MUNICIPALITY OF MORRIS-TURNBERRY

OCCUPATIONAL HEALTH AND SAFETY MANUAL

Policy Passed by By-Law No. 7-2012

Adopted by the Council of The Municipality of Morris-Turnberry on January 24, 2012

Revised July 2, 2013
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DEFINITIONS


“Committee” means a joint health and safety committee established under the Ontario Occupational Health and Safety Act.

“Competent Person” means a person who,
   a) is qualified because of knowledge, training and experience to organize the work and its performance
   b) is familiar with the Ontario Occupational Health and Safety Act and the regulations that apply to the work, and
   c) has knowledge of any potential or actual danger to health or safety in the workplace.

“Construction” includes erection, alteration, repair, dismantling, demolition, structural maintenance, painting, land clearing, earth moving, grading, excavating, trenching, digging, boring, drilling, blasting, or concreting, the installation of machinery or plant, and any work or undertaking in connection with a project but does not include any work or undertaking underground in a mine.

“Critical Injury” means an injury of a serious nature that,
   a) places life in jeopardy;
   b) produces unconsciousness;
   c) results in substantial loss of blood;
   d) involves the fracture of a leg or arm but not a finger or toe;
   e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
   f) consists of burns to a major portion of the body; or
   g) causes the loss of sight in an eye.

“Employer” means a person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to perform work or supply services.

“Health and Safety Bulletin Board” means a conspicuous place or places in the workplace where Health and Safety documents are most likely to come to the attention of the workers.

“Industrial Establishment” means an office building, factory, arena, shop or office, and any land, buildings and structures appertaining thereto.

“Management” for the purposes of this document shall refer to those persons who exercise managerial functions for the…employer and, to the extent possible, who do so at the workplace.
“Occupational Health and Safety Act” means the most current published version (green book) of the Ontario Occupational Health and Safety Act R.S.O. 1990, c. 0.1. including all associated regulations. This shall include regulations for “Industrial Establishments” and “Construction Projects”.

“Owner” includes a trustee, receiver, mortgagee in possession, tenant, lessee, or occupier of any lands or premises used or to be used as a workplace, and a person who acts for or on behalf of an owner as an agent or delegate.

“Prescribed” means prescribed by a regulation made under the Ontario Occupational Health and Safety Act.

“Regulation” means the regulations made under the Ontario Occupational Health and Safety Act.

“Supervisor” means a person who has charge of a workplace or authority over a worker.

“Worker” means a person who performs work or supplies services for monetary compensation…

“Workplace” means any land, premises, location or thing at, upon, in or near which a worker works.
INTRODUCTION:

Why Do We Need a Health and Safety Policy?
The Occupational Health and Safety Act, 1990, prescribes that everyone – employers, supervisors, and workers – are charged with a responsibility to ensure that our workplaces are safe and healthy. The Policy is the framework of principles and objectives, and a statement of Council’s commitment to fulfill the requirements of Health and Safety legislation to protect Municipal employees in their workplace.

What is a Health and Safety Program?
The Health and Safety Program specifies the standards and procedures used to implement the policy, and delineates the responsibilities of all involved. The program identifies and outlines what is to be done and why, and gives direction as to where, when, how and by whom it is to be done.

PURPOSE:

To provide a guideline which outlines the health and safety responsibilities of various workplace parties.

The elected officials and management of the Municipality of Morris-Turnberry are vitally interested in the health and safety of all its employees. Protection of employees from injury or occupational disease is a continuing objective. The Municipality of Morris-Turnberry will make every effort to provide a safe, healthy work environment. All supervisors and workers must be dedicated to the continuing objective of reducing the risk of injury.

The Municipality of Morris-Turnberry as an employer is ultimately responsible for worker health and safety. The Council and Management will take every precaution reasonable for the protection of a worker.

Supervisors are accountable for the health and safety of workers under their supervision. Supervisors are responsible to ensure that equipment and machinery is safe and that the workers comply with established safe work practices and Guidelines. Workers must receive adequate training in their specified work tasks to protect their health and safety.

Every worker must protect his or her own safety by working in compliance with the law and safe work practices and Guidelines established by the Municipality.
It is in the best interest of all parties to consider health and safety in every activity. The Municipality of Morris-Turnberry is committed in that a policy of health and safety form an integral part of its vision and everyone from the Mayor to the Worker endorses this policy.

**STATEMENT:**

Council of the Corporation of the Municipality of Morris-Turnberry is committed to ensure the integration of health and safety practices into all workplaces and occupational activities and the establishment and maintenance of a safe and healthy environment for, and by, all employees of the Municipality of Morris-Turnberry.

To that end, it is the Policy of the Council of the Municipality of Morris-Turnberry that:

- Employees are directed and required to work at all times within the requirements of the *Occupational Health and Safety Act* and the *Regulations*, and to adhere to the Municipality’s *Health and Safety Program* adopted by Council.

- Supervisory Staff will be knowledgeable about the *Act* and *Regulations*, and the Municipality’s *Program*, and will ensure that the premises and works under their control are in compliance.

- Council will provide adequate funding for, and will ensure that employees are informed about and trained in health and safety practices and procedures, and that workplaces and employees are equipped with proper protection devices, safety equipment and hazard information.

- Health and Safety will be a paramount concern in the performance of duties and will not be sacrificed in favour of expediency. Failure to adhere to health and safety requirements is unacceptable and will not be tolerated.

- Any contractors employed by the Municipality must ensure that they and their employees comply with the *Occupational Health and Safety Act* and *Regulations*.

