



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, contractors, customers, and visitors to *the* site. It is also committed to maintaining environmentally friendly operation practices and to comply with any relevant standards and guidelines. **All levels of employees are to acquaint themselves fully with the contents of this policy statement to ensure compliance within their area of responsibility.**

“Insert Company Name Here” Occupational Health and Safety Program is the guide to safe operation for “Insert Company Name Here” This Occupational Health & Safety Program and applicable policies and procedures conform to the Safe Work Manitoba Occupational Health and Safety Regulation, Workers Compensation Act of Manitoba, Safe Work Manitoba OHS Guidelines & Standards and the Canadian Environmental Protection Act.

1.2 Responsibilities

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; and
- Enforcing this policy equally among employees, contractors, customers and visitors.

“Insert Company Name Here” Supervisors are responsible for:

- Providing a health and safety orientation to new workers;
- Providing ongoing training to workers;
- Taking part in inspections and investigations;
- Reporting any safety or health hazards; and
- Correcting unsafe acts and conditions.

All employees 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. “Insert Company Name Here”, the Employee Safety Representative and Management will be contacted where doubt or uncertainty may exist with respect to appropriate actions to be taken.

1.3 Commitment Statement

By placing my signature below, I personally endorse this policy and expect that all employees have the same high level of commitment that I do to the health, safety and welfare of our employees, contractors, customers, visitors, clients and the general public at large.

Signature: _____

Date: _____



4.0 ACCIDENT – INCIDENT INVESTIGATIONS POLICY

4.1 Purpose

The purpose of this policy and investigating accidents and incidents is to prevent a recurrence of the hazardous condition causing the event and to comply with Safe Work Manitoba Occupational Health and Safety Regulations. This policy presents a practicable approach to investigating workplace accidents and incidents by emphasizing how to find the root cause(s), conduct an investigation, and make effective recommendations to prevent similar occurrences from ever happening again.

“Insert Company Name Here” will investigate serious accidents as well as any incidents that:

- a. Result in an injury or illness to a worker requiring medical treatment;
- b. Did not involve injury or illness to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury or illness to a worker;
- c. Occur resulting in loss or damage sustained to material, equipment or property.

Accident and Incidents in the workplace will be investigated for the following purposes:

- a. To fulfill legal requirements;
- b. Determine the cause of accidents and incidents;
- c. To ascertain compliance with applicable Safe Work Manitoba occupational health and safety regulations;
- d. To determine the cost of an accident, and
- e. To determine what happened and why, so the steps can be taken to prevent a recurrence.

4.2 Definitions

“Accident” means an unplanned event that interrupts the completion of an activity, and that may (or may not) include injury or property damage.

“Incident” means an unexpected event that did not cause injury or damage this time but had the potential. “Near miss” and “dangerous occurrence” are also terms for an event that could have caused harm but did not.

4.3 Policy

1. The Supervisor, employees and/or the Safety Representative with appropriate training in conducting accident investigations must complete an accident / incident investigation.



7.0 DRUG AND ALCOHOL USE POLICY

7.1 Purpose

“Insert Company Name Here” will ensure to help provide a safe and drug-free work environment for their employees.

7.2 Policy

1. It is the policy of “Insert Company Name Here” that employees do not consume illegal drugs or alcohol while on the company premises and before or during work hours where being under the influence of these substances could affect the safety of work being performed.
2. This policy also enforces and explains the circumstances of the consumption of drugs or alcohol may affect work performance and safety many hours after they were last consumed. This may mean that a worker may still be impaired in the morning following ingestion.
3. “Insert Company Name Here” explicitly prohibits:
 - a. The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on “Insert Company Name Here” premises.
 - b. Being impaired or under the influence of legal or illegal drugs or alcohol at work or away from “Insert Company Name Here” premises, if such impairment or influence adversely affects the employee's work performance or the safety of the employee or of others.
4. If there is a confirmation or a strong suspicion by a Supervisor that an employee is in violation of this policy - the employee will not be allowed to work and sent home **via a taxi service only and paid for by “Insert Company Name Here”**
5. Such an incident will be subjected to appropriate disciplinary action, up to and possibly including discharge from employment.
6. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final disciplinary or employment action becoming effective.

