stabilizers iii) equipped with suitable guy wire
10. Rolling scaffold must be equipped with brakes on the wheels or castors.

21. Guard Rails A worker at risk of falling more than 3.0 meters must be protected by a safety net, a fall-arrest system, a travel-restraint system, or guardrails. In most cases, guardrails are the most common and convenient means of fall protection.

Areas to be protected include:

- open edges of floors, mezzanines, and balconies (it's not enough simply to barricade the entrance to a balcony).
- open edges of scaffolds, platforms, and ramps.
- openings in floors, roofs, and other working surfaces not otherwise covered or protected edges of bridge surfaces.
- locations where a worker may fall into water, operating machinery, or hazardous substances.

Basic requirements for wood guardrails include (see figure 4):

- top rail, mid rail, and toeboard secured to vertical supports.
- top rail between 91 cm (3 feet) and 1.07 meters (3 feet 6inches) high.
- toeboard at least 10.2 cm (4 inches) high – 89 mm (3 inches) high if made of wood and installed flush with the surface.
- post no more than 2.4 meters (8 feet) apart.

Other systems are acceptable if they are as strong and durable as wood guardrails with the same minimum dimensions (see figure 5).

Guardrails must be installed no further apart than 300 mm from each edge.

A guardrail must be capable of resisting – anywhere along its length and without exceeding its allowable unit stress for each material used – the following loads when applied separately:

- a point load of 675 newtons (150 lbs) applied laterally to the top rail.
- a point load of 450 newtons (100 lbs) applied in a lateral or vertical downward direction to the mid-rail.
- a point load of 225 newtons (50 lbs) applied laterally to the toeboard.

Supports

Typical methods of supporting wood guardrails are shown in Figure 4. Posts extending to top rail height must be braces and solidly fastened to the floor or slab.

Shoring jacks used as posts should be fitted with plywood softener plates top and bottom. Snug up and check the posts regularly for tightness.

For slabs and the end of flying slabs forms, manufactured posts can be attached to concrete with either clamps or inset anchors, (see figure 6).

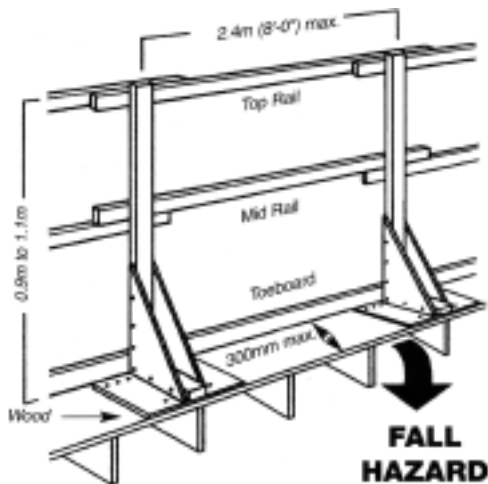


Figure 4

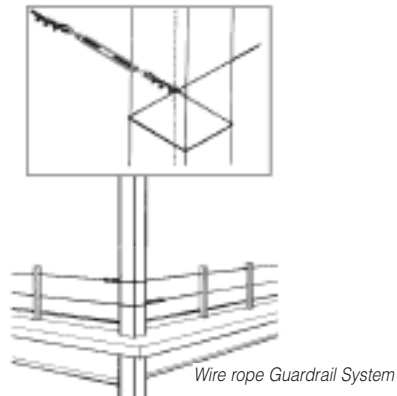
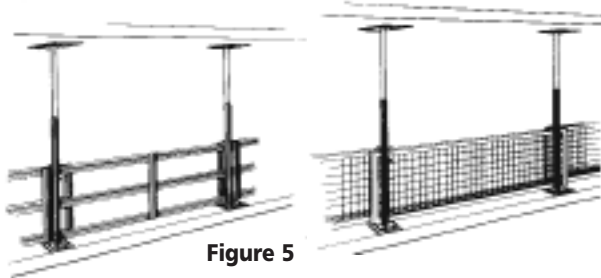


Figure 5



Maximum Strength

For maximum resistance to sideways force, the top rail of wooden guardrails should be laid flat, with the larger dimension horizontal.

To strengthen guardrails, reduce the spacing of posts to between 1 and 2 meters (3 feet 4 inches and 6 feet 8 inches) and double the 2 x 4 top rail. Posts on wooden guardrails must not be further apart than 2.4 meters (8 feet).

Where guardrails must be removed, open edges should be roped off and marked with warning signs. Workers in the area should use a fall-arrest or travel-restraint system and be tied off (see figure 7).