_____________________
Nancy Michie, Administrator Clerk-Treasurer
**Health and Safety Continuous Improvement Plan**

**Initiatives Undertaken and Future Plans**

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<th>Future Plans</th>
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<td>• Health and Safety has been added as a standing agenda item for all monthly meetings with staff.</td>
<td>• Maintain 100% level of basic health and safety training in the JHSC</td>
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<td>• Health and Safety is also an issue on the Management Meeting agendas</td>
<td>• Continue ongoing monitoring, assessment and maintenance of equipment</td>
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<td>• Standard procedures for health and safety information is to be posted in the workplace</td>
<td>• Continue including health and safety concerns on agenda, as required</td>
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<tr>
<td>• Posting of health and Safety information on Health and Safety bulletins</td>
<td>• Continue posting health and safety notices/information</td>
</tr>
<tr>
<td>• Health and Safety Bulletin board installed for posting of JHSC minutes and other required health and safety information and documentation.</td>
<td>• Continue to maintain bulletin board and keep current</td>
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<tr>
<td>• Health and Safety is on the Performance reviews</td>
<td>• Retraining of First Aid and CPR in 2010</td>
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<td>• A Joint Health and Safety Committee has been created</td>
<td>• WHMIS training annually</td>
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<tr>
<td>• All Joint Health and Safety Committee Members have been Certified in Health and Safety</td>
<td>• Updating and regular review of Health and Safety Policy and Procedures Manual</td>
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<td>• Issues raised by the Joint Health and Safety committee has been followed up by Senior Management</td>
<td>• Implementing Safety Talk Program</td>
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<td>• All Staff has been trained in First Aid and CPR</td>
<td>• To message the importance of accident/incident reports and ensure consistency and quality of investigation and corrective actions.</td>
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<td>• All Staff has been trained in WHMIS</td>
<td>• To keep health and safety as a priority at all meetings</td>
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<td>• First Aid Kits are properly located and have the proper inventory of First Aid Materials and Supplies</td>
<td>• Ongoing review of health and safety bulletin boards to keep current</td>
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<td>• All new employees receive orientation in health and safety</td>
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<td>• Staff have been reminded to keep all common areas clean and clutter free</td>
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<td>• Health and Safety issues discussed as they arise</td>
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<td>• All Workplace Inspection Reports are acted upon immediately</td>
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<td>• Joint Health and Safety Committee Meetings are held quarterly</td>
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<td>All incidents are taken seriously and fully investigated</td>
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<td>Ongoing communication between management and employees</td>
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<tr>
<td>Full support is given to the JHSC</td>
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<td>Workplace Inspections are performed monthly</td>
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<td>Posting of First Aid Certificate Holders at all First Aid locations</td>
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MANAGEMENT COMMITMENT  updated July, 2013

PURPOSE

The purpose of this document is to provide a framework to help management reduce injuries and occupational disease at the Municipality of Morris-Turnberry. Numerous studies have shown that management commitment is crucial in reducing injuries and disease in the workplace.

DEFINITIONS

Management: can consist of the CAO, Department Heads. These titles are dependent on the size and structure of the municipality.

RESPONSIBILITY

Management will lead the Municipality by showing commitment and action toward the reduction of injuries and disease.

PROCEDURE

Management will improve health and safety at the Municipality of Morris-Turnberry by ensuring the following actions are carried out:

1. Produce a health and safety continuous improvement plan.
2. Review internal and external health and safety trends regularly.
3. Respond promptly to JHSC/Rep recommendations.
4. Establish a program to regularly communicate health and safety information to employees.
5. Integrate health and safety into all aspects of the organization.
6. Encourage health and safety off-the-job activities for all employees.
7. Perform regular workplace inspections.
8. Senior Management Meetings shall have health and safety as a topic on the agenda.
9. Health and Safety will be a component of the hiring criteria.
Policy No.: MTHS 2

Description: INDIVIDUAL RESPONSIBILITIES

Effective Date: November 16, 2010

PURPOSE

To provide a guideline which outlines the health and safety responsibilities of various workplace parties.

RESPONSIBILITY

1. The Municipality of Morris-Turnberry in its capacity as the employer is responsible for carrying out the responsibilities and duties outlined through the delegation of these functions to individuals in the corporation.

2. All individuals in the workforce, at all levels and functions, are responsible for understanding and carrying out the responsibilities and duties outlined.

PROCEDURE

A. General

1. Responsibility is defined as an individual’s obligation to carry out assigned duties.

2. Responsibility and authority can be delegated to subordinates, giving them the right to act for their supervisors.

3. The supervisor remains accountable for seeing that they are carried out.

4. Prescribed refers to a section of the Occupational Health and Safety Act and Regulations for Industrial Establishments, Construction Projects or Mines and Mining Plants.

B. Corporation

1. Ensure that:
   (a) Equipment, materials and protective devices as prescribed are provided.
   (b) Equipment, materials and protective devices are maintained in good condition.
   (c) Prescribed measures and procedures are carried out.
   (d) Equipment, materials and protective devices are used as prescribed.
   (e) All areas of the workplace capable of supporting all loads to which it may be subjected without causing the materials therein to be stressed beyond the allowable unit stresses established under The Building Code Act.
   (f) Provide information, instruction and supervision to a worker to protect the health and safety of the worker.
(g) When appointing a supervisor, appoint a competent person.

(h) Acquaint a worker, or person in authority over a worker with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or a biological, chemical or physical agent.