7.3 Medications

In the interest of health and safety, employees who require the use of a Medication that may result in their not being Fit for Duty shall:

- a. Investigate, where appropriate, (through their medical professional) whether the Medication can negatively impact their ability to safely and acceptably perform assigned duties.



8.7 Pictograms (2015)

In Manitoba, WHMIS was updated in 2015 to align with the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) developed by the United Nations. The updated classifications, labels, and safety data sheets improve communication, clarity, and worker safety. Although the system changed, the responsibilities of workers, employers, and suppliers did not.

Chemicals that fell under the 1988 WHMIS legislation were called “controlled products”. However, under the 2015 WHMIS legislation “controlled products” will now be called “**Hazardous Products**”. The 2015 hazard symbols are now called **PICTOGRAMS** and will be enclosed inside of a **RED** colored **DIAMOND** shape.

In 2015 three symbols have changed their representation/identity compared to the 1988 WHMIS legislation. These three symbols are “Exploding Bomb”, “Health Hazard” and “Exclamation Mark”. The “Biohazardous Infectious Materials” symbol will still remain the same and will still be enclosed inside of a **BLACK** colored **CIRCLE** shape.

The “Environment” symbol has been added to the 2015 WHMIS legislation which means the hazardous products may cause damage to the aquatic environment (i.e. spray painting, accidental spill, etc.)

	Exploding bomb (for explosion or reactivity hazards)		Flame (for fire hazards)		Flame over circle (for oxidizing hazards)
	Gas cylinder (for gases under pressure)		Corrosion (for corrosive damage to metals, as well as skin, eyes)		Skull and Crossbones (can cause death or toxicity with short exposure to small amounts)
	Health hazard (may cause or suspected of causing serious health effects)		Exclamation mark (may cause less serious health effects or damage the ozone layer*)		Environment* (may cause damage to the aquatic environment)
	Biohazardous Infectious Materials (for organisms or toxins that can cause diseases in people or animals)				

* The GHS system also defines an Environmental hazards group. This group (and its classes) was not adopted in WHMIS 2015. However, you may see the environmental classes listed on labels and Safety Data Sheets (SDSs). Including information about environmental hazards is allowed by WHMIS 2015.



8.9 Safety Data Sheets – SDS (2015)

Under the 2015 WHMIS legislation, Safety Data Sheets will **NOT** be required to be updated every 3 years. Instead, SDS's will be updated when significant new data become available.

In the 1988 WHMIS legislation, the minimum sections required in a Safety Data Sheet were 9 sections. In the 2015 WHMIS legislation, the minimum sections required in a Safety Data Sheet will be **16 sections**.

1. Identification (product and supplier)	9. Physical and chemical properties
2. Hazard identification	10. Stability and reactivity
3. Composition/information on ingredients	11. Toxicological information
4. First-aid measures	12. Ecological information*
5. Fire-fighting measures	13. Disposal considerations*
6. Accidental release measures	14. Transport information*
7. Handling and storage	15. Regulatory information*
8. Exposure controls/ personal protection	16. Other information

* Sections 12 to 15 require the headings to be present. The supplier has the option to not provide information in these sections.

The definition of each of the 16 sections are as follows:

1. *Identification*

Product identifier, recommended use and restrictions on use, supplier contact information, emergency phone number.

2. *Hazard Identification*

Classification (hazard class and category), label elements (including hazard pictogram, signal word, hazard statement and precautionary statements) and other hazards (e.g. thermal hazards).

3. *Composition/Information on Ingredients*

For a hazardous product that is a substance: the chemical name, synonyms, CAS No. and the chemical name of impurities, stabilizing solvents and stabilizing additives where classified and that contribute to the classification of the product. For a hazardous product that is a mixture: for ingredients that present a health hazard, the chemical name, synonyms, CAS No. and concentration. Note: Confidential Business Information Rules may apply.

4. *First-aid Measures*

First-aid measures by route of exposure as well as most important symptoms/effects.

5. *Fire-fighting Measures*

Suitable (and unsuitable) extinguishing media, specific hazards, special equipment and precautions for fire fighters.



