



1.0 HEALTH, SAFETY & ENVIRONMENT POLICY

1.1 Policy

“Insert Company Name Here” is committed to ensuring the health, safety and welfare of all their employees, employees, contractors and/or sub-contractors, customers, and visitors to their sites. It is also committed to maintaining pollution-free operating practices and to comply with any relevant standards and guidelines.

All levels of employees, contractors and/or sub-contractors are to acquaint themselves fully with the contents of this policy statement to ensure compliance within their area of responsibility.

“Insert Company Name Here”'s Occupational Health and Safety Program is the guide to safe operation and pollution prevention for all “Insert Company Name Here” company locations. This Occupational Health & Safety Program and applicable policies and procedures conform to the OSHA, State Regulations & Guidelines and the US Environmental Protection Agency.

1.2 Objectives

The “Insert Company Name Here” intends to provide a safe workplace by:

- Developing a comprehensive occupational health, safety, environment and welfare program;
- Assigning responsibility to all levels of management for compliance with all aspects of this program;
- Continuously identifying hazards in the workplace and either eliminating them or reducing the risk associated with them;
- Providing appropriate training, instruction and education to all employees, contractors and/or sub-contractors; and
- Enforcing this policy equally among employees, contractors and/or sub-contractors, customers and visitors.

1.3 Responsibilities

All employees, contractors and/or sub-contractors have a duty to maintain vigilance and foresight in identifying and correcting hazards to health, safety or the environment. When necessary, they are to contact their Supervisor to take the appropriate steps to eliminate or reduce mitigate hazards at work. The Joint Health and Safety Committee and/or Safety Representative including Management will be contacted where doubt or uncertainty may exist with respect to appropriate actions to be taken.

All employees, contractors and/or sub-contractors have a regulatory duty to take reasonable care of themselves and others that may be affected by their acts or omissions. They are expected to know and comply with the requirements of this policy and the health and safety policies and procedures that specifically apply to any worksite and/or department.

1.4 Commitment Statement

By placing my signature below, I personally endorse this policy and expect that all employees, contractors and/or sub-contractors have the same high level of commitment that I do to the health, safety and welfare of our employees, contractors and/or sub-contractors, contractors, customers, visitors, our clients and the general public at large to the protection of the environment affected by our operating procedures.

Signature: Manager of “Insert Company Name Here”

Date Signed



“Risk” is a measurement of the possibility and potential severity of a loss from occurring. The challenge is to minimize the risk of a hazard from becoming more severe and subsequently causing major injury, disease or property damage. Putting “controls” in place does this.

“Controls” are practices, procedures and standards, which a company and ultimately a employee, contractor and/or sub-contractor use to prevent incidents from occurring or to limit the amount of harm or damage that occurs when an incident happens.

3.5 Risk Control

There are 3 steps involved in risk control:

1. Recognize the Hazard – identify hazards with a particular job or worksite.
2. Evaluate the hazard or situation –what controls could eliminate or reduce the risk?
3. Control the Hazard – plan, implement and evaluate control measures that provide the greatest protection to employee, contractor and/or sub-contractors.

3.6 Types of Controls

There are four types of controls that are commonly used to minimize risk:

1. Eliminate the hazard.
2. “Engineering” controls provide the highest level of hazard control and are considered the best methods because it involves the removal of the hazard through the use or substitution of engineered machinery or equipment. The installation of seat belts on mobile equipment is an example of this.
3. “Administrative” controls include safe work procedures, processes, methods or instructions that are developed and implemented to ensure employee, contractor and/or sub-contractor safety.
4. “Personal Protective Equipment” is the most common and accessible kind of control and involves direct protection of the employee, contractor and/or sub-contractor. It is the last line of defense in the hierarchy of controls.

3.7 Risk Rating and Ranking

Hazards identified at the worksite must be evaluated as to the degree of risk associated with the unsafe work condition or practice. “Insert Company Name Here” will utilize the risk ranking method of “A, B, C” where:

- a. “A” identifies an imminent hazard that requires corrective action immediately.
- b. “B” identifies a hazardous condition or practice, which is not imminently dangerous but requires corrective action without delay.
- c. “C” identifies a low hazard situation or practice that requires documenting and tracking as to corrective action.