(i) Afford assistance and co-operation to a committee and a health and safety representative in the carrying out by the committee and the health and safety representative of any of their functions.

(j) Only employ in or about the workplace a person over such age as may be employed.

(k) Not knowingly permit a person who is under such age as may be prescribed in or about a workplace.

(l) Take every precaution reasonable in the circumstances for worker protection.

(m) Post in the workplace, a copy of the Occupational Health and Safety Act and any explanatory material prepared by the Ministry, both in English and the majority language of the workplace, outlining the rights, responsibilities and duties of workers.

(n) Establish an occupational health service for workers as prescribed.

(o) Where an occupational health service is established, maintain the same according to the standards prescribed.

(p) Keep and maintain accurate records of the handling, storage, use and disposal of biological, chemical or physical agents as prescribed.

(q) Accurately keep and maintain and make available to the worker affected such records of the exposure of a worker to biological, chemical or physical agents as may be prescribed.

(r) Notify a director of the use or introduction into a workplace of such biological, chemical or physical agents as may be prescribed.

(s) Monitor at such time or times or at such an interval or intervals the levels of biological, chemical or physical agents in the workplace and keep and post accurate records thereof as prescribed.

(t) Comply with a standard limiting the exposure of a worker to biological, chemical or physical agents as prescribed.

(u) Where so prescribed, only permit a worker to work or be in a workplace that has undergone such medical examinations, tests or x-rays as prescribed and who is found to be physically fit to do the work in the workplace.

(v) Where so prescribed, provide a worker with written instructions as to the methods and procedures to be taken for protection of the worker.

C. Management

1. This level of the organization includes the Administrator Clerk-Treasurer and the Department Heads.

2. The health and safety responsibilities attached to this level include the following:

   (a) Ensure the working environment is maintained in a healthy and safe condition.
(b) Establish and maintain a written health and safety program, with objectives and standards consistent with applicable legislation as a minimum.

(c) Provide ongoing safety education through training and safety meetings, including but not restricted to WHMIS and First Aid.

(d) Provide standard operating procedures that include safe work practices.

(e) Evaluate the health and safety performance of subordinates and divisions.

(f) Provide first aid facilities as required.

(g) Ensure that personal protective equipment, where required is provided and used.

(h) Investigate and report accidents/cases of occupational disease to appropriate authority.

(i) Investigate and report incidents to appropriate authority.

(j) Responsible for ensuring that workplace inspections are performed apart from those conducted by JHSC/H/S Rep.

(k) Responsible for correcting substandard acts or conditions.

(l) Responsible for commending good health and safety performance.

(m) Responsible for performing employee safety observations.

(n) Responsible for conducting safety meetings.

(o) Accountable for health and safety and that employees are to be reviewed annually (i.e. performance appraisals)

(p) Responsible for performing regular crew visits.

(q) Set a good example by always wearing the appropriate PPE when required.

(r) Ensure that all senior management, departmental, or labour/management meetings have health and safety as a topic on the agenda.

(s) Ensure that managers regularly attend staff meeting where Health and Safety is on the agenda.

(t) Ensure that health and safety reference materials readily available to supervisors and workers.

(u) Ensure that safety is a component of your hiring criteria.

(v) Ensure that physical capabilities are evaluated for new or transferring employees.

(w) Ensure that a pre-placement medical is required for new hires, where required.

(x) Ensure that a contract administrator is assigned to larger projects.

(y) Ensure that there is a progressive discipline system that includes health and safety infractions.

D. Supervisors

1. This level of the organization includes all those individuals who supervise the work of other employees, from the front line supervisor up and could include the department heads and or directors. Supervisors will receive special training on how to perform crew visit observations effectively.

2. The health and safety responsibilities attached to this level include the following:

   (a) Taking care of the occupational health and safety of the employees within their respective area.
(b) Be familiar with the applicable requirements of the Occupational Health and Safety Act and the Regulations, and ensure compliance.
(c) Understand and enforce the Municipality of Morris-Turnberry Health & Safety Policies and Procedures.
(d) Responsible for ensuring that workplace inspections are performed apart from those conducted by the JHSC/H/S rep.
(e) Ensure that employees wear the appropriate personal protective equipment.
(f) Advise each worker of the existence of any potential or actual danger to the health and safety of the worker, of which the supervisor is aware.
(g) Investigate and determine the causes of all incidents/accidents and initiate or recommend corrective action.
(h) Take every precaution reasonable in the circumstance for the protection of a worker.
(i) Ensure workers receive proper instruction and training, through safety meetings prior to the commencement of work.
(j) Identify and inform superiors of occupational health and safety concerns.
(k) Responsible for correcting substandard acts or conditions.
(l) Responsible for commending good health and safety work conditions and performance.
(m) Responsible for performing employee safety observations.
(n) Responsible for conducting Safety Meetings
(o) Responsible for performing regular crew visits.
(p) Maintain a log of the crew visits including good and bad observations
(q) Set a good example by always wearing the appropriate PPE when required.
(r) Regularly attend safety meetings.
(s) Ensure that health and safety reference materials readily available to and workers.
(t) Ensure that safety is a component of your hiring criteria.
(u) Accountable for Health and Safety and that the performance is to be reviewed annually.
(v) Responsible for ensuring new policies and procedures are distributed and discussed at safety meetings.

E. Workers, Contract/Temporary Workers

1. This level of the organization includes all workers in the workplace, up to and including the Administrator Clerk-Treasurer, as well as those individuals on the Municipal payroll on a contract basis.

