## APPENDIX ‘A’

### CONFINED SPACE ENTRY – SUMMARY CHART

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TEST</th>
<th>RECORD</th>
<th>EVALUATE</th>
<th>VENTILATE</th>
<th>ENTER</th>
<th>RESCUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>- sufficient test for combustibles, oxygen deficiency, carbon monoxide, hydrogen sulphide</td>
<td>- record test results and fill out permit</td>
<td>- no hazard present or unlikely to occur considering nature and duration of the work</td>
<td>- not required but recommended</td>
<td>- continual monitor or competent person outside</td>
<td>- 911 emergency call or do not enter confined space until help arrives or supply air to entrant if required or remove entry worker as much as possible</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>- sufficient test for combustibles, oxygen deficiency, carbon monoxide, hydrogen sulphide</td>
<td>- record test results and fill out permit</td>
<td>- hazard is present or is likely to be present considering the nature and duration of the work</td>
<td>- ventilate until hazard is purged</td>
<td>- continual monitor or competent person outside</td>
<td>- 911 emergency call or remove entry worker or supply air to entrant if required or do not enter confined space until help arrives</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>- sufficient test for combustibles, oxygen deficiency, carbon monoxide, hydrogen sulphide</td>
<td>- record test results and fill out permit</td>
<td>- hazard is present or is likely to be present considering the nature and duration of the work</td>
<td>- non available or inadequate</td>
<td>- continual monitor or competent person outside</td>
<td>- 911 emergency call or remove entry worker or supply air to entrant if required or do not enter confined space until help arrives</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>- sufficient test for combustibles, oxygen deficiency, carbon monoxide, hydrogen sulphide</td>
<td>- record test results and fill out permit</td>
<td>- flammable or explosive hazard is present or likely to be present</td>
<td>DO NOT ENTER</td>
<td>DO NOT ENTER</td>
<td>DO NOT ENTER</td>
</tr>
</tbody>
</table>

- Do not enter unless accompanied by a trained supervisor and have specific training.
- Do not enter if not wearing approved safety equipment.
- Do not enter if there is a danger of a toxic atmosphere.
- Do not enter if there is a danger of a fire or explosion.

**Municipality of Morris-Turnberry**  
*Occupational Health & Safety Manual*  
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APPENDIX B – CONFINED SPACE EVALUATION CHART

CONFINED SPACE ENTRY TO BE UNDERTAKEN

- TEST THE ATMOSPHERE
- RECORD THE RESULTS

EVALUATE
- Availability of rescue personnel
- Results of tests
- Nature and duration of work
- Ventilation
- Access and egress
- Sludge, other deposits
- Location – i.e. industrial
- Flow
- Isolation of energy and control of materials movement

SAFE
- No hazard present
  - Unlikely to develop considering nature and duration of the work
- Continual monitor
  - Competent person outside
  - Safety harness

POTENTIAL HAZARD
- Hazard is present or is likely to be present
  - Ventilation adequate to purge
  - Minimum 20 air changes per hour
- Ventilate
  - Continual monitor
  - Competent person outside
  - Rescue system
  - Use of S.C.B.A. recommended

HAZARD
- Hazard is present or is likely to be present
  - Ventilation not adequate
- Continual monitor
  - Rescue system
  - Competent person outside
  - Use of S.C.B.A. required

DO
NOT
ENTER
### APPENDIX 1

#### WSIB FORM 7

**Employer’s Report of Injury/Disease (Form 7)**

<table>
<thead>
<tr>
<th>Claim Number</th>
</tr>
</thead>
</table>

#### A. Worker Information

- **Job Title/Occupation**: (at the time of accident/illness - do not use abbreviations)
- **Length of time in this position while working for you**
- **Social Insurance Number**

Please check if this worker is:
- [ ] executive
- [ ] elected official
- [x] owner
- [ ] spouse or relative of the employer

- **Last Name**
- **First Name**
- **Address (number, street, apt., suite, unit)**
- **City/Town**
- **Province**
- **Postal Code**