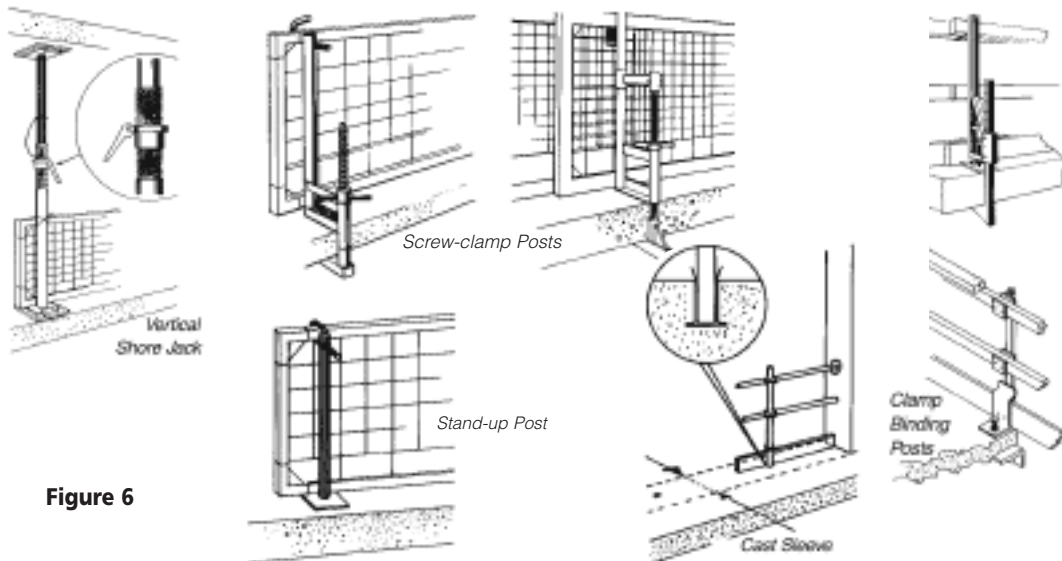


Figure 6

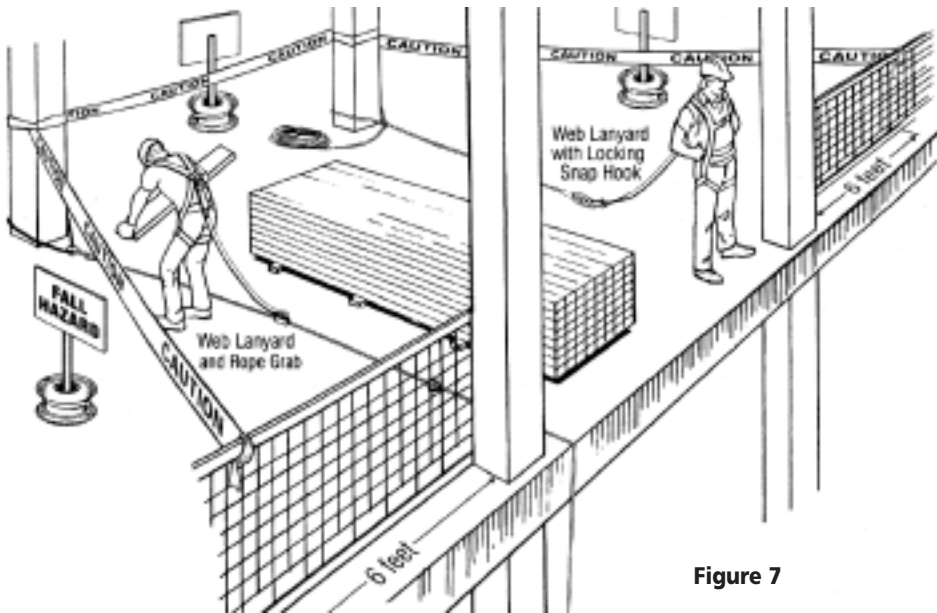


Figure 7

Floor Openings Guardrails are the preferred method for protecting workers near floor openings but may not always be practical. Narrow access routes, for example, may rule them out. In such cases, securely fastened covers – planks, plywood, or steel plates – may be the best alternative.

Use 48 mm x 248 mm (2" x 10") full-sized #1 spruce planks. In some cases, pallet-like designs can make covers stronger and less likely to be removed. (see figure 8)

Make opening covers stand out with bright paint. Include a warning sign:

**DANGER! OPENING–DO NOT REMOVE!
DO NOT LOAD!**

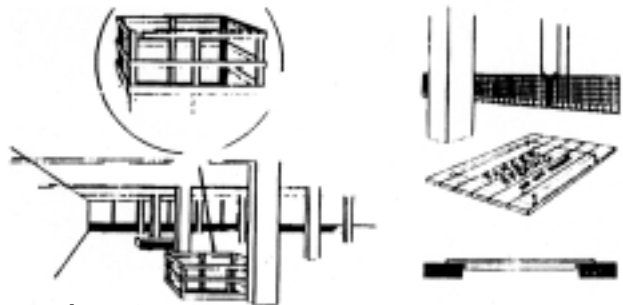


Figure 8

Fasten the cover securely to the floor to prevent workers from removing it and falling through the opening. In addition to the above, reference the Site Safety Plan for specific areas on the jobsite where guardrails will be used.

22. Access to Work Areas When work areas are above or below ground, access to and egress from the work area must be provided and maintained in a safe condition in accordance with the regulation under The Act.

23. Public Protection Ensure that the public is protected from gaining easy access to the work area. Barriers will provide a dividing median that will remind the public of the work zones. Post signs on the barrier indicating the dangers present and that there is to be No Trespassing. Where young children are playing or passing by in close proximity to construction activities, barriers with additional strength and height will be erected to ensure that easy access is denied. All barriers are to be maintained on a regular basis.

24. Trenches and Excavations Where personnel are required to enter a trench or excavation, it must be properly sloped (45 degrees) or shored and trench boxes used where required.

Protection Against Cave-Ins There are three basic methods of protecting workers against trench cave-ins:

- sloping
- trench boxes
- shoring

Most fatal cave-ins occur on small jobs of short duration such as service connections and excavations for drains and wells. Too often people think that these jobs are not hazardous enough to require safeguards against collapse.

WARNING: Unless the walls are solid rock, never enter a trench deeper than 1.2 meters (4 feet) unless it is properly sloped, shored or protected by a trench box.