2. The health and safety responsibilities attached to this level include the following:

   (a) Learning, understanding and practicing standard operating procedures.
   (b) Held accountable for their health and safety performance.
   (c) Responsible to work safely, work in compliance with the Act, wear PPE, report hazards, not remove guards and not engage in pranks or other dangerous conduct.
(d) Comply with Municipality of Morris-Turnberry health and safety policies and procedures
(e) Take every possible precaution to protect themselves and fellow workers from health and safety hazards and unsafe situations.
(f) Report unsafe acts or conditions to their supervisor, health and safety committee, or health and safety representative.
(g) Report any near-miss incident or loss immediately to their supervisor.
(h) Report any occupational injury or illness immediately to their supervisor.
(i) Use personal protective equipment, where required.
(j) Report any contraventions of the Occupational Health and Safety Act or Regulations to their supervisor or employer.
(k) Participate in annual performance appraisals that include health and safety.
(l) Recognised for ongoing initiatives to improve safety performance.
(m) Included as part of special study teams to review tool design and new or existing work procedures.
(n) Included in the development of new policies and procedures.
(o) Understand that there is a progressive discipline system for Health and Safety infractions.
(p) New employees will be assigned to a long term employee volunteer for mentoring.

F. Contractors and Sub-Contractors

1. This classification is external to the Municipality of Morris-Turnberry and includes all those individuals or organizations working on a contract for the Municipality of Morris-Turnberry.

2. The Municipal Health and Safety policy shall be distributed to Contractors.

3. The health and safety responsibilities attached to this classification include the following:

(a) Demonstrate the establishment and maintenance of a health and safety program, with objectives and standards and will provide qualified workers and meet all applicable legislation as well as Municipality of Morris-Turnberry health and safety policy and procedures
(b) Are held accountable for their health and safety performance
(c) Provide a WSIB clearance certificate or equivalent insurance
(d) Provide qualified workers and will meet all applicable legislation.
(e) Ensure the workers in their employ are aware of the hazardous substances that may be in use at the workplace and wear the appropriate personal protective equipment required for the area

4. This section will be included in all contracts tendered and proof of the above may be required by the municipality at any time from tendering to project completion.
G. Health & Safety Officer

1. This level of the organization includes all those individuals who have health and safety as a part-time or full-time responsibility or function.

2. The health and safety responsibilities attached to this level include the following:
   
   (a) Formulate and implement the Municipality of Morris-Turnberry's health and safety programs.
   
   (b) Establish and implement policies and procedures to ensure compliance with provincial legislation. (Occupational Health & Safety Act and Workplace Safety & Insurance Act)
   
   (c) Co-ordinate activities with joint health & safety committee(s).
   
   (d) Represent Municipality when meeting with MOL.
   
   (e) Co-ordinate and deliver safety training and education for workers.
   
   (f) Assist in conducting accident/incident investigations.
   
   (g) Has training in safety legislation, incident investigation, and workplace inspections, or basic certification.
   
   (h) Report directly to a top management official.

H. Visitors and General Public

1. This classification is external to the Municipality's organization and includes all those individuals or organizations not identified in the above classifications.

2. Where appropriate, signs will be posted at entrances to inform visitors and the general public about restricted access or the requirement to report to a receptionist before proceeding further.

3. Visitors and general public will not be allowed to wander unescorted, through areas that are normally restricted to employees.

4. In the event that a visitor is required to enter a work area that is normally restricted to employees:
   
   (a) The supervisor will be responsible for ensuring that the visitor is aware of the relevant workplace safety rules and is under the supervision of a regular employee.
   
   (b) Any and all required personal protective equipment will be used by the visitor.
Policy No.: MTHS 3

Description: CONTRACT ADMINISTRATION

Effective Date: November 16, 2010

PURPOSE

This policy outlines the health and safety considerations when tendering contracts, evaluating proposals, and managing contractors hired to provide work or services for the Municipality of Morris-Turnberry. Assist the Municipality in fulfilling its statutory obligations under the Occupational Health and Safety Act when contracting for work or services. Provide a system to assist the Municipality of Morris-Turnberry in establishing a due diligence defense.

DEFINITIONS

Contract: Any agreement in writing or verbal between the municipality and a contractor.

Service provider: Refers to any party, external to the Municipality of Morris-Turnberry, hired by the Municipality to perform work or provide services.

Constructor: Means a person who undertakes a construction project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer.

Contract Administrator: Means an individual acting on behalf of the Municipality of Morris-Turnberry to oversee the contract.

The Municipality of Morris-Turnberry will, in a majority of cases, be considered an owner under the Occupational Health and Safety Act and depending on the classification of work; the municipality could also assume the role of an employer or constructor.

In the case of a construction project, the municipality may be able to limit its liability to that of an owner under the OHS Act and, given certain criteria are satisfied, transfer the responsibilities of the constructor to the construction contractor (i.e. Constructor).

Due Diligence

When contracting for work, it can be said that the Municipality of Morris-Turnberry should have different employer obligations from those of the contractors or service providers. The legal standard of "ensuring all reasonable precautions" is the same for both the “direct” employer (municipality) and the “extended” employer (contractor or service provider).
For example, the Municipality of Morris-Turnberry directly provides health and safety training to its workers and implements policies and programs to comply with the “direct” employer role under the Act. When contracting for work/services, it could be reasonable for the municipality to review what the contractor has in place – rather than directly implement the employer duties. When hiring small contractors or sole proprietors or independent contractors the municipality may need to have more involvement in the delivery of the contractors health and safety program.