- **Is the worker covered by a Union/Collective Agreement?**
  - [ ] yes
  - [x] no

- **Worker’s preferred language**
  - [ ] English
  - [ ] French
  - [ ] Other

- **Date of Birth**
- **Date of Hire**
- **Sex**
  - [ ] M
  - [x] F
- **Telephone**
- **Worker Reference Number**

#### B. Employer Information

- **Trade and Legal Name (If different provide both)**
- **Rate Group Number**
- **Classification Unit Code**
- **Mailing Address**
- **Postal Code**
- **Telephone ( )**

- **City/Town**
- **Province**
- **Fax Number ( )**

- **Description of Business Activity**
- **Does your firm have 20 or more workers?**
  - [ ] yes
  - [ ] no

- **Branch Address where worker is based (if different from mailing address - no abbreviations)**
- **Alternate Telephone ( )**

#### C. Accident/Illness Dates and Details

1. **Date and hour of accident/illness**
   - **dd mm yy**
   - **AM**
   - **PM**

2. **Telephone**
   - **Ext.**

3. **Was the accident/illness:**
   - [ ] Sudden Specific Event/Occurrence
   - [ ] Gradually Occurring Over Time
   - [ ] Overexertion
   - [ ] Repetition
   - [ ] Fire/Explosion

4. **Type of accident/illness:**
   - **(Please check all that apply)**
   - [ ] Fall
   - [ ] Harmful Substances/Environmental
   - [ ] Slip/Trip
   - [ ] Motor Vehicle Incident
   - [ ] Other

5. **Area of injury (Body Part):**
   - **(Please check all that apply)**
   - Head
   - Face
   - Neck
   - Shoulder
   - Upper back
   - Lower back
   - Abdomen
   - Pelvis
   - Left
   - Right
   - Wrist
   - Hand
   - Finger(s)
   - Thigh
   - Knee
   - Lower Leg

6. **Describe what happened to cause the accident/illness and what the worker was doing at the time:**
   - Include what the injury is and any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have contributed. For a condition that occurred gradually over time, please attach a description of the physical activity required to do the work.

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MTHS 019

0007A(11/05) **A guide to complete this form is available at** www.wsib.on.ca **Page 1 of 4**
C. Accident/Illness Dates and Details (Continued)

7. Did the accident/illness happen on the employer's premises (owned, leased or maintained)?
   - Yes [ ]
   - No [ ]
   Specify where (shop floor, warehouse, client/customer site, parking lot, etc.).

8. Did the accident/illness happen outside the Province of Ontario?
   - Yes [ ]
   - No [ ]
   If yes, where (city, province/state, country).

9. Are you aware of any witnesses or other employees involved in this accident/illness?
   - Yes [ ]
   - No [ ]
   If yes, provide name(s), position(s), and work phone number(s).
   1. 
   2. 

10. Was any individual, who does not work for your firm, partially or totally responsible for this accident/illness?
    - Yes [ ]
    - No [ ]
    If yes, please provide name and work phone number.

11. Are you aware of any prior similar or related problem, injury or condition?
    - Yes [ ]
    - No [ ]
    If yes, please explain.

12. If you have concerns about this claim, attach a written submission to this form.
    Submission attached [ ]

D. Health Care

1. Did the worker receive health care for this injury? If yes, when:
   - Yes [ ]
   - No [ ]
   dd mm yy

2. When did the employer learn that the worker received health care?
   dd mm yy

3. Where was the worker treated for this injury? (Please check all that apply)
   - On-site health care [ ]
   - Ambulance [ ]
   - Emergency department [ ]
   - Admitted to hospital [ ]
   - Health professional office [ ]
   - Clinic [ ]
   - Other: _____________________________
   Name, address and phone number of health professional or facility who treated this worker (if known)

E. Lost Time - No Lost Time

1. Please choose one of the following indicators. After the day of accident/awareness of illness, this worker:
   - Returned to his/her regular job and has not lost any time and/or earnings. (Complete sections G and J).
   - Returned to modified work and has not lost any time and/or earnings. (Complete sections F, G, and J).
   - Has lost time and/or earnings. (Complete ALL remaining sections).