Sloping One way to ensure that a trench will not collapse is to slope the walls. Where space and other requirements permit sloping, the angle of slope depends on soil conditions (figure 9).

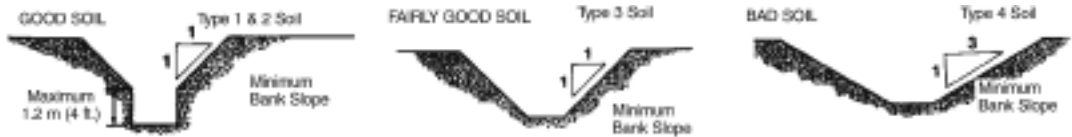


Figure 9

It is good practice to cut a bench at top of shoring or trench box. Figure 10

25. Masonry Walls

- a) Masonry wall must not be built higher than ten times their thickness unless properly braced.
 - 8 inch blocks bracing after 7' in height
 - 10 inch blocks bracing after 9' in height
 - 12inch blocks bracing after 10' in height
- b) Masonry walls require temporary bracing until installation of the permanent structural members has been completed.

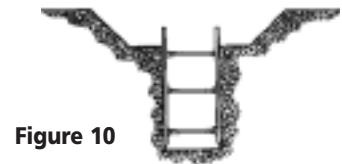


Figure 10

26. Confined Space A confined space is a workspace where entry and exit are restricted and where, because of its construction, location or contents, or the work activity being carried out, a hazardous atmosphere may occur. Typical examples in construction are shafts, basements, sewers, manholes, mechanical rooms, and storage tanks.

The physical hazards of confined spaces include:

- poor entry or exit
- cramped work conditions
- extremes of temperature
- operating equipment
- reactive or corrosive residues
- electrical, hydraulic, and pneumatic hazards

Hazardous atmosphere can be:

- flammable
- explosive
- toxic
- oxygen-enriched
- oxygen-deficient

Workers in the carpentry, resilient flooring, and acoustic and interior systems trades should especially beware of atmosphere hazards created in confined spaces by the dust from sanding, grinding, and cutting as well as the vapors from adhesives, solvents, and coatings.

27. Heating in Confined Areas

Heating in confined areas, particularly with propane, involves special hazards and safeguards. Propane is heavier than air and can collect in low-lying areas such as trenches, basements and shaft bottoms. Propane can also be absorbed into clothing. Workers must therefore use extreme caution in the event of leakage or flame-out.

When propane is burned with fuel heaters and other equipment, it uses up oxygen and releases carbon monoxide and nitrogen oxide. To keep these gases at acceptable levels and to ensure enough oxygen for breathing, adequate ventilation must be proved and maintained.

PART IV FIRE PREVENTION

28. Fire Prevention

- a) Precautions must be taken to prevent the out break of fire, especially where welding and cutting takes place
- b) Fire extinguishes must be readily accessible, properly maintained, regularly inspected and properly refilled after use
- c) Class A Fire – wood, paper, rubbish, etc.
- d) Class B Fire – paint, gasoline, oil, etc.
- e) Class C Fire – motors, electrical, etc.
- f) The proper extinguisher for use on all type fires is Multi Purpose (Ammonium Phosphate) Powder, minimum 4A4OBC.

PART V TRAFFIC CONTROL

29. Traffic Control

- a) Danger areas should be barricaded.
- b) A signal person is needed around heavy trucks and equipment especially where trucks are required to back up. This person should wear a high visibility fluorescent vest.
- c) Keep trucks close to cranes, to avoid over reaching by the crane.
- d) Keep trucks as level as possible and clear of overhead power lines.
- e) Truck wheels should be blocked or choked during unloading.
- f) Try to be visible to the crane operator at all times.
- g) Signal person to stop traffic at streets that are adjacent to areas of work where long steel columns are being erected.

PART VI SITE CLEANUP

30. Site Cleanup The continual clean-up of construction debris and disposal is one of the first indications of a safe job site. A clean job site does not happen by chance. It is a result of identifying the responsibility prior to arriving at the site and having a plan in place to continually maintain all work areas in a clean and safe condition. The following are the minimum standards of acceptance that Shertine Construction *Ltd.* will accept related to a clean debris-free work area.

- a) All packaging and unused portions of material will be cleaned up at the end of each workday. This will include any material that will create a trip hazard for workers in the area. Masonry debris will be cleaned up immediately after the wall is completed or when the scaffold is removed.
- b) Small piles of non-combustible garbage will be allowed within the building provided that they are removed once a week or as required by the superintendent. Combustible garbage must be removed daily into a containerized bin, trailer or truck. This bin or vehicle will not be located or parked near the building so as to present a fire hazard to the new structure.
- c) Stockpiles of non-combustible garbage outside the building will be located well beyond the active construction area if space allows. These piles will be removed from the site weekly unless other arrangements are made with the superintendent.
- d) All areas of work will be broom swept at least once a week.









PART VII MATERIAL HANDLING

31. Material Handling

- a) Wherever practical, heavy lifts should be done with mechanical lifting devices.
- b) When manual handling is required, dollies, trucks and similar devices should be used.
- c) Workers should be encouraged to get help when a lifting task may be more than they can safely handle.
- d) Communications between crane operators and ground crew should be clear and concise and transmitted by radio where practical or by a competent signal person.
- e) All operators of forklifts are to have completed the appropriate safety training.