The Municipality of Morris-Turnberry shall adhere to the following with regards to contract administration:

- Specifications and tenders shall be available for larger contracts.
- Contract administrators shall receive orientation training such as:
  - Review of all known and potential hazards in the area
  - WHMIS training
  - Site specific emergency procedures
- Contractors shall be given a copy of this policy prior to commencement of the contract.
- A copy of this policy will be included as part of the tender document.
- Contractors must pre-qualify to be included in the bidding list.
- A post-contract review for maintenance of qualification shall be conducted.
- The contract administrator shall review the work plans and advise of any hazards.
- All contractors shall attend a formal health and safety orientation session.
- The contractor shall allow access to the worksite on demand to representatives of the Corporation to inspect worksites to ensure compliance with the Act and Regulations and Corporate policies and procedures.
- The staff representative shall include health and safety as an agenda item at any meetings held to review progress on the contract work.
PURPOSE

To ensure Municipal Health and Safety Representatives (HSR’s) and Joint Health and Safety Committees (JHSC’s) comply with the requirements of the Occupational Health and Safety Act.

RESPONSIBILITIES

JHSC’s and HRS’s are an integral part of the Internal Responsibility System of the municipality. The municipality will establish a JHSC or HSR as required by the OHSA and support and assist them in carrying out their responsibilities on an ongoing basis. All members of the committee must be trained in their roles, responsibilities and functions.

PROCEDURE:

A. Composition:

1. Below lists the minimum legal requirements for determining the correct health and safety representation for the total number of regularly employed workers at a workplace:

   1 Representative more than 5 workers, but fewer than 20
   2 Committee Members 20 or more workers, but fewer than 50
   4 Committee Members 50 or more workers

The Municipality of Morris – Turnberry’s Health and Safety Committee will be comprised of 6 members – 3 worker representatives and 3 Management representatives, being comprised of:

1- person from the Office Employees,
1 – person from the Road Department Employees,
1 – person from the Landfill Employees
1 – Director of Public Works, and
1 – Administrator Clerk – Treasurer
1 – Chief Building Official

The members of the committee will be regularly employed in order to perform the required Joint Health and Safety Committee functions during regular working hours. Therefore, seasonal workers or contract workers are not authorized to sit as a member
on the committee. Part time employees may only be considered if no full time employees available in that department

Should a group of workers not appoint a member to represent their group, a member will be recommended to council, by the Department Head.

The Health and Safety Committee will be appointed by Council to:

✓ Administer the health and safety program,
✓ Hold Committee meetings every three months,
✓ Advise employer (Council), supervisors and employees on:
  - requirements related to health and safety,
  - changes in legislation,
  - preventing injury and illness,
  - providing and using protective clothing, equipment, etc
  - identifying hazards and precautions to be taken.
✓ Assist with health and safety orientation, seminars and training,
✓ Ensure performance or regular workplace inspections and review the reports,
✓ Ensure deficiencies are corrected and documented,
✓ Record and analyze information on injuries, illnesses, accidents,
✓ Investigate and document serious accidents.

2. Worker Member Departments of the Health and Safety Committee will review to rotate their representatives every 2(two) years.

3. At least half the members on the JHSC shall be workers who do not exercise managerial functions.

4. The worker member(s) of the JHSC or the HSR shall be selected by the workers they represent. In a unionized workplace, the member(s) shall be chosen by the union.

5. The employer shall select the remaining JHSC members from among persons who exercise managerial functions, to the extent possible, who do so at the workplace.

6. One co-chairperson who represents the worker members shall be selected by the worker committee members, and one co-chairperson shall be appointed by management.

7. At least two members of each JHSC shall be certified, one representing the workers and one representing management, and they shall fulfill the requirements of the certified member.

8. The names and work locations of all HSR's/JHSC members shall be posted in conspicuous workplace locations.
NOTE:
Where more than one workplace requires a JHSC, it may be mutually agreed to between the workplace parties to apply to the Ministry of Labour for permission to form a **Multi-site Committee**. If such a committee is established, representatives from those workplaces requiring a committee shall form the committee.

B. Meetings and Minutes:

1. Committee members should meet monthly but shall, as a minimum, meet once every three months.

2. Members are responsible for making arrangements with their supervisor for attendance at the meetings and for preparation time prior to the meetings.

   The employer will allow adequate paid time for JHSC members to prepare for meetings and to fulfil the requirements under the OHSA.

3. An annual schedule of JHSC meetings is to be posted in conspicuous workplace locations at the beginning of each calendar year, listing the date, time, and location of all meetings.

4. An agenda is to be developed by the co-chairs for each meeting and circulated at least one week in advance of each meeting.

5. Written minutes of meetings are to be taken outlining:

   (a) date, time, and location of meetings held
   (b) names of all members and other persons present
   (c) records of all items discussed, including:

   - reports presented and by whom
   - problems identified
   - recommendations agreed upon
   - action to be taken by individual members
   - business the committee has agreed to discuss at the next meeting
   - response by management to the committee
   - discussion with respect to the above response
   - date, time, and location of the next meeting

6. Minutes are to be signed by the co-chairpersons, circulated to the JHSC members within a week, and one copy:

   - posted in all workplace locations
   - maintained for a minimum three years
   - forwarded to the area supervisor and department head
forwarded to senior management who normally review committee recommendations
forwarded to the union local, if any
forwarded to maintenance personnel, medical, or health and safety departments (where applicable)

C. General Duties for the HSR/JHSC:

1. Develop and post, at the beginning of each calendar year, a schedule for the monthly workplace inspections for that year.