6. *Accidental Release Measures*

Protective equipment, emergency procedures, methods and materials for containment and clean up.



13.0 WORKPLACE VIOLENCE POLICY

13.1 Purpose

The purpose of this policy is to communicate “Insert Company Name Here” approach to addressing workplace violence and to establish a “zero tolerance” policy for such behavior.

This policy requires that individuals on company premises or while representing “Insert Company Name Here” conduct themselves in a professional manner consistent with good business practices and in absolute conformity with non-violence principles and standards.

13.2 Definition

“Violence” means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior which gives a worker reasonable cause to believe that he or she is at risk of injury.

13.3 Policy

1. “Insert Company Name Here” will not tolerate any form of intimidation, threats and acts of violence at any time and will make every effort to prevent violence and threats of violence from occurring.
2. People who commit these acts outside the workplace but which impact the workplace are also violating this policy. The health, safety and wellbeing of our employees, is the company’s foremost concern.
3. Any persons who do not comply with this policy will be subjected to disciplinary action.
4. Any employee who has a reasonable cause to believe that he or she is at risk of injury from any form of intimidation, threat and/or act of violence will report to their supervisor immediately to resolve their concern.
5. Management/supervisors (at all levels) will, in strict confidentiality, take immediate and appropriate action of all reports of intimidation, threats, and/or acts of violence.

13.4 Purpose

1. “Insert Company Name Here” is aware that employees could be at risk from incidents in the workplace. This policy has been developed to warn employees on potential of violence and how to prevent and deal with incidents.
2. Some of these risks from incidents could be the following:



12.0 BULLYING AND HARASSMENT POLICY

12.1 Purpose

The purpose of this policy is to communicate “Insert Company Name Here” approach to addressing workplace bullying and harassment and to establish a “**zero tolerance**” policy for such behavior. All “Insert Company Name Here” employees will be treated in a fair and respectful manner. Bullying and harassment can include verbal aggression or yelling, humiliating initiation practices or hazing, spreading malicious rumours and/or calling someone derogatory names as per the Safe Work Manitoba Occupational Health and Safety Regulations.

12.2 Definition

1. “**Bullying and Harassment**” behaviour **includes** any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.
2. “**Bullying and Harassment**” behavior **does not include**:
 - a. Expressing differences in opinion.
 - b. Offering constructive feedback, guidance or advice about work-related behavior.
 - c. Reasonable action taken by the Employer or Supervisor relating to the management and direction of workers or the place of employment (e.g. Managing a worker’s performance, taking reasonable disciplinary actions, assigning work).

12.3 Responsibilities

1. “*Insert Company Name Here*” has a duty to ensure the health and safety of its workers, and as a result, “*Insert Company Name Here*” will take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment.
2. “*Insert Company Name Here*” *Employees* have the duty to take reasonable care to protect the health and safety of themselves and other persons, and as a result, all “*Insert Company Name Here*” employees will take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment.
3. “*Insert Company Name Here*” *Supervisors* have the duty to take all reasonable steps to ensure the health and safety of “*Insert Company Name Here*” employees under their supervision, and as a result, all supervisors will take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment.



18.0 NEW AND YOUNG EMPLOYEE ORIENTATIONS POLICY

18.1 Instruction and Supervision: Purpose

1. Young and new workers need special attention because they are at more risk of injury than their older or more experienced counterparts.
2. It is “Insert Company Name Here” responsibility to ensure that every worker receives adequate education and training (instruction) to do their work safely.
3. All employees must strictly adhere to the contents and provisions of “Insert Company Name Here” Occupational Health & Safety Program, Safe Work Manitoba Occupational Health and Safety Regulations and the Manitoba Workers Compensation Act and all other applicable regulations.