32. Workplace Hazardous Materials Information Systems (WHMIS) Workers must wear appropriate protective clothing or devices. See your job site supervisor for WHMIS in construction information whenever you are obliged to use hazardous materials.

33. Controlled Products Material safety data sheets (MSDS) for all controlled products will be kept on file in the job site Supervisor's office for worker reference. Each class or division is represented by a hazard symbol.

Class	Symbol	Example
Class A: Compressed Gas		Oxygen
Class B: Flammable and Combustible Materials		Acetylene
Class C: Oxidizing Material		Chronic Acid
Class D: Poisonous and Infectious Materials		
• <i>Materials causing immediate and serious toxic effects</i>		Ammonia
• <i>Materials causing other toxic effects</i>		Asbestos
• <i>Biohazardous infectious material</i>		Contaminated Blood Products
Class E: Corrosive Material		Hydrochloric Acid and Sodium Hydroxide
Class F: Dangerously Reactive Material		Metal Azides

PART VIII INCIDENTS AND ACCIDENTS

34. Incidents An unplanned event that could have caused damage to people or property if the circumstances were slightly different. When an incident occurs:

- a) Make sure area is safe.
- b) Report incident to supervisor.
- c) Supervisor reports incident to Project Manager.

35. Accidents An accident is an unplanned event that causes harm to people or damage to property.

Injuries When any injury occurs the following steps shall be followed:

- a) First Aid care provided.
- b) Supervisor shall be notified immediately and then will notify employer.
- c) Accident investigated by supervisor and worker.
- d) Personal Injury Report and Treatment Memorandum to be completed by the injured worker, and supervisor.
- e) WSIB forms completed by employer.
- f) Copies of all forms go to the Project Manager.

Critical Injury or Fatality Where a person is killed or critically injured from any cause at the workplace, the employer shall notify a Ministry of Labor inspector immediately of the occurrence. The employer shall, within forty-eight hours after the accident, send to the Ministry of Labor a written report. Critical Injury includes an injury of a serious nature that:

- a) Places life in jeopardy.
- b) Produces unconsciousness.

- c) Results in substantial loss of blood.
- d) Involves the fracture of a leg or arm but not a finger or toe.
- e) Involves the amputation of a leg, arm, hand, or foot but not a finger or toe.
- f) Consists of burns to a major portion of the body.
- g) Causes the loss of sight in an eye.

In cases of critical injury:

1. Provide immediate first aid if qualified.
2. Have someone call 911 immediately.
3. Employer shall be notified immediately. Scene must be secured until released by Ministry of Labour.
4. Accident investigated by the employer. Report to MOL.
5. Accident investigated separately by the worker certified member and the employer. Report to MOL.
6. Personal Injury Report and Treatment Memorandum to be completed by the injured worker (if possible) and the employer.
7. WSIB forms completed by the employer.

First Aid *(for situations where no loss of time or medical aid is required)*

1. Provide first aid immediately.
2. Notify supervisor of the first aid injury.
3. Fill out first aid log.

Medical Aid Where an accident causes injury where the person is disabled from performing their usual work or requires medical attention, the employer shall give notice within four days in writing, to the Ministry of Labour. An investigation form shall be completed in addition to any other reports for all accidents whether to person or property.

1. Provide immediate first aid.
2. Supervisor shall be immediately notified.
3. Arrange for transportation for medical aid (doctor, hospital, dentist, and chiropractor).
4. The injured worker shall complete personal Injury Report and Treatment Memorandum.
5. WSIB forms completed by the employer.

Property Damage When damage occurs to any of the company's property:

1. Control the scene.
2. Supervisor shall be notified immediately.
3. Supervisor shall notify employer.

Vehicle Accident

1. Control the scene.
2. Supervisor shall be notified immediately.
3. Supervisor shall notify employer.

PART IX MODIFIED AND/OR ALTERNATE WORK PROGRAM

36. Modified and/or Alternate Work Program Shertine Construction Ltd.. provides a modified and/or alternate work program to occupationally ill and/or injured employees. This is to initiate the earliest comprehensive and effective method to assist an employee's full recovery.

The program is meant to eliminate the employee's lost time from work, reduce any disruption to the employee's life and reduce associated WSIB costs.

Employees normal wages will continue while performing modified or alternate work.

If a jobsite injury occurs, after receiving first aid or medical attention, report to the site superintendent for consideration of modified work.

PART X IN ALL CASES OF INJURY

37. In All Cases of Injury

The employer shall:

- a) Make sure that first aid is applied immediately
- b) Record in writing the First Aid treatment or advice given to the worker
- c) Complete and give the injured worker the WSIB Treatment Memorandum Form (F-10). The injured worker takes the form to the Health Professional, usually a doctor. After the doctor completes the form, he gives one copy to the injured work, the employee and the WSIB.
- d) If needed, provide immediate transportation to Hospital Emergency, Doctor's office or worker's home
- e) Complete Employer's report of injury/disease Form 7 and fax or phone the office immediately– **MEANING THE DAY THE ACCIDENT OCCURS**. In addition, the Form 7 must be completed within 3 days and forwarded to WSIB within 7 days. *See the back of Form 7 for further information.*
- f) Pay full wages and benefits for the day on which the injury occurred.

The worker shall:

- a) Promptly obtain First Aid.
- b) Notify the employer immediately of any injury requiring health care and receive from the employer a four-part Functional Abilities Form for Timely Return to Work to take to the doctor or hospital.
- c) Choose a doctor with the understanding that a change of doctor cannot be made without permission of the WSIB.
- d) Complete and promptly return all Report Forms received from the WSIB.
BE REMINDED: YOU MUST REPORT ALL JOB SITE RELATED INJURIES IMMEDIATELY TO THE SHERTINE CONSTRUCTION LTD. SUPERINTENDENT.