2. Conduct workplace inspections monthly by trained workers; document all substandard acts and working conditions on "WORKPLACE INSPECTION REPORT", with one copy:
   (a) posted in each workplace location
   (b) forwarded to the area supervisor and department head for review and signature
   (d) attached to the JHSC minutes
   (e) forwarded to the JHSC co-chairs

3. Review all completed "EMPLOYEE ACCIDENT/INCIDENT REPORTS"; analyze information and make recommendations to management to reduce recurrences.

4. The HSR or designated JHSC worker member may investigate any accident in which a worker is killed, or critically injured as defined under Reg. O. 834/90.

5. Investigate issues regarding:
   (a) hazardous materials, processes, or equipment
   (b) designated substances and the respective control program reports
   (c) workplace testing which is being carried out for health and safety purposes

6. Review any "HAZARD REPORT FORM" received.

7. Provide recommendations to the employer on health and safety programs in general.
   (a) The co-chairs/HSR are responsible for ensuring the written recommendations are forwarded to the employer.
   (b) The employer shall respond to the recommendations, in writing within 21 days, with:
      (i) timetable for implementation, if the employer agrees with the recommendation
      (ii) reasons for disagreement, if the recommendation is not acceptable
8. Encourage fellow workers to work safely and to report hazardous or unsafe conditions immediately to their supervisors.

9. Identify areas of health and safety training for all workers.

10. Be present for, or assist in, work refusal investigations. Be available to accompany a Ministry of Labour Officer on workplace

11. Receive and Distribute information from the Employer, WSIB, MHSA, and MOL
Policy No.: MTHS 5

Description: WORKPLACE INSPECTIONS

Effective Date: November 16, 2010

PURPOSE:

To assess the quality of workplace conditions, equipment and methods, the success of or need for safety program initiatives, and the quality and adequacy of controls for hazards in the workplace.

RESPONSIBILITY:

The Health & Safety Committee is responsible for ensuring the proper application of this policy. The Joint Health & Safety Committee and applicable supervisors must be trained in planned health and safety inspections. Management shall be responsible for ensuring monthly workplace inspections are completed.

POLICY:

A. General:

1. Workplace inspections will be conducted on a monthly basis.

2. If it is not practical to inspect the whole workplace once per month, then a monthly inspection of part of the workplace shall be conducted, with the whole workplace being reviewed throughout the course of the year.

3. Inspections should be conducted prior to the Health & Safety meeting, preferably one week in advance, so that the entire committee can discuss the observations and recommendations.

4. A schedule of workplace inspections for the year is to be developed, published and posted by the Health & Safety Committee at the beginning of each year, listing the date and time.

5. Annual inspections of Municipal workplaces will be conducted by the committee as a group. These dates and times will not be published.

6. All Supervisors and Managers must be trained in health and safety principals and how to recognize, assess and control hazards found in municipalities.

7. Supervisors and Managers be given a written schedule for inspecting the workplace.
B. **Inspection:**
- amended January 24, 2012

1. Workplace 30 day inspections will be completed by at least 2 municipal Joint Health and Safety committee Members. The worker member will be assigned this duty at the preceding Health and Safety meeting. All inspections MUST be documented.

2. The "WORKPLACE INSPECTION CHECKLIST" (MTHS 003) will be used as a guide and all observed unsatisfactory conditions will be recorded on it. MTHS 003 will then be given to the Health and Safety Coordinator who transfers this information onto form MTHS 004. MTHS 004 and Health and Safety Committee recommendations (MTHS 002) will then be sent to the Senior Manager responsible for a reply for that department.

3. The Health and Safety Committee member will record any suggestions in the ‘Recommended Actions’ section (MTHS 002) and assign responsibility for correction to the area supervisor.

4. Copies of the "WORKPLACE INSPECTION CHECKLIST"(MTHS 003) will be:
   a) posted on the Health and Safety section of the bulletin board  
   b) forwarded to the area supervisor and Senior Manager  
   c) circulated to each Health and Safety Committee Member in the workplace  
   d) forwarded to the Health and Safety Coordinator for central recording and filing.

5. Workplace inspections performed by managers and supervisors must use a standard reporting system that includes: a checklist, employee contacts, description of hazard, and rating of hazard.

6. Workplace inspections must use a standard recording system for the Health & Safety Representative/Committee that includes a description of the hazard and a rating for a hazard.

7. Workers and supervisors should be consulted during the Workplace inspection, and their names documented.

8. Supervisors and Managers must have written documentation that they have inspected a workplace.
C. Analysis and Follow-up:

1. The area supervisor is responsible for reviewing the "WORKPLACE HAZARDS REPORT" (MTHS 004) and initiating the appropriate corrective action for each discrepancy in his/her area, in order of its priority.

2. The "WORKPLACE HAZARDS REPORT" (MTHS 004) shall be reviewed and responded to by the area supervisor within one week, with the following information:
   a) the action taken or planned to be taken
   b) the completion date

3. Subsequent workplace inspections will review the items from previous inspections to ensure the remedial action has resolved the concern.

4. Workplace inspections performed by managers and supervisors must have a follow-up procedure that includes: assigning responsibility, time frames, and evaluation of controls.

5. Workplace inspection report must be reviewed and initialed by senior management.

6. The Health & Safety Representative/Committee must conduct and document a follow-up with the employer regarding its response and actions.