9.0 RECORDS AND STATISTICS POLICY

9.1 Purpose

The purpose of this policy is to ensure that “Insert Company Name Here” maintains all records and statistics to ensure the Occupational Health and Safety Program is maintained and measured on a constant basis.

The table below outlines some ways “Insert Company Name Here” can use data from incidents for statistical analysis:

Type of Incidents	Types of Data	Statistical Analysis
<ul style="list-style-type: none">• Near Misses• First Aid Only• Health Care Only• Time-Loss Injury	<ul style="list-style-type: none">• Number of Incidents• Frequency of Incidents• Number of Injuries• Types of Injuries• Number of Days Lost	<ul style="list-style-type: none">• Compare Monthly and Annual Results• Compare Type of Work Activity• Compare Shifts• Compare Employee, contractor and/or sub-contractor Experience and Training

9.2 Policy

1. The management team at “Insert Company Name Here” will maintain records and statistics concerning health and safety for the company.
2. The major reason for maintaining records and statistics is to collect data for detailed analysis of accidents, incidents, and illnesses in order to eliminate causes by finding specific problem areas and taking appropriate follow-up action.
3. Records and statistics will be used as a means to measure the success of the “Insert Company Name Here” Occupational Health and Safety program, as well as to provide feedback to all levels of contractors.
4. Where records indicate that a problem exists, management is expected to consult with the relevant supervisor to ensure that timely corrective action is planned and implemented.
5. Records and statistics should include, but not be limited to:
 - a. Supervisor's Investigation and Record of Incident
 - b. OSHA LOG (form 300)
 - c. Self-Inspections
 - d. Log of Tool Box Talks (include names and signatures of employees present)
 - e. Equipment Preventive Maintenance



- f. Hazard Communication Compliance Plan
- g. Safety Data Sheets
- h. Chemical Inventory List
- i. Minutes of Safety Committee Meetings
- j. OSHA Training Requirements Records
- k. OSHA Poster Explaining Employee Rights
- l. Accident Forms - Medical Records
- m. Corporate Safety Program
- n. Emergency Phone Number List



12.0 GLOBALLY HARMONIZED SYSTEM (HAZCOM) POLICY

12.1 Purpose

The purpose of this procedure is to outline the Hazard Communication Standard (HAZCOM), which is a communication system on hazardous materials in the workplace from the suppliers of hazardous products to employers and to workers through the three key elements of:

- a. HAZCOM Labeling (Hazard Symbols),
- b. Safety Data Sheets (SDS), and
- c. HAZCOM Worker Training and Education.

HAZCOM legislation exists at both the federal and provincial levels. The goal of HAZCOM is to reduce injury and disease by communicating specific health and safety information about hazardous products so that the information can be used to reduce exposure to hazardous materials.

12.2 Globally Harmonized System of Classification and Labelling of Chemicals (GHS)

1. United State's HAZCOM standard came into effect in 1983. Since then, our trade with countries that don't have systems like HAZCOM has increased, and new products (and hazards) have been introduced. There are differences in how other countries classify chemicals, develop Safety Data Sheets (SDSs), and organize their labels. This can cause confusion and make it difficult to enforce and to comply with the HAZCOM standard. Ultimately, this confusion threatens the health and safety of workers both here and abroad.
2. As a result, United States has now aligned the Hazard Communication Standard (HAZCOM) with the ***Globally Harmonized System of Classification and Labelling of Chemicals (GHS)***. The original HAZCOM, developed in 1983, is not being replaced. Rather, it has been updated to reflect elements of the Globally Harmonized System. The Globally Harmonized System will now be legislated worldwide. Once updated, the system will continue to be called HAZCOM in United States (HAZCOM 2015).
3. Once the 2015 HAZCOM legislation is in-force, there will be approximately a ***three-year transition period*** during which suppliers can provide (material) safety data sheets and labels that comply with either system.

12.3 Supplier Labels (2015)

The 1983 HAZCOM legislation required a minimum of 7 pieces of information required on a supplier label. The new 2015 HAZCOM legislation requires a minimum of ***6 pieces of information***.