PART XI CRITICAL INJURIES

38. Critical Injuries

- a) Where a person is killed or critically injured from any cause at a work place, the constructor, if any, and the employer shall notify the Ministry of Labour immediately.
- b) Where a person is killed or is critically injured at a work place, no person shall interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission has been given by a Ministry of Labour inspector.

The following Circumstances take exception:

- a) Saving life or relieving human suffering.
- b) Maintaining an essential public utility service or public transportation system.
- c) Preventing unnecessary damage to equipment or other property.

PART XII THE IMPORTANCE OF "DUE DILIGENCE"

39. The Importance of Due Diligence Due diligence is an important defense against a Ministry of Labour penalty. The employer may use this defense if the violation of the regulation was the result of the independent action of a worker who has been properly instructed and trained. These criteria should be followed:

- a) The employer should ensure that a proper training program is in place, including a written record of which workers have been given the training.
- b) The employer also needs to demonstrate that the training has been reinforced with proper supervision.
- c) The employer should use standard disciplinary measures when a worker willfully ignores the safe practice.

As noted above, training is important for the avoidance of costly penalties as well as for its own sake. Training is an indispensable element of workplace health and safety. The Workplace Safety and Insurance Board and the Construction Safety Associations of Ontario are two good sources for training.

PART XIII ADDITIONAL SAFETY INFORMATION

40 Additional Safety Information This Safety Policy and Reference Manual is provided to summarize the basic and most common safety issues experienced on the majority of building construction projects. There is additional and more detailed safety information available in publications by the Construction Safety Association of Ontario. The CSAO Construction Health and Safety Manual and other safety publications will be made available to all workers in the shop and office.

41. Employee Rights

All employees have three Rights:

- 1) The right to know. Workers have the right to know about any health or safety hazard in the workplace.
- 2) The right to participate. Workers have the right to participate in matters concerning health and safety through direct involvement with the Committee and/or through discussion and training. Workers have the right to report to a manager any occurrence or hazard that does not promote good health and safety in the workplace.
- 3) The right to refuse. All employees have the right to refuse unsafe work. If the worker believes that the work could endanger their health or safety or that of others.

42. Work Refusal A worker has a right to refuse unsafe work. Unsafe means the worker feels that the work may cause harm to themselves or another worker. When the worker has refused to do work, the worker shall report the circumstances to a supervisor immediately. The supervisor, the worker certified member, and the refusing worker does an investigation.

If after the investigation the refusing worker still has reasonable grounds to continue to refuse, the Ministry of Labour shall be notified.

While waiting for the Ministry of Labour Inspector, the supervisor may request another worker to perform the refused work. If the supervisor requests another worker to perform the work, the second worker shall be informed of the reasons why the first worker refused. The second worker has the same right to refuse the work. A Work Refusal Report shall be completed.

43. Work Stoppage If a worker thinks a dangerous circumstance exists, they shall report it immediately to a supervisor. Dangerous circumstances are:

- a) The act or regulations are being contravened.
- b) The contravention poses a danger or hazard to the worker.
- c) The danger or hazard is such that any delay in controlling it may seriously endanger a worker.

All of a, b and c shall apply to be considered dangerous circumstances. A Work Stoppage Report shall be completed.

44. Reports and Forms *(listed alphabetically)* All forms are available from the supervisor.

Corrective Action Record	F-2
Employee Orientation Checklist	F-3
First Aid Report	F-4
First Aid Kit Inspection Sheet	F-5
Near Miss Report	F-6
Personal Injury Report (2 Pages)	F-7
Property Damage Report	F-8
Suggestion Form	F-9
Treatment Memorandum	F-10
Light Duties	F-11
Work Capabilities Form	F-12
Vehicle Accident Report (3 Pages)	F-13
Work Refusal Report	F-14
Work Stoppage Report (2 Pages)	F-15
Workplace Inspection Checklist (2 Pages)	F-16
Workplace Inspection Reporting Form	F-17

CORRECTIVE ACTION RECORD

Employee Name: _____ Company: _____
Position: _____ Supervisor: _____

VERBAL WARNING

Date: _____ Time: _____ Location: _____

Reason: _____

Corrective Action: _____

Employee Signature _____

Supervisor Signature _____

FIRST WRITTEN WARNING

Date: _____ Time: _____ Location: _____

Reason: _____

Corrective Action: _____

Employee Signature _____

Supervisor Signature _____

SECOND WRITTEN WARNING

Date: _____ Time: _____ Location: _____

Reason: _____

Corrective Action: _____

Suspension: 1 day _____ 2 days _____ 3 days _____ 4 days _____ 5 days _____ 6 days _____ 7 days _____

Employee Signature _____

Supervisor Signature _____

THIRD WRITTEN WARNING

Date: _____ Time: _____ Location: _____

Reason: _____

Corrective Action: _____

Termination: Yes _____ No _____

Employee Signature _____

Supervisor Signature _____

Employer's Comments: _____

EMPLOYEE ORIENTATION CHECKLIST *(to be completed prior to employment and as needed)*

- Tour of Facility (Office, yard, etc.)
- Safety Board
- Safety Policy
- Safety Program
- Practices & Procedures
- P.P.E. Program
- Reports
- WHMIS
- First Aid & CPR
- Discipline Policy
- Drivers Abstract (supplied by employee)
- _____
- _____

I understand that a copy of this document will become a permanent record in my employment file.

