# Health and safety policy

## Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Company health and safety policy

This company is committed to a health and safety program that protects and maintains the health and safety of workers at our work site(s). This company is also committed to the protection and maintenance of the health and safety of others (i.e. sub-contractors) who enter onto our property and the general public.

The employer, supervisors and workers at every level are responsible and accountable for the company’s health and safety performance. Active participation by everyone, every day, in every job is necessary for the health and safety excellence that this company expects. Health and safety excellence includes the promotion and maintenance of the highest degree of physical, psychological and social well-being of all employees. Our goal is a healthy, injury-free workplace for all. By working together we can achieve this goal.

### **The** employer **will ensure:**

* The health, safety and welfare of workers at the work site.
* The health, safety and welfare of other persons at or near the work site who may be materially affected by identifiable and controllable hazards originating from the work site.
* Workers are aware of their occupational health and safety rights and duties.
* Workers are not subjected to or participate in harassment or violence at the work site.
* Workers are supervised by a person who is competent and familiar with occupational health and safety legislation.
* Workers are adequately trained in all matters necessary to perform their work in a healthy and safe manner.
* Work that may endanger a worker is done by a competent worker or by a worker who is working under the direct supervision of a competent worker.
* That the health and safety committee complies with their legislated requirements.
* Health and safety concerns are resolved in a timely manner.
* Information related to work site hazards, controls, work practices and procedures is readily available to workers, the joint health and safety committee and the prime contractor, if there is one.
* Current occupational health and safety legislation is readily available to workers and health and safety committee.

### Supervisors **will:**

* Take all precautions necessary to protect the health and safety of every worker under their supervision and ensure:
  + The workers under their supervision work in accordance with procedures and measures required by the occupational health and safety legislation.
  + The workers under their supervision are not subjected to and do not participate in harassment or violence at the work site.
* Advise every worker under their supervision of all known or reasonably foreseeable hazards to health and safety in the area where the worker is performing work.
* Report concerns about an unsafe or harmful work site act or condition that occurs/exists or has occurred/existed to the employer.

### Workers will:

* Protect the health and safety of themselves and other people at or near the work site.
* Cooperate with their supervisors and employer to protect the health and safety of themselves and others.
* Use all devices and wear all personal protective equipment for the worker’s protection as required by the employer or the occupational health and safety legislation.
* Refrain from causing or participating in harassment or violence.
* Report concerns about an unsafe or harmful work site act or condition that occurs/exists or has occurred/existed to the employer or supervisor.
* Participate in any training provided by the employer.
* Not perform work that may endanger themselves or others except under the direct supervision of a worker who is competent to perform the work.

### **In addition, the** employer**,** supervisors **and** workers **will**:

* Co-operate with any person exercising a duty imposed by the Occupational Health and Safety Act, regulations or Code.
* Comply with the Occupational Health and Safety Act, regulations and Code and any work site policies, procedures and codes of practice.

Other work site parties (e.g. contracting employers, suppliers, or service providers) will comply with the *Occupational Health and Safety Act*, regulations and Code, and work site policies**.**

Workers at every level must be familiar with the requirements of the Alberta occupational health and safety legislation as it relates to their work.

Employer signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated and implemented in accordance with the legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.

# Worker orientation record

Consider using a checklist like this when training new workers on health and safety in your workplace.

|  |  |  |  |
| --- | --- | --- | --- |
| **Worker’s name:** | | | **Date of orientation:** |
| **Date of hire:** | | | Supervisor’s name: |
| **Orientation topics covered** | Yes | No | **Written work procedures**  (list them here): |
| Rights of workers: |  |  |
| * Right to know |  |  |
| * Right to participate |  |  |
| * Right to refuse |  |  |
| Company’s health and safety policy |  |  |
| Work site party responsibilities |  |  |
| Health and safety rules |  |  |
| Site orientation |  |  |
| Review of hazards |  |  |
| How to report unsafe/unhealthy conditions and other health and safety concerns |  |  |
| How to report incidents |  |  | **Other topics covered**  (list them here): |
| Workplace violence prevention plan |  |  |
| Workplace harassment prevention plan |  |  |
| Review the emergency response plan |  |  |
| Location of fire exit(s) and fire extinguisher(s) |  |  |
| How to get first aid treatment |  |  |
| Location of first aid kit(s) |  |  |
| WHMIS training |  |  |
| Location of safety data sheets (SDSs) |  |  |
| Use of personal protective equipment |  |  |
| **Worker signature:** | | | Supervisor signature: |

This form is a sample only and is for employer reference. Employers are responsible for complying with any applicable privacy or other legislation concerning the collection of worker information. Employers should review the law and confirm its application related to the collection of personal information of workers (e.g., *Personal Information Protection Act*, *Electronic Documents Act*, *Human Rights Act* etc.). Further, completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated, and implemented in accordance with the legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.

# Summary record of training

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: | | | | | | | | | | |
| Location: | | | | | | | | | | |
| Worker’s name | **Training completion date** | | | | | | | | | **Comments/other** |
| Site  orientation | First aid | | | Emergency response  plan | WHMIS | | Safe work procedures | Harassment and violence prevention |
| Initial | | Retraining |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |
|  |  |  |  | |  |  |  | |  |  |

This form is a sample only and is for employer reference. Employers are responsible for complying with any applicable privacy or other legislation concerning the collection of worker information. Employers should review the law and confirm its application related to the collection of personal information of workers (e.g., *Personal Information Protection Act*, *Electronic Documents Act*, *Human Rights Act* etc.). Further, completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated, and implemented in accordance with the legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.