7. All inspection and maintenance logs and records must be kept for at least 3 years.
Policy No.: MTHS 6

Description: HOUSEKEEPING

Effective Date: November 16, 2010

PURPOSE

An uncluttered workplace is fundamental to any workplace health and safety program. In addition to cleanliness, housekeeping must include other factors such as orderliness and proper storage of materials. The intent of this policy is to ensure workers to maintain a healthy and safe work area.

RESPONSIBILITY

1. All workers are responsible to maintain a tidy and safe workplace with an emphasis by supervisory staff to promote and enforce compliance with this provision.
2. Senior management shall encourage and communicate the need for good housekeeping.

POOR HOUSEKEEPING CAN LEAD TO:

- Slips and falls from slick or wet floors, platforms, and other walking or working surfaces.
- Slips and trips from objects left in walkways and work areas (falls on the same level).
- Falls into holes in walking surfaces, uneven floors, uncovered pits or drains or through working surfaces (falls from different levels).
- Poor housekeeping creates hazards in immediate and other areas.
- Contact with overhanging or protruding objects.

GOOD HOUSEKEEPING CAN LEAD TO:

- Better utilization of space.
- Keeping inventory of materials to a minimum.
- Helping minimize property damage.
- Reflecting a positive image of a well-run organization.
POLICY

General

1. Walking and work surfaces should be clean, dry and unobstructed.
2. Aisle ways and exits should be clearly marked and unobstructed.
3. Walls and ceilings should be free of hanging and/or temporary wiring.
4. Floors and stairways should be kept in good repair.
5. Storage areas in and around building(s) should be free of refuse and debris.
6. Racks, shelves and lockers should be maintained for tools, personal protective equipment and personal items.
7. Lunch rooms, locker rooms and washroom facilities should be kept clean, orderly and sanitary.
8. Work area floors should be kept free of pallets, materials, equipment, extension cords and hoses.
9. Materials should be stacked in a stable manner, limit height as necessary to maintain stability.
10. Combustibles should never be stored on radiators, steam coils, ovens or other heat sources; in transformer vaults, or in and around electrical switchgear.
Policy No.: MTHS 7
Description: Maintenance Program
Effective Date: November 16, 2010

PURPOSE:

This section has been included in our safety manual to highlight the importance of proper maintenance as a vital part of a safety program.

In addition to ensuring that workers use the tools and equipment properly, it is vital that tools and equipment be properly inspected, maintained, and kept in good repair. Our maintenance program will reduce the risk of injury, damage and lost production.

RESPONSIBILITY

The qualifications of maintenance personnel are key to the success of a maintenance program. All individuals who perform maintenance work will have the appropriate skills, accreditation and/or certification. This certification applies both to company employees and to contracted maintenance services.

POLICY

Operator Qualifications and Training

All individuals who operate our mobile equipment, cranes, vehicles etc. will have the appropriate skills, accreditation and/or certification. This applies to both company employees and contracted equipment services.

The approval process includes the following:

1. Possession of a valid driver’s license appropriate to the type of equipment.

2. Successful completion of a practical operating exam administered by competent and authorized personnel.

3. Vision test to meet the appropriate standard. Vision tests must be conducted by competent and authorized personnel.

4. Hearing test with or without a hearing aid must be adequate for the specific operation. Hearing tests will be conducted by competent and authorized medical personnel.

5. No history of epilepsy or of a disabling heart condition or any other physical disability or impairment.
6. The operator should be trained in the following:

- their responsibilities to operate the equipment in a safe manner;
- familiarity and comprehension of safety requirements for the piece of mobile equipment which they intend to operate;
- manufacturer’s operating and maintenance procedures;
- how to communicate to maintenance personnel when there is a problem with a specific piece of equipment;
- hand signals and/or other requirements set by the company, owner, or dictated by site conditions.

**Records**

The maintenance program must contain a recording system. Part of this system should be made up of inventories and schedules. In addition, the recording system should document what maintenance work was done, when, and by whom.

**Monitoring**

The monitoring functions in a maintenance program fall into two areas.

First, the people responsible for operating and/or maintaining equipment must monitor that equipment to ensure that appropriate checks and maintenance are done.

Secondly, management should monitor the entire program to ensure that it is functioning in accordance with company policy.

**Scheduled Inspections and Maintenance**

All mobile equipment is to be inspected and maintained according to the following Equipment Inspection Schedule as a minimum. Records of all inspections and maintenance are completed and maintained for review and approval.

Maintenance of equipment, release of lubrication fluids, etc., is performed only in approved areas. Spills and leaks from equipment are cleaned up promptly.

Pre-start inspections must be performed for new or modified equipment. (MTHS 005)
# Equipment Inspection Schedule