Employee Name: _____ Hire Date: _____

Position: _____ Supervisor: _____

Date: _____

Employee Signature: _____

Company Representative: _____

FIRST AID REPORT

(To be completed by the injured worker)

Purpose

To record minor injuries that do not require medical attention from a doctor, chiropractor, nurse or hospital. The recording of all first aid cases also assists the Joint Health and Safety Committee in making your job safer.

Procedure

The worker shall complete the form for all first aid situations. The form shall be returned to your Supervisor.

FIRST AID INFORMATION

Name of injured person: _____

Date & Time of accident: _____

Date & Time Reported: _____

Type of Injury: _____

Part of body affected: _____

Treatment given: _____

Treatment by: _____ Signature: _____

Does the worker plan to seek medical attention from a doctor or hospital? Yes _____ No _____

- If yes, an accident report form shall be filled out along with appropriate WSIB forms immediately. Contact the employer if yes.
- If no, this report is adequate. Remember to notify your supervisor or supervisor immediately of the situation.

FIRST AID KIT INSPECTION SHEET

Date _____

Inspector _____

Contents	Quantity	Required
Poster (form 82)	_____	___1___
Manual	_____	___1___
Safety Pins	_____	___24___
Adhesive Dressing	_____	___24___
Gauze Pads 3"	_____	___12___
Gauze bandage 2"	_____	___4___
Gauze Bandage 4"	_____	___4___
Surgical Pads	_____	___4___
Triangular Bandage	_____	___6___
Splint Padding	_____	___2___
Roll-up Splint	_____	___1___
A/R Mask	_____	___1___
Gloves	_____	___1___

NEAR MISS (INCIDENT) REPORT

Date: _____

Explain the near miss incident: _____

Can changes in procedure/policy prevent a recurrence? _____

Is there a design fault in equipment or handling that contributed to the near miss incident? _____

Was there real or potential damage to employees, equipment or property? _____

Practical recommendations to prevent this near miss from recurrence _____

What would be ideal to prevent this near miss from recurrence? _____

Investigated by: _____

Date of this report: _____

Recommendations: _____

Approval: _____ Date: _____

Supervisor: _____

PERSONAL INJURY REPORT (2 pages)

W.S.I.B FILE NO: Critical Injury / Fatality _____

Medical Aid _____

Lost Time _____ Modified Work _____

PERSONAL DATA (please print)

Name: _____ Phone: _____

Address: _____

S.I.N #: _____

Year employed: _____ Position: _____

INJURY AND TREATMENT:

Date of Accident: _____

Time: _____ a.m. _____ p.m. _____

Nature of injury: _____

Part of body involved: _____

Left or right side etc.: _____

First aid given at scene?: Yes _____ No _____ By Whom: _____

Taken to: Home _____ Hospital _____ Doctor: _____

Transportation (truck, taxi, ambulance, etc.): _____

ACCIDENT DETAILS:

Activity at time of accident: _____

Location: _____

Tools and/or equipment in use: _____

Protective equipment in use: _____

Physical condition of work site: _____

STATEMENT OF PERSON INVOLVED:

Describe what happened, opinion of cause, and extent of injury:

Signature of injured person _____

WITNESS 1:

Name: _____ Telephone _____

Address: _____

PERSONAL INJURY REPORT (continued)

WITNESSES 2:

Name: _____ Telephone _____

Address: _____

SUPERVISOR/SUPERVISOR REPORT:

Describe accident—include weather conditions, heights, weights and measures, employee activity etc.

ACCIDENT PREVENTION:

Worker Training Closer Supervision Equip. Inspection

Proper Use of Equipment Better Equipment Better job site

Change Procedure Change Policy Conditions

Investigated by: _____

Investigator Signature: _____

Investigation Date: _____

Immediate recommendations to eliminate recurrence:

Recommended changes to policy, procedure or equipment:

Date of Review: _____

Review and Follow-up by: _____

PROPERTY DAMAGE REPORT

Date : _____

Location: _____

Describe Damage: _____

Give cause of damage: _____

What changes could have been done to avoid or minimize this damage?

Prevention: _____

Design: _____

Other: _____

Corrective action suggested to avoid a recurrence of this damage:

Date: _____ Employee Signature: _____

Date: _____ Supervisors Signature: _____

Investigated by: _____ Date: _____ Time: _____

Estimate of repair or replacement: _____

Action Recommended: _____

HEALTH & SAFETY SUGGESTION FORM

The purpose of this form is to allow all employees to contribute to the organization by putting their suggestions in writing and have them looked at in a fair and reasonable manner. All suggestions will be responded to, and the employee will be notified of the outcome.

Please describe your suggestion below, and submit to a member of the Joint Health and Safety Committee.

Description of Health and Safety Suggestion:

Employee Signature: _____ Date: _____

JHSC use only

The suggestion has been responded to: _____ Yes _____ No Date: _____

JHSC Management co-chair signature: _____

JHSC Worker co-chair signature: _____

Employer Signature: _____

W.S.I.B. TREATMENT MEMORANDUM

Mr. ____ / Ms. ____ Last Name _____ S.I.N _____

First Name (s) _____

Address _____

Doctor/Hospital _____

The above claims to have injured in our employ on _____ 20 _____ and requires Medical aid.