   Provide date worker first lost time
   dd mm yy

   Date worker returned to work (if known)
   dd mm yy

   Regular work modified work

2. This Lost Time - No Lost Time - Modified Work information was confirmed by:
   - Myself [ ]
   - Other [ ]
   Name ____________________________
   Telephone ________________________
   Ext. ____________________________

F. Return to Work

1. Have you been provided with work limitations for this worker's injury?
   - Yes [ ]
   - No [ ]

2. Has modified work been discussed with this worker?
   - Yes [ ]
   - No [ ]

3. Has modified work been offered to this worker?
   - Yes [ ]
   - No [ ]

   If yes, was it accepted [ ]
   Declined [ ]
   If Declined please attach a copy of the written offer given to the worker.

4. Who is responsible for arranging worker's return to work
   - Myself [ ]
   - Other [ ]
   Name ____________________________
   Telephone ________________________
   Ext. ____________________________
APPENDIX 1

Employer's Report of Injury/Disease (Form 7)

Please PRINT in black ink

Worker Name

Social Insurance Number

G. Base Wage/Employment Information - (Do not include overtime here)

1. Is this worker (Please check all that apply)
   - Permanent Full Time
   - Permanent Part Time
   - Temporary Full Time
   - Temporary Part Time
   - Casual/Irregular
   - Seasonal
   - Contract
   - Student
   - Unpaid/Trainee
   - Registered Apprentice
   - Optional Insurance
   - Owner Operator or (Sub) Contractor

2. Regular rate of pay
   $ ____________________________ per hour/day/week/other

H. Additional Wage Information

1. Net Claim Code or Amount
   Federal
   Provincial

2. Vacation pay
   - on each cheque: yes no
   Provide percentage: %

3. Date and hour last worked
   dd mm yy
   AM PM

4. Normal working hours on last day worked
   From AM PM
   To AM PM

5. Actual earnings for last day worked
   $ ____________________________

6. Normal earnings for last day worked
   $ ____________________________

7. Advances on wages:
   Is the worker being paid while he/she recovers?
   - yes no
   If yes, indicate: Full/Regular Other

8. Other Earnings (Not Regular Wages): Provide the total of additional earnings for each week for the 4 weeks before the accident/illness.
   - For Rotational Shift workers: If the shift cycle exceeds 4 weeks, please attach the earnings information for the last complete shift cycle prior to the date of accident/illness.
   - Use these spaces for any other earnings (indicate Commission, Differentials, Premiums, Bonus, Tips, in Lieu %, etc.).

<table>
<thead>
<tr>
<th>Period</th>
<th>From Date (dd/mm/yy)</th>
<th>To Date (dd/mm/yy)</th>
<th>Mandatory Overtime Pay</th>
<th>Voluntary Overtime Pay</th>
<th>Commission</th>
<th>Commission</th>
<th>Commission</th>
<th>Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I. Work Schedule (Complete either A, B or C. Do not include overtime shifts)

(A.) Regular Schedule - Indicate normal work days and hours.

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>S M T W T F S</td>
<td>8 8 8 8 8 8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

or,

(B.) Repeating Rotational Shift Worker - Provide

<table>
<thead>
<tr>
<th>NUMBER OF DAYS ON</th>
<th>NUMBER OF DAYS OFF</th>
<th>HOURS PER SHIFT(s)</th>
<th>NUMBER OF WEEKS IN CYCLE</th>
</tr>
</thead>
</table>

   | Example: 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle. |

or,

(C.) Varied or Irregular Work Schedule - Provide the total number of regular hours and shifts for each week for the 4 weeks prior to the accident/illness. (Do not include overtime hours or shifts here).