18.2 Policy

1. “Insert Company Name Here” shall provide training and orientation to all new and young workers (in Manitoba a worker 25 years old, or younger is considered a young worker):
 - a. Before they start work; or
 - b. When they come from another work location; or
 - c. When there’s been a change in the workplace that could affect their wellbeing.
2. All “Insert Company Name Here” employees, including new and young employees, will be given a safety orientation by their Supervisor immediately upon hiring.
3. “Insert Company Name Here” will make sure the new or young worker understands the training by asking questions about specific procedures or general requirements and by constant observation.
4. All new and young worker education, training and orientations must be recorded on the **“Insert Company Name Here” Training Record Form and the New & Young Worker Orientation Form.**
5. All education, training and orientation records shall be maintained for each worker, listing topics covered and date of education or training

18.3 Purpose

The purpose of this policy is to ensure that “Insert Company Name Here” has established procedures for reporting potential or actual hazards and/or unsafe conditions and behaviors throughout the work site.

18.5 Definitions

“Hazard” A thing or condition that may expose a person to a risk of injury or occupational disease.

“IDLH” Immediately Dangerous to Life or Health.



18.4 Policy

1. If safe to do so rectify or remove any hazard(s) or unsafe condition(s) immediately. Examples of these hazards can be from tripping, slipping, and/or blocked access or egress. Ensure the hazard being rectified can be done so in a safe manner, where the health and safety of an employee(s) is not at risk.
2. If the hazard, unsafe condition and/or unsafe behavior is not rectifiable in a safe manner, the hazard should be reported to their Supervisor immediately and/or the store Safety Representative.
3. If a hazard is IDLH (immediately dangerous to life or health) ensure your own safety and secure the area until the Supervisor has been contacted and measures have been taken to rectify the hazard.
4. Hazards, unsafe conditions and/or unsafe behaviors can be reported to their Supervisor verbally or by filling out the **“Insert Company Name Here” Incident Investigation Report** form and forwarding to their Supervisor.
5. This policy does not preclude employees from exercising their right to refuse unsafe work as mentioned in ‘right to refuse unsafe work’ **“Insert Company Name Here”** policy and the Safe Work Manitoba Occupational Health and Safety Regulations and Manitoba Workers Compensation Act.

18.5 Supervisor Responsibility

1. The Supervisor must ensure that all hazard reports are responded to and investigated immediately.
2. Ensure work does not resume until the hazard is controlled and rectified and no longer presents an unacceptable risk to the health and safety of employees.
3. Ensure all applicable sections of the **“Insert Company Name Here” Incident Investigation Form** are filled out.
4. All hazard reports and incident investigation reports will be reviewed and discussed on a monthly basis by the Supervisor and the Safety Representative.

18.6 Instruction and Supervision: Right to Refuse Unsafe Work

1. The purpose of this policy is to ensure that every **“Insert Company Name Here”** employee has the right to refuse work if he or she feels it is unsafe.
2. **“Insert Company Name Here”** will continue to maintain a safe work environment for its employees in order to prevent occupational injuries and illnesses.



19.0 SUB-CONTRACTOR HIRING POLICY

19.1 Purpose

It is the contractor's responsibility to ensure that project work is performed in a safe manner, and that it is in compliance with Provincial Occupational Health and Safety Regulations, any other applicable provincial and/or federal laws and/or regulations, and any "Insert Company Name Here" policies, procedures and other requirements that may apply.

"Insert Company Name Here" expectations are that contractors will train, supervise, and direct their contractors to be mindful of the safety of "Insert Company Name Here" contractors and visitors when performing work on "Insert Company Name Here" premises.

19.2 Contractor Safety Programs

1. The Prime Contractor shall have in place a safety program acceptable to Safe Work Manitoba.
2. The implementation of the safety program shall be monitored through monthly safety meetings with the Prime Contractor, contractors and subcontractors.
3. Minutes of these meetings shall be forwarded to "Insert Company Name Here" and posted at the site office for view by the public.
4. The Prime Contractor shall report the following to the "Insert Company Name Here" Project Manager:
 - a. Immediate notification of incidents or near misses that resulted or could have resulted in injuries requiring medical care.
 - b. Results of any accident investigations.
 - c. Safety committee meetings held.
 - d. Inspections performed.