We are sending a report to The Workplace Safety & Insurance Board, Ontario Firm:

Address _____

Official _____ Date _____

The injured employee has the initial choice of doctor, but may not change doctors without permission of the Workplace Safety & Insurance Board, Ontario.

Doctor: _____

If it appears that the injured employee will be disabled from earning full wages on any day beyond the day of accident, please submit a Doctor's First Report.

Delay in completion may delay payment of compensation.

Dear Doctor:

Providing information on the second copy and returning it to Shertine Construction Ltd. will assist us in planning for this employee's rehabilitation and maintaining his/her income. Light duties and modified work are available, up to and including answering the phones.

Physician's Advise to Supervisor: _____

Employee may return at once to normal work _____

Employee may return at once to modified work, with the following restrictions _____

Lifting _____ Climbing _____ Exertion _____ Walking _____ Other _____

Employee will probably be absent: _____ days _____ weeks

Doctor's Signature: _____

When submitting your account please indicate that you have received this form.

LIGHT DUTIES REPORT

Employee's Name: _____

Please indicate in your opinion, which of the following aforementioned employee is capable of performing.

	Yes / No
1. Answering radio and phone, assisting dispatch	___ ___
2. Stuffing envelopes	___ ___
3. Simple typing, filing and photocopying	___ ___
4. Completing MVR forms (drivers abstract forms)	___ ___
5. Preparation and colouring of route maps	___ ___
6. Sorting of stationary rooms – supplies	___ ___
7. Counting and sorting of inventory for shops	___ ___
8. General cleanup of yards	___ ___
9. Cleaning of shop floors using steam cleaner	___ ___
10. Cleaning of office (dusting and vacuuming)	___ ___
11. Helping tradesmen – spotting, etc.	___ ___
12. Washing trucks with steam cleaner	___ ___
13. Parts Pick-up, small errands in pickup truck	___ ___
14. Paint containers (light work with brush – some bending).....	___ ___

We thank you in advance for assisting in the rehabilitation of our employees.

Doctor's Signature: _____ Date: _____

WORK CAPABILITIES FORM

Dear Doctor:

Completion of this form will allow Shertine Construction Ltd. To meet our obligation is accommodating the injured worker when modified work may be necessary. Please assist us in identifying the work capabilities. We appreciate that you are not in a position to test the workers functional ability precisely, but you professional opinion would assist us in preparing our workplace for our employee's return.

(please print)

Employee: _____ Date: _____

Attending Physician: _____ Date: _____

PLEASE COMPLETE WHERE APPROPRIATE

1. Employee is permanently disabled ____ Yes (skip to bottom of page) ____ No

2. Employee may return to regular duties at once ____ Yes ____ No

3. Employee may return to MODIFIED DUTIES ____ Yes ____ No

Does the employee require a period of convalescence prior to returning to MODIFIED DUTIES? ____ Yes ____ No

If YES - projected return to work date _____

Projected length of time at MODIFIED DUTIES _____

4. Specific areas of body affected _____

5. Nature of injury or illness _____

6. Capabilities:

LIFTING

Over 10 lbs. ____

Over 20 lbs. ____

Over 30 lbs. ____

Over 40 lbs. ____

LIMBS & BACK

Minimize repetitive use ____

Minimized bending or twisting ____

MOBILITY

Standing ____ mins.

Sitting ____ mins.

Alternating sit/stand ____

Climbing ladders ____

EARS

Keep dust out ____

Avoid excess noise ____

EYES

Avoid dust or fumes ____

Avoid excess glare ____

Avoid fine work ____

RESPIRATORY

Avoid over exertion ____

Avoid dust or fume ____

CARDIOVASCULAR

Avoid physical exertion ____

SKIN

Avoid primary skin irritant ____

WOUNDS

Keep clean and dry ____

7. Please detail any restrictions: _____

8. Treatment

Does employee require further treatment ____ Yes ____ No

Physician's Signature _____ Date _____

VEHICLE ACCIDENT REPORT (3 pages)

Employee Name: _____

1. Record of details:

Date: _____ Time: _____

Location: _____

City: _____

Your speed: _____ Other Vehicle speed: _____

2. Exchange information with other driver:

Other drivers name: _____

Address _____

Phone Number: Home _____ Office _____

Drivers License Number: _____

Vehicle Registered To: _____

Make/Model/Year: _____

License Plate Number & Year: _____

Insurance Policy Number: _____ Expiry Date: _____

Insurance Company & Agent: _____

3. Get Names of Witnesses:

Witnesses name: _____

Address: _____

Phone Number: Home _____ Office: _____

Witnesses name: _____

Address: _____

Phone Number: Home _____ Office: _____

4. Find out if anyone injured:

Name: _____

Injuries: _____

Taken to: _____

Name: _____

Injuries: _____

Taken to: _____

VEHICLE ACCIDENT REPORT (page 2 of 3)

5. Note damage to other vehicle (truck, van, fender, windshield etc.)

6. Weather & Road Conditions:

_____ Clear _____ Snow _____ Dry Road _____ Rain _____ Fog _____ Wet Road _____

_____ Freezing Rain _____ Unpaved Road _____ Snow Covered Road _____ Icy Road

7. Note the Circumstances:

YOU

OTHER DRIVER

_____ Driving while intoxicated

_____ Driving while intoxicated

_____ Driving too slow

_____ Driving too slow

_____ Did you yield right of way

_____ Did you yield right of way

_____ Driving too slow

_____ Driving too slow

_____ Followed too closely

_____ Followed too closely

_____ Failed to signal

_____ Failed to signal

_____ Disregarded traffic control

_____ Disregarded traffic control

8. Sketch the scene:

VEHICLE ACCIDENT REPORT (page 3 of 3)