One new informational piece has been added to the 2015 HAZCOM supplier label which is called “**Signal Words**”. Signal words indicates the relative level of hazard i.e. “**DANGER** is used for most severe instances. **WARNING** is less severe.”

A hatched border around the supplier label is no longer required. A solid-lined border will now replace the hatched border around supplier labels.

Product K1 / Produit K1



<h3>Danger</h3> <p>Fatal if swallowed. Causes skin irritation.</p> <p>Precautions: Wear protective gloves. Wash hands thoroughly after handling. Do not eat, drink or smoke when using this product.</p> <p>Store locked up. Dispose of contents/containers in accordance with local regulations.</p> <p>IF ON SKIN: Wash with plenty of water. If skin irritation occurs: Get medical advice or attention. Take off contaminated clothing and wash it before reuse. IF SWALLOWED: Immediately call a POISON CENTRE or doctor. Rinse mouth.</p>	<h3>Danger</h3> <p>Mortel en cas d'ingestion. Provoque une irritation cutanée.</p> <p>Conseils : Porter des gants de protection. Se laver les mains soigneusement après manipulation. Ne pas manger, boire ou fumer en manipulant ce produit.</p> <p>Garder sous clef. Éliminer le contenu/réceptacle conformément aux règlements locaux en vigueur.</p> <p>EN CAS DE CONTACT AVEC LA PEAU : Laver abondamment à l'eau. En cas d'irritation cutanée : Demander un avis médical/consulter un médecin. Enlever les vêtements contaminés et les laver avant réutilisation. EN CAS D'INGESTION : Appeler immédiatement un CENTRE ANTIPOISON ou un médecin. Rincer la bouche.</p>
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An example of a 2015 legislated supplier label

12.4 Labeling: Workplace Label (2015)

Workplace labels are required on containers for each controlled product produced and used on-site, on secondary containers after a product has been transferred from the original container, and on containers



18.0 WORKING ALONE OR IN ISOLATION POLICY

18.1 Purpose

The purpose of this policy is to protect the health and safety of, and minimize risk to, all “Insert Company Name Here” employees, contractors and/or sub-contractors who are assigned to work alone or in isolation under conditions which present a risk of disabling injury and if the employee, contractor and/or sub-contractor might not be able to secure assistance in the event of an injury, ill health or emergency.

18.2 Definition

“Working Alone” A person is alone at work when they are on their own; when they cannot be seen or heard by another person; and when they cannot expect a visit from another employee, contractor and/or sub-contractor, customer or a member of the public.

18.3 Policy

1. Supervisors must be aware of the area perimeter and location of where their employees, contractors and/or sub-contractors are performing work at all times.
2. At no time shall any employee make the decision of working alone or in isolation, without the notification and consent of their supervisor.
3. Management and/or supervisors shall review each worksite under their control to identify individuals who work alone and ensure all reasonably practicable steps are taken to protect the health and safety of those employee, contractor and/or sub-contractors.
4. A hazard assessment must be conducted to identify existing or potential working alone hazards at “Insert Company Name Here”. The hazard assessment and applicable safe work procedures must be reviewed with all employees, contractors and/or sub-contractors who are required to work alone.
5. The employee working alone or in isolation shall be checked every 20 minutes, 30 minutes or 1 hour or less depending on the nature of hazard of the activity.
6. Employees, contractors and/or sub-contractors working alone shall be equipped with a cellular phone and/or a personal radio at all times.
7. A record of checks shall be maintained by the person responsible for checking on the well-being of the employee, contractor and/or sub-contractor.
8. Where an employee fails to check in at a pre-determined time, cellular phone contact with the employee shall be initiated. If the employee fails to respond, a search of the employee, contractor and/or sub-contractors last known



24.4 Handshaking

During high risk COVID-19 exposure risk (pandemic) as advised by the CDC; it is advised to all employees to not conduct in handshakes until further notice.

24.5 Workplace Distancing

1. During high risk COVID-19 exposure risk (pandemic) as advised by the CDC, all workers will keep a minimum of distance of 6 feet from each other.
2. Avoid close contact with any other worker if they are showing any symptoms of COVID-19 infection.
3. During high risk COVID-19 exposure risk (pandemic) as advised by the CDC, "Insert Company Name Here" will limit the number of group gatherings such as office meetings and training sessions. An electronic means of communication such as cellular phone or webinar meetings will be proposed.