19.3 Contractor Site Safety Plan

1. The responsibility for safety shall rest with the Prime Contractor.



2. The requirements of the Safe Work Manitoba Occupational Health and Safety regulations, the Manitoba Provincial Traffic Control Manual, the Manitoba Provincial Building Code and the Manitoba Provincial Fire Code apply as a minimum.
3. All contractors and sub-contractors must be registered employers with Safe Work Manitoba and have Safe Work Manitoba Insurance for all their workers.
4. The owner will provide the Prime Contractor with any information known to the owner that is necessary to identify and eliminate or control hazards to the health or safety of persons at the workplace.
5. The Owner Representative will deal with issues of non-compliance and apply any consequences directly to the contractor or prime contractor.
6. As a minimum, contractors must:
 - a. Provide any safety documentation necessary to meet “Insert Company Name Here” requirements.
 - b. Be experienced in all phases of the work to be done.
 - c. Ensure their workers on the project are adequately trained in the work procedures to be used.
 - d. Exercise good site safety management

19.4 “Insert Company Name Here” Responsibilities

Our responsibility is to help contractors coordinate health and safety activities by:

- a. Providing contractors with information on all workplace hazards in your work areas;
- b. Ensuring the requirements of the Manitoba Workers Compensation Act and Safe Work Manitoba Occupational Health and Safety Regulation are met; and
- c. Ensuring a system is in place to evaluate a contractor’s safety program and safe work procedures, before commencing onsite work (if required).



22.0 JOINT HEALTH AND SAFETY COMMITTEE POLICY

22.3 Selecting Members

1. Trade union workplaces - OHC members must be appointed as required by the trade union's constitution and its bylaws. If several unions are present, they must work out an agreement about how their committee members are chosen.
2. Non-union workplaces – workers must elect their committee members.

22.4 Duties

The Joint Health & Safety Committee shall operate in an atmosphere of cooperation and commitment. The following outline sets out the duties and functions of the “Insert Company Name Here” Joint Occupational Health and Safety:

1. To identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations.
2. To consider and expeditiously deal with complaints relating to the health and safety of workers.
3. To consult with workers and “Insert Company Name Here” on issues related to occupational health, safety and environment.
4. To make recommendations to “Insert Company Name Here” and the workers for the improvement of the occupational health and safety program.
5. To make recommendations to “Insert Company Name Here” on educational and training programs promoting the health and safety of workers.
6. To ensure compliance with the SafeWork Manitoba OHSR & Workers Compensation and the “Insert Company Name Here” Occupational Health and Safety Program and to monitor its effectiveness.
7. To advise “Insert Company Name Here” on programs, safe work procedures and policies required.
8. To advise “Insert Company Name Here” on proposed changes to the workplace or the work processes that may affect the health or safety of workers.
9. To ensure that incident investigations and regular safety inspections are carried out as required.
10. To participate in safety inspections, incident investigations, and inquiries.



22.5 Policy

1. The "Insert Company Name Here" Joint Occupational Health and Safety Committee shall meet once a month, at a centralized location, to make recommendations on health and safety matters to "Insert Company Name Here"
2. The names of all committee members and their work locations must be outlined and posted throughout all "Insert Company Name Here" worksite locations and be readily accessible for all employees.
3. The Joint Occupational Health & Safety Committee must keep accurate and clear minutes of each meeting as this will provide a permanent record of the meeting and indicate what was discussed during the meeting, what action will be taken and by whom.



BULLYING AND HARASSMENT COMPLAINT FORM

Name of person making the complaint:		Company:
Name of person complaint is against:		Company:
Date of complaint:	Location:	
Date of investigation:	Person(s) investigating:	

Person interviewed	Other people involved (e.g., alleged bully, witnesses)	Description of the situation (dates, words, actions, etc.) and impact (e.g., humiliated, intimidated)
Based on the investigation, did workplace bullying and harassment occur? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason(s) for this conclusion		
Supervisor/Manager Signature:		Date:
Copies: person making complaint, manager,		



EMERGENCY EVACUATION DRILL FORM

Year	Month	Day		Sector	Scenario	Involves*
			Scenario description: <i>*Involves – Fire Drill Evacuation; Actual Fire; “Supervisor” had a heart attack; “Worker” had heat exhaustion.</i>			
			Debrief – what worked well:			
			Debrief – what needs improvement:			

Corrective Action Log

#		Problem	Required Action	Who	By When	Done

Reviewed By (name/position)

Date



WORKING ALONE FORM

Definition

Alone

Working by yourself with no other people in the vicinity.