<table>
<thead>
<tr>
<th>From/To Dates (dd/mm/yy)</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
</table>

   | Total Hours Worked | Total Shifts Worked |

   | Example: 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle. |

J. It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.
   I declare that all of the information provided on pages 1, 2, and 3 is true.

Name of person completing this report (please print)

Signature

The Workplace Safety and Insurance Act Requires You Give a Copy of This Form to Your Worker

0007A (11/05)
### K. Additional Information

|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
# APPENDIX 2

**WSIB FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK**

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**Functional Abilities Form for Timely Return to Work**

The following information should be completed by the employer or the injured worker. Please read the information on the reverse.

<table>
<thead>
<tr>
<th>Health No.</th>
<th>Claim No.</th>
<th>Initial form</th>
<th>Follow-up form</th>
</tr>
</thead>
</table>

**Date of Accident**
- Day
- Month
- Year

**Employer's Name**

**Full Address (No., Street, Apt.)**

**City/Town**

**Province**

**Postal Code**

**Social Insurance No.**

**Date of Birth**
- Day
- Month
- Year

---

**Accident Information** (This information should be completed by the employer or the injured worker.)

**Type of Job at Time of Injury (Where available, attach description of job activities)**

**Area of Injury**

---

The following information should be completed by the Health Professional:

<table>
<thead>
<tr>
<th>Date of examination on which the report is based</th>
<th>Area of Injury</th>
</tr>
</thead>
</table>

**Rehabilitation/Treatment Required?**
- Yes
- No

**Is the worker capable of returning to work immediately without restrictions?**
- Yes
- No

---

**General Comments/Specific Limitations**

---

**Limitation on Use of Hands**
- Hold objects
- Grip
- Type
- Write

---

**Recommendation for Work Hours**
- Full-time hours
- Modified hours
- Graduated hours

---

**Estimated Duration of Limitations**

---

**Health Professional's Name** (Please print)

**Date of Next Appointment for Review of Capabilities**
- Day
- Month
- Year

**Full Address**

**City/Town**

**Province**

**Postal Code**

---

**WSIB Agency Billing No.**

**Your own invoice No.**

**Service date**
- Day
- Month
- Year

**Fee code**

---

White - WSIB  Canary - Employer  Pink - Worker  Goldenrod - Health Professional
APPENDIX 3

HEALTH AND SAFETY COMMITTEE MEMBERS:

Administrator Clerk-Treasurer – Nancy Michie
Director of Public Works – Gary Pipe
Office – Kim Johnston
Roads Department – Barry Shaw
Landfill – Ross Goll

WORKPLACE INSPECTION LOCATIONS:

Municipal Office
Municipal Landfill
Morris Works Garage
Turnberry Works Garage
Bluevale Community Hall
## APPENDIX 4

**Municipality of Morris-Turnberry**  
**Hazard Identification & Risk Assessment Form – Municipal Office**

<table>
<thead>
<tr>
<th>Identified Hazard or Unsafe Work Activity</th>
<th>Potential Risk Assessment</th>
<th>Controls Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
</tr>
<tr>
<td>Paper Cut</td>
<td>F3</td>
<td>F3</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Stairs, While Carrying Objects</td>
<td>F3</td>
<td>F3</td>
</tr>
<tr>
<td></td>
<td>S2</td>
<td>S2</td>
</tr>
<tr>
<td>Lifting and Carrying Boxes</td>
<td>F3</td>
<td>F3</td>
</tr>
<tr>
<td>Moving Heavy Objects</td>
<td>S1</td>
<td>S2</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S2</td>
</tr>
<tr>
<td>Changing Toner/Print Cartridges</td>
<td>F3</td>
<td>F3</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Slips, Trips and Falls</td>
<td>F3</td>
<td>F3</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S2</td>
</tr>
<tr>
<td>Identified Hazard or Unsafe Work Activity</td>
<td>Potential Risk Assessment</td>
<td>Controls Required</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
</tr>
<tr>
<td>Working in the Basement</td>
<td>F2</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Trips on Cords</td>
<td>F2</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Changing Light Bulbs</td>
<td>F2</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>F2</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Dealing with the Public</td>
<td>F1</td>
<td>F1</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Stressful Situations</td>
<td>F1</td>
<td>F1</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
</tbody>
</table>