Vehicle Number Involved: _____ Officer: _____

Vehicle Year/Model: _____ Badge Number: _____

Vehicle Serial Number: _____ Accident Report Number: _____

Attached?: _____ Yes _____ No

Vehicle Driver: _____

Home Address: _____

Driver's License: _____

Accurate written description of what happened? (Who, what, where, when, why and how):

Date: _____ Signature: _____

Investigated by _____

Date & Time: _____

Recommendation: _____

Date: _____ Approval: _____

WORK REFUSAL REPORT

Time and date of work refusal: _____

Nature of work refused (why?): _____

Personnel refusing to do work: _____

Investigating personnel: _____

Investigation scheduled at (time & date): _____

Results of investigation:

Employee returns to work? _____ Yes _____ No

Ministry of Labour Inspector called at (time and date): _____

Results of second investigation: _____

Actions taken to rectify situation: _____

Date: _____ Signature of supervisor: _____

WORK STOPPAGE REPORT

Time and date of work stoppage: _____

Nature of the work and a description of the dangerous circumstances:

NATURE: _____

DANGEROUS CIRCUMSTANCES

1. _____

2. _____

3. _____

1st Certified Member: Comments: _____

Manager: Comments: _____

Action taken: _____

Certified member satisfied dangerous circumstances no longer exist? _____ Yes _____ No

2nd Certified Member name: _____

Comments: _____

Do both certified members agree that dangerous circumstances exist? _____ Yes _____ No

Stop work direction issued by:

1st Certified Member _____ Date and Time: _____

2nd Certified Member _____ Date and Time: _____

Ministry of Labour inspector required: _____ Yes _____ No

Inspector called at (Date and Time): _____

Investigation schedule: Day _____ Date _____ Time _____

Results of Investigation? _____

Stop work order cancelled: _____ Yes _____ No

By: Name: _____

By: Name: _____

Action taken to rectify situation? _____

	<u>OK</u>	<u>SUBSTANDARD</u>
Collateral Material		
Safety policy/program	___	_____
WCB Form 82	___	_____
MOL orders/reports	___	_____
Emergency phone list	___	_____
Training certificates	___	_____
WHMIS MSDS	___	_____

Materials Storage		
Properly located	___	_____
Safely piled	___	_____
Properly moved/lifted	___	_____
WHMIS label	___	_____

Hygiene		
Portable toilet	___	_____
Clean facilities	___	_____

Temporary Power		
Properly identified	___	_____
OH lines flagged/secure	___	_____
Cables protected	___	_____

Welding		
WHMIS MSDS	___	_____
Proper PPE	___	_____
Secured ground cables	___	_____
Proper screens/exhaust	___	_____
Cylinders secured	___	_____
Fire extinguisher	___	_____

Trenching/Excavation		
Properly angled	___	_____
Mtls properly placed	___	_____
Appropriate shoring	___	_____
Proper access	___	_____
Proper MTL storage	___	_____

	<u>OK</u>	<u>SUBSTANDARD</u>
OH&S Act/Regs	___	_____
Notice of Project	___	_____
Warning signs	___	_____
Reporting forms (injury/hazard)	___	_____
H&S responsibilities	___	_____

Elevating Work Platform		
Worker training	___	_____
Properly used	___	_____
Safe/useable condition	___	_____
Acceptable loading	___	_____
Operating manual	___	_____

Traffic Control		
Trained controller	___	_____
Proper dress (vest)	___	_____
Proper signs	___	_____

Powder Actuated Tools		
CSA certified	___	_____
Worker training	___	_____
Proper PPE	___	_____

Cranes/Hoists		
Safe set up	___	_____
Maintenance log	___	_____
Competent operator	___	_____
Condition slings/hdwr	___	_____
Safety clips on hooks	___	_____
Competent signaler	___	_____

Confined Spaces		
Proper access	___	_____
Air testing	___	_____
Rescue equipment	___	_____
Safety harness/lifeline	___	_____
Second rescue person	___	_____
Entry permit system	___	_____

JHSC WORKPLACE INSPECTION REPORTING FORM

Inspection Location: _____

Date & Time of Inspection: _____

SAFE OBSERVATIONS

SUGGESTIONS FROM THE FIELD

UNSAFE OBSERVATIONS	PRIORITY	REPEAT	RECOMMENDED	RESPONSIBLE	ACTION
Hazards Observed	A/B/C	ITEM	ACTION	PERSON	DATE
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____
_____	_____	Yes/No	_____	_____	_____

Supervisor Signature _____ Inspector Signature _____



This is to acknowledge that I have received my copy of the Shertine Construction Ltd. Handbook and an orientation on its contents as well as other company safety rules and regulations.

I understand that in accepting employment with Shertine Construction Ltd. I am expected to abide by these safety rules and regulations as well as any additional safety rules that may be communicated to me.

Name (Please print) _____

Signed: _____

Date: _____ Trade: _____



This is to acknowledge that I have received my copy of the Shertine Construction Ltd. Handbook and an orientation on its contents as well as other company safety rules and regulations.

I understand that in accepting employment with Shertine Construction Ltd. I am expected to abide by these safety rules and regulations as well as any additional safety rules that may be communicated to me.

Name (Please print) _____

Signed: _____

Date: _____ Trade: _____