Isolation

Working in the same general area with a partner or another crew, but will not be in contact with the other person or crew for an extended amount of time.

Person Working Alone

- The person who will be working alone (the lone worker) must designate a contact person to check in with on a pre-planned schedule. The check in will be every _____ hours plus at end-of-shift.
- The lone worker must carry a functioning communication device, such as a satellite transceiver, two-way radio, satellite phone, cell phone or combination thereof plus the contact information for the contact person.
- The designated contact person must have a copy of this working alone procedure and any applicable ERP, contact information, locations and/or maps necessary for rescue of the lone worker.
- The designated contact person must record the time of each contact with the lone worker.
- If the lone worker fails to check in, then the contact person must initiate search procedures after _____ hours. See Missing Worker section of company Emergency Response Plan.

Person Working in Isolation

If two people are working on the same opening, or in the same immediate area, both should carry a functioning communication device and check in with each other on a predetermined schedule:

If neither person has a functioning communication device then visual contact must be made on a predetermined schedule at the predetermined location:

Supervisor Responsibilities

The supervisor has:

1. Identified hazards to the worker
2. Managed the identified risks from hazards
3. Trained the contact person in responsibilities including emergency response.



Working Alone or In Isolation Checklist

Date(s): _____

Worker Name: _____

Working Location: _____

Contact Person Name: _____

Radio Frequency 1 _____

Radio Frequency 2 _____

Emergency Contact

Type: _____
(family, supervisor, etc.)

Emergency Contact Phone: _____

Frequency of Contacts: _____

Monday		Tuesday		Wednesday		Thursday		Friday	
Time	Check	Time	Check	Time	Check	Time	Check	Time	Check
8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>
10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>
12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>
2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>
4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>
End of shift		End of shift		End of shift		End of shift		End of shift	

Name of Person Conducting Checks: _____

Signature of Person Conducting Checks: _____



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 Workers Supervisor Informed

Provided Worker Handout: Yes No If yes, which form: _____

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



NEW AND YOUNG EMPLOYEE SAFETY ORIENTATION FORM

Name: _____ Age: _____ Date: _____

Position as hired: _____

Do you have First Aid Certification? Yes No If **yes**, what level: _____

Do you or are you required to wear Prescription Glasses or Contact Lenses?
Yes No If **yes**, what kind: _____

Do you have any Allergies? Yes No If **yes**, what: _____
(Please include any special medication you must take for your allergies)

Do you take any Special Medications? Yes No If **yes**, what: _____
(Health condition, where medication is prescribed by your doctor i.e. heart condition) – the answer to this question is 'optional'

Do you have any physical/health related disablement(s) that may be aggravated, and/or that may prevent you from performing certain job tasks or duties while employed with "Insert Company Name Here"?
Yes No If **yes**, what: _____

Please **initial inside each check box** for each applicable safety policy/procedure discussed during the safety orientation. By initialing each box, you verify that you understand and comprehend "Insert Company Name Here"'s Occupational Health and Safety policies and safe work procedures.

1. Health & Safety Policy	2. Housekeeping
3. Safety Representative	4. Tools Machinery & Equipment
5. Supervisor Contact Information	6. Right to Refuse Unsafe Work
7. Emergency Contact Information	8. Right to Participate
9. WHMIS	10. Right to Know
11. Safety Data Sheets	12. Safe Sharps Disposal
13. First Aid Procedures	14. No Smoking
15. Eye Wash Stations	16. Drug & Alcohol Use
17. Emergency Evacuation Procedures	18. Workplace Violence
19. Personal Protective Equipment (PPE)	20. Working Alone
21. Respiratory Protection	22. Horseplay
23. Hearing Protection	24. MSI's
25. Hazard Reporting	26. Back Safety
27. Harassment and Bullying	28. Yellow & Red Caution Tape
29. Warning Signs	30. Ladder Safety

I, _____, understand and will adhere to all applicable "Insert Company Name Here" safety policies and safe work procedures as outlined and discussed in this new and young employee safety orientation session.

Employee Signature: _____ Date: _____

Manager and/or Supervisor (please print name and sign): _____