Completed by Nancy Michie, Steve Fortier, and Kim Johnston
May 13, 2010
<table>
<thead>
<tr>
<th>Identified Hazard or Unsafe Work Activity</th>
<th>Potential Risk Assessment</th>
<th>Controls Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
</tr>
<tr>
<td>Slipping on Ice</td>
<td>F2</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S3</td>
<td>S2</td>
</tr>
<tr>
<td>Dealing with the Public</td>
<td>F1</td>
<td>F1</td>
</tr>
<tr>
<td></td>
<td>S1</td>
<td>S1</td>
</tr>
<tr>
<td>Traffic in the Winter</td>
<td>F2</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S3</td>
<td>S3</td>
</tr>
<tr>
<td>Fueling Equipment</td>
<td>F1</td>
<td>F2</td>
</tr>
<tr>
<td></td>
<td>S2</td>
<td>S2</td>
</tr>
<tr>
<td>Biological Hazards</td>
<td>F1</td>
<td>F1</td>
</tr>
<tr>
<td></td>
<td>S3</td>
<td>S2</td>
</tr>
</tbody>
</table>

Completed by: Ross Goll, Bonnie Querengesser, Kim Johnston
November 3, 2010
<table>
<thead>
<tr>
<th>Identified Hazard or Unsafe Work Activity</th>
<th>Potential Risk Assessment</th>
<th>Controls Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
</tr>
<tr>
<td>Traffic - Possibility of being run into</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Falling Objects</td>
<td>2</td>
<td>2</td>
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<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Tripping on Objects</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Repairing Equipment</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
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<tr>
<td>Fueling Equipment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Slipping on Floor or Ice</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Pressure from Air or Oil</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Moving Shafts, belts, pulleys, blades, chainsaws, conveyor chains, wood chipper</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Identified Hazard or Unsafe Work Activity</td>
<td>Potential Risk Assessment</td>
<td>Controls Required</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
</tr>
<tr>
<td>Manual Lifting</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Lifting with Equipment</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Biological Hazards</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Workplace Stress</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cave – in while Trenching</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Completed by: Barry Shaw, Bill Kieffer, and Josh Machan
April 9, 2010
APPENDIX 5

First Aid Kit Inspection Schedule

Kim Johnston will inspect ALL First Aid Kits belonging to the Municipality of Morris-Turnberry during the following months:

- April, July, October and December
APPENDIX 6

First Aid Certificates for the Municipality of Morris-Turnberry

First Aid must be recertified every THREE (3) years.
CPR must be recertified ANNUALLY

Certified Office Staff:
Nancy Michie – 2009
Sean Brophy - 2009
Kim Johnston – 2010
Heidi McClure – 2008
Kelly Tiffin – 2008
Linda Walker – 2009

Certified Landfill Staff:
Ross Goll – 2008
Donna Haugh – 2010
Bonnie Querengesser – 2010

Certified Building Staff:
Steve Fortier – 2009

Certified Roads Department Staff:
Bob Dickert – 2008
Gord Haggitt – 2010
Wm. Kieffer – 2010
Josh Machan – 2010
Rick McDonald – 2008
Gary Pipe – 2010
Stu Moffat - 2010
Barry Shaw – 2010
Keith Querengesser - 2010

Certified Fire Safety Coordinator:
Jared Cayley – 2010 (Recertifies his CPR/First Aid Annually with Fire Department)
APPENDIX 7

Violence and Harassment Program

Dated November 2, 2010

The Council of the Municipality of Morris-Turnberry has passed the following By-laws:
1. By-law No. 56-2010 Harassment/Discrimination Prevention Policy
2. By-law No. 57-2010 Workplace Violence Prevention Policy

A Risk Assessment Questionnaire has been circulated to the Employees and Council Members to identify Risks. The following are the recommendations to address identified risks.