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Type of Inspection</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cranes – Crawler, Truck, Hydraulic, etc.</strong></td>
<td>Complete inspection and certification</td>
<td>Before put to work and annually</td>
</tr>
<tr>
<td></td>
<td>Critical items, controls, overall functioning</td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td>Safety device, hooks, cables, electrical</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Complete inspection</td>
<td>Every 3 months</td>
</tr>
<tr>
<td></td>
<td>Repair</td>
<td>When failure occurs</td>
</tr>
<tr>
<td></td>
<td>Preventative maintenance</td>
<td>Manufacturer’s recommendation</td>
</tr>
<tr>
<td><strong>Heavy Equipment</strong></td>
<td>Complete inspection</td>
<td>Before put to work</td>
</tr>
<tr>
<td><strong>Dozers, Backhoes</strong></td>
<td>Complete inspection</td>
<td>Every 3 months</td>
</tr>
<tr>
<td><strong>Compactors, Trucks</strong></td>
<td>Repair</td>
<td>When failure occurs</td>
</tr>
<tr>
<td></td>
<td>Preventative maintenance</td>
<td>Manufacturer’s recommendation</td>
</tr>
<tr>
<td></td>
<td>Operator’s checklist</td>
<td>Daily</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>Complete inspection</td>
<td>Before put to work</td>
</tr>
<tr>
<td><strong>Compressors, Welding Machines, Generators</strong></td>
<td>Complete inspection</td>
<td>Every 3 months</td>
</tr>
<tr>
<td></td>
<td>Repair</td>
<td>When failure occurs</td>
</tr>
<tr>
<td></td>
<td>Preventative maintenance</td>
<td>Manufacturer’s recommendation</td>
</tr>
<tr>
<td><strong>Slings, Shackles, Chokers, Lifting Devices</strong></td>
<td>Deformation, cracks, corrosion, etc.</td>
<td>Daily or before each use</td>
</tr>
<tr>
<td></td>
<td>Regular inspections of all devices</td>
<td>Every 3 months</td>
</tr>
</tbody>
</table>
Pre-Operation Checks

Walk around checks on all pieces of mobile equipment before use are necessary to ensure the unit is safe to operate both from the personnel standpoint and for the equipment; that is, all fluids must be at the correct level and all components must be intact.

A. Check for personnel in the cab area and around the equipment.

Before the operator commences the pre-start checks, the operator should check the cab area for other operators and others who may be working around the equipment.

B. Visual check

The operator should walk completely around the equipment looking underneath the equipment, in the engine compartment, and in the cab.

C. Brake Lines

Visually check the brake lines for leaks. Check for moisture on the brake line. Report any leaks to maintenance for repair as soon as possible. DO NOT operate equipment with brake leaks.

D. Steering Assembly

- Check the tie rod ends, pins and keepers, bell cranks, drag links, ball joints, steering rams and hydraulic hoses.
- Check that all the joints are tight.
- Report any faulty conditions to your supervisor.

Note: Never operate a truck with faulty steering.

E. Front Tires

Conduct the following checks on the front tires:

- Visually check the tires for deep cuts, separations and embedded rocks, nails, or any other foreign material.
- Check for tire bulges at the road surfaces which indicate low air pressure.
- Check the rims for cracks and breaks.
- Check the valve stems for wear and cuts.
F. Front Wheel Lugs

- Check the front wheel lugs each day.
- Report any loose or broken wheel lugs.
- If there are broken or loose, do not operate equipment.
- Report the condition to your supervisor.

G. Front Suspension

Check the front suspension for bottoming out and also check that all fastening devices are in place.

H. Fluid Levels

Check all the fluid levels at the beginning of the shift with the equipment on level ground. Refer to the manufacturer’s requirements to ensure the proper procedure is followed.

If the fluid level is low, notify your supervisor. Do not operate the equipment until the appropriate fluid level is brought up to operational level.

I. Fluid Leaks

Look for fluid leaks while checking the fluid levels. There may be fluid lines or gaskets that are leaking.

Make a visual check to see if fluid is running down the side of the engine block or any other areas while the engine is running.

J. Fan Belts, Blower Belts, Alternator Belt etc.

Check that all belts are in place, tight, and in good condition.

K. Air Tanks

Check the following air tanks:

- The Main Air Tank. The operator should drain the tank twice a shift during the winter months and at the beginning of each shift at other times. Take caution when draining air tanks because of the sludge and water that comes out. The tanks should be drained until clean air is visible.

- Front Air Application Tank. The operator should drain the tank twice a shift in the winter months and at the beginning of each shift at other times.

- Rear Air Application Tanks. The operator should drain the tank twice a shift in the winter months and at the beginning of each shift at other times.
All air lines should be checked for any damage or deterioration during the check on air tanks.

L. **Hoist Rams**

Visually check the hoist rams to ensure that the hoist anchor pins and keepers are in place. Check the condition of the hydraulic hose and look for leaks. Report any concerns to your supervisor.

M. **Main Frame**

Visually check the main frame for cracks and report any problems to the supervisor.

N. **Lights**

Turn on all equipment lights to see they are working properly including; headlights, clearance lights, and back-up lights.

All faulty lights will be replaced prior to using equipment.

O. **Glass**

Check that the windshield, windows and mirrors are clean and free of cracks.

P. **Handrails and Ladder**

Check the condition of the handrails and ladder and look for loose handrails or rungs. Report any unsafe conditions.

Q. **Wheel Chocks**

Ensure that the truck is equipped with two wheel chocks mounted in a readily accessible place.

R. **Seat Belts**

Check that the truck has seat belts. It is important that the operator should use them.

S. **Fire Extinguishers**

Every piece of equipment must be equipped with adequate fire extinguishers in good condition. Faulty fire extinguishers must be replaced immediately.

T. **Back Up Alarm**

Check that the backup alarm is working correctly.
Policy No.: MTHS 8

Description: EMPLOYEE ACCIDENT/INCIDENT REPORTING

Effective Date: November 16, 2010

PURPOSE:

To provide a Policy where all accidents and incidents, resulting in injury, occupational illness and/or property damage, can be investigated to prevent recurrence.

RESPONSIBILITY:

A. Employees are required to report all accidents/incidents to their immediate supervisor.

B. The supervisor is responsible for investigating, reporting and corrective action follow-up of all accidents/incidents

C. Notification of all injury/incidents must be reported internally and externally. (JHSC, appropriate management