# Multiple employers at the work site – Additional considerations

## Coordinating health and safety for multiple work site parties

Examples of OHS program components that may require a coordinated, site-specific approach include:

* Hazard assessments.
* Emergency response plans.
* Inspection procedure and schedule.
* Health and safety orientation and training for workers and supervisors.
* Procedures for investigating incidents, injuries and refusals to work.
* Others, depending on the work being performed at the work site and the work site parties involved.

## Criteria for evaluation and selection of other employers

When hiring other employers, the employer should consider health and safety criteria in the selection process.

Evaluation and selection procedures with pass/fail criteria may be developed in consultation with the HSC. Alternatively, a third party health and safety evaluation service or audit tool may be used.

The employer may request documentation such as:

* Health and safety program handbook or manual.
* Health and safety policy.
* Safe work policies and procedures.
* WCB information (premium rate statement, clearance letter, employer report card).
* Certificate of Recognition (COR).
* Health and safety program audit results.
* Hazard assessments.
* HSC meeting minutes.
* Safety meeting minutes, toolbox talks, or pre-job tailgate meeting records.
* Worker and supervisor training and certification records.
* Other, depending on the work being performed at the work site and the work site parties involved.

This documentation may form part of a contractor pre-qualification process that the employer uses to ensure that other employers are equipped to address the health and safety requirements of the job.

## Regular **monitoring**

The procedures for monitoring other employers at the work site could include:

* Defining regular intervals, depending on the type and nature of the work being done at the work site.
* Scheduled formal inspections and occasional visual checks (scheduled and unscheduled).
* Assess the employer’s performance against their own written procedures, work site specific health and safety policies, as well as the *OHS Act*, regulations and Code.
* Processes for dealing with non-compliances.

*Please note: These are suggested processes and should be modified to suit individual employer’s needs depending on the type and duration of the work being done.*

# Work site inspection

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: | | | | Date: |
| Location: | | | |
| Inspectors’ names: | | | | |
| Description of hazard  (specific location and/or equipment, nature of hazard): | **Recommended actions** (detailed action, taking account of hierarchy of controls or a combination of controls where elimination is not possible): | | | |
| **Action** | **Assigned to** | **Due date** | **Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated, and implemented in accordance with the legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.

# Emergency response plan

|  |  |  |
| --- | --- | --- |
| Company: | | Date: |
| Address: | |
| Completed by: | | |
| Potential emergencies  (e.g. power outage, flood, fire, robbery)  Refer to your hazard assessment to determine which hazards could require rescue or evaluation. |  | |

## List and location of emergency equipment and facilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency equipment including fire protection requirements  (e.g. alarms, sprinklers,  fire suppression systems, fire extinguishers, hoses, fire doors) | Equipment | Location | | Operating procedures |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| First aid  (e.g. first aid kit – type and location; blanket, first aiders/shift, transportation) | **First aid kit:** | | **Location:** | |
| **First aid supplies and first aid room** (as applicable)**:** | | **Location:** | |
| **First aiders** | | | |
| Morning shift: | Afternoon shift: | | Night shift: |
| **Transportation plan:** | | | |

Emergency response plan template  
 continues next page

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List and location of emergency facilities  (e.g. fire station, hospital, police, walk-in clinic) | Facility name | | | Address/distance | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| Alarm and emergency communication requirements  (e.g. type of alarm system, paging or PA system) |  | | | | |
| Rescue and evaluation procedures |  | | | | |
| Emergency response procedures  (Detailed procedures to be followed for each identified emergency, including who is responsible for what) | **Emergency situation** | | **Procedures** | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| Emergency response training and requirements  (List the positions or names of workers trained to use each type of emergency equipment and those trained in rescue and evaluation procedures) | **Position or name** | | | **Training received** | **Frequency** |
| Morning  shift | Afternoon shift | Night  shift |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated, and implemented in accordance with the legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.

# Emergency contact list

|  |  |
| --- | --- |
| Company address: | Business phone: |
| Prepared by: | |

## Emergency response contacts

|  |  |
| --- | --- |
| Police | 9-1-1 |
| Police (non-emergency) |  |
| Emergency medical services (Ambulance) | 9-1-1 |
| Fire | 9-1-1 |
| Poison control | 1-800-332-1414 |

## Company contacts

|  |  |
| --- | --- |
| Owner/General manager |  |
| Manager |  |
| Health and safety coordinator |  |
| Maintenance |  |
| Security |  |
| Public relations (designated) |  |
| Other |  |

## Alberta Government contacts

|  |  |
| --- | --- |
| Occupational Health and Safety (OHS) | 1-866-415-8690 (toll free)  780-415-8690 (in Edmonton) |
| Workers’ Compensation Board (WCB) | 1-866-922-9221 (toll free) |
| Alberta Environment and Parks | 1-800-222-6514 (24-hour emergency hotline) |
| Other |  |

## Other contacts

|  |  |
| --- | --- |
| Power company |  |
| Gas company |  |
| Telephone company |  |
| Insurance company |  |
| Other |  |

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated, and implemented in accordance with the legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.