A) Office:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working alone in the office</td>
<td>Have at least two 2 people in the office at all times. Ensure proper lighting in the building. Lock doors if after work hours. Training of the Harassment and Violence Policies are mandatory. Have telephones in the office programmed with the 911 number.</td>
</tr>
<tr>
<td>2. Making Bank Deposits</td>
<td>Can have two (2) people make deposits. If one person, the person taking the deposit to the bank, should carry a cell telephone with 911 programmed into the telephone.</td>
</tr>
<tr>
<td>3. Leaving the office alone after a night meeting</td>
<td>The employee should park close to the building and if possible, someone else should wait on site, so that the employee is not alone.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Verbal Abuse and Acts of Proposed Violence</td>
<td>Have at least two 2 people in the office at all times. Ensure proper lighting in the building. Lock doors if after work hours. Training of the Harassment and Violence Policies are mandatory. Have telephones in the office programmed with the 911 number.</td>
</tr>
</tbody>
</table>
### B) Public Works Department:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two 2 people in the building at all times. Ensure proper lighting in the building.</td>
</tr>
<tr>
<td></td>
<td>Lock doors if after work hours. Training of the Harassment and Violence Policies are mandatory.</td>
</tr>
<tr>
<td></td>
<td>Have telephones in the office programmed with the 911 number.</td>
</tr>
<tr>
<td></td>
<td>Have a list of contact numbers – department head, supervisor easily assessable.</td>
</tr>
</tbody>
</table>

### C) Fire Personnel:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two 2 people in the building at all times. Ensure proper lighting in the building.</td>
</tr>
<tr>
<td></td>
<td>Lock doors if after work hours. Training of the Harassment and Violence Policies are mandatory.</td>
</tr>
<tr>
<td></td>
<td>Have telephones in the office programmed with the 911 number.</td>
</tr>
<tr>
<td></td>
<td>Have a list of contact numbers – department head, supervisor easily assessable.</td>
</tr>
</tbody>
</table>

### D) Landfill:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two 2 people on the site, at all times. Ensure proper lighting in the building.</td>
</tr>
<tr>
<td></td>
<td>Lock doors if after work hours. Training of the Harassment and Violence Policies are mandatory.</td>
</tr>
<tr>
<td></td>
<td>Have telephones in the office programmed with the 911 number.</td>
</tr>
<tr>
<td></td>
<td>Have a list of contact numbers – department head, supervisor easily assessable.</td>
</tr>
</tbody>
</table>
E) Building and Animal Control – On site:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two people at the sites, at all times. Never go to a site unless some other person is available or knows that you are going. Training of the Harassment and Violence Policies are mandatory. Have telephones in the office programmed with the 911 number. Have a list of contact numbers – department head, supervisor easily assessable.</td>
</tr>
</tbody>
</table>

F) Councillor:

1. Verbal Abuse at social functions: Have telephone available programmed with the 911 number.
APPENDIX 8

WORKPLACE INSPECTION REPORT – Hazards Found
MONTHLY REPORT

Location: __________________________________________
Department of Areas Covered: ________________________________
Date of Inspection: __________ Time of Inspection: __________
Copies to: Health & Safety Committee Inspected by: __________________________

<table>
<thead>
<tr>
<th>Item (Location)</th>
<th>Hazards Observed</th>
<th>Repeat Item (Yes or No)</th>
<th>Priority (A, B, C, D)</th>
<th>Cause: People Equipment Material Process Environment</th>
<th>Recommended Action</th>
<th>Person Responsible for Remedial Action</th>
<th>Action Taken</th>
<th>Date</th>
</tr>
</thead>
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</table>

Signature

APPENDIX 9

MUNICIPAL HEALTH AND SAFETY POLICY
POSTING LOCATIONS AND DATES

Policy Posted at the following locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date Posted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Office</td>
<td></td>
</tr>
<tr>
<td>Municipal Landfill</td>
<td></td>
</tr>
<tr>
<td>Works Garage – Morris</td>
<td></td>
</tr>
<tr>
<td>Works Garage – Turnberry</td>
<td></td>
</tr>
<tr>
<td>Bluevale Community Hall</td>
<td></td>
</tr>
</tbody>
</table>
Program and Awareness:

Every employee will receive a copy of the Workplace Health & Safety Policy and Program, and shall acknowledge by signing a confirmation from that he/she has received, read and understands the policies and the requirements thereof. Copies of the Policy will be placed in each workplace for easy reference.