24.6 Personal Protective Equipment

1. The following PPE will be provided to employees by "Insert Company Name Here" This PPE is to be worn and used if exposed to or near an infected worker.
2. Employees are recommended to wear respirators and gloves while performing work.

Gloves



Insert
Logo
Here

Masks and Respirators



Face Shield



24.7 Disposal of Contaminated PPE

1. All contaminated PPE such as masks, respirators, gloves and Tyvek suits must be disposed of in a labeled biohazardous container bin.





2. Face shields can be cleaned with a disinfectant solution.

Example of a disinfectant solution can be **5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water.**

24.8 Face Touching

It is advised to all employees to refrain from touching their face, eyes or mouth prior to washing their hands with soap and water.

24.9 Food and Beverage Sharing

At no time shall any employee share their food or beverage containers with another employees. Please bring your own water bottle and do not share you water bottle with anyone.

24.10 Sneezing and Coughing

1. Do not sneeze or cough into the air or towards another worker at anytime.
2. Sneeze or cough into a tissue or into your elbow. **DO NOT USE YOUR HANDS.**
3. After coughing or sneezing, put your used tissue into a garbage bin and immediately wash your hands with soap and water (or disinfect with 70% or more alcohol-based hand sanitizer).
4. Employees are welcome to wear medical masks or N95 Respirators during their shift if they feel more comfortable in regards to their personal health.

24.11 Exposure or Symptom Reporting

1. If you believe you have been exposed to a confirmed infected COVID-19 employee, report to your Supervisor immediately. You will be required to leave the site, isolate yourself, and contact your local health care provider.
2. If you are showing any of the following symptoms, report to your Supervisor immediately. You will be required to leave the site, isolate yourself, and contact your local health care provider:

Similar to a cold or flu and include fever, fatigue, cough and difficulty breathing.

24.12 Contact with a Confirmed Case of COVID-19

1. If a confirmed case is identified in your workplace, the designated public health services will provide advice to:
 - a. Any employee that has been in close face-to-face or touching contact



ACCIDENT – INCIDENT INVESTIGATION FORM

INCIDENT OCCURRED: LOCATION & DATE

Location of Accident or Incident:	
Date of Incident mm-dd-yy:	Time AM <input type="checkbox"/> PM <input type="checkbox"/>

INJURED PERSON

Last Name (print)	First Name (print)	Phone Number

NATURE OF INJURY/INJURIES

1.
2.

WITNESSES

Last Name (print)	First Name (print)	Phone Number

ACCIDENT / INCIDENT DESCRIPTION

Briefly describe what happened, including the sequence of events preceding the incident (attach description to this form if more room is required):

STATEMENT OF CAUSES & CONTRIBUTING FACTORS

List any unsafe conditions, acts, or procedures that in any manner contributed to the accident / incident:

RECOMMENDATIONS

Recommend Corrective Actions(s)	Action by Whom	Action Date By
1.		
2.		
3.		

Investigation Completed By:

Signature:



FIRST AID RECORD FORM

Name:	Occupation:	Department:
Date of Injury/Illness (D/M/Y):		Time of Injury/Illness (AM/PM):
Date and Time of Injury Reported (D/M/Y - AM/PM):		

Description of how the injury, exposure, or illness occurred (*print clearly - what happened?*)

Description of the nature of the injury, exposure, or illness (*print clearly - what you see – signs and symptoms*)

Description of treatment given (*print clearly*)

Interventions: CPR Airway Cleared Airway Maintained Ventilated Controlled Bleeding

Any Witnesses?: Yes No If yes, please provide name(s): _____

Recommendations (Check): Return to Work Medical Aid Follow Up – When? _____

Transported By (Check): Ambulance Taxi Company Vehicle Other – Explain _____

Graduated Return to Work: Alternate Duty Options Return to Work Form – Medical Aid Employee, contractor and/or sub-contractors Supervisor Informed

Provided Employee, contractor and/or sub-contractor Handout: Yes No If yes, which form: _____

OFAA Name (Please Print):	OFAA Signature:
Patient Name (Please Print):	Patient Signature:

Insert
Logo
Here