The Health and Safety Committee will ensure that relevant Health and Safety Information is posted in every workplace, and will provide an annual review of the policy and program for all employees.

Enforcement:

Enforcement of this Health & Safety Policy and Program is the responsibility of the Council of the Municipality of Morris-Turnberry. A breach of any provision will be documented by the Supervisor and conveyed to the Health and Safety Committee. The Committee will evaluate the incident and submit a report and recommendations to Council.

Penalties:

Penalties for non-compliance with Health and Safety regulations will be determined by the Council of the Municipality of Morris-Turnberry in consultation with the Health and Safety Committee. Depending on the nature of the offence, penalties may include documented reprimand, fine, temporary suspension, or dismissal.

Review:

The Health and Safety Policy will be reviewed annual by the Health and Safety Committee with a report to the Council.
Municipality of Morris-Turnberry
HEALTH & SAFETY POLICY AND PROGRAM
CONFIRMATION OF UNDERSTANDING

I hereby confirm that I have received a copy of the Municipality of Morris-Turnberry Workplace Health & Safety Policy and Program manual and that I have read it fully and carefully.

I understand the provisions and terms contained therein, and I agree to abide by them.

I understand that if I violate or fail to adhere to the requirements of the Health & Safety Policy and Program I shall be subject to penalties, which may include dismissal, as determined by the Council of the Municipality of Morris-Turnberry in consultation with the Health and Safety Committee.

__________________________________________  ______________________________
Employee’s Signature                            Date

______________________________________________
Print Employee’s Name

__________________________________________  ______________________________
Supervisor’s Signature                         Date

NOTE: This form must be returned to the Business Office to be placed in your personnel file.
The following are procedures and guidelines that must be followed by all municipal employees while working on construction and maintenance projects.

- Hard hats, safety boots/shoes, safety vests and appropriate clothing (no shorts) must be worn at all times while working on a site/project.
- Hearing protection, eye protection and leg protection must be worn at all times when using chain saws.
- Hearing protection must be worn when operating any heavy equipment without a cab.
- There will be no smoking in municipal buildings or municipal vehicles.
- Upon arrival to the site, inform the project manager or site foreman/superintendent of your presence and nature of your work.
- Maintain visual contact with moving equipment at all times. Be aware of your working environment and never stand or work immediately behind or in front of a piece of equipment that is capable of moving.
- Always maintain a safe working distance when near moving machinery/equipment. A safe working distance must be judged depending upon the nature of the equipment; i.e., earth scrapers move at a low speed on random public, asphalt rollers move at a low to moderate speed in straight paving lanes, tracked hydraulic excavators move slowly but are capable of abrupt lateral movement.
- Establish eye contact with equipment operators and inform operators of your presence when working in the area of their machinery.
- Proper lifting and transporting of all equipment and samples shall be adhered to in order to prevent back or muscle injury.
- While working near or on existing traveled roads, always stay within the limits of the contractor’s or project’s safe working zone that is identified by signs, barriers, flagmen, etc.
- Do not enter into excavations or trenches that are deeper than 1.2m unless there is a full height trench boxes, proper shoring, or the trench walls are sloped at 45 degrees or flatter.
- Never enter a work zone or trench if you, the employee, believe the conditions are unsafe. If this is the case, contact the Public Works Coordinator.
- No employee shall enter a confined space without proper training and safety equipment, as approved by their supervisor.

By my signature, I confirm that I have read and fully understand the above plan.

_________________________  ________________________
Dated                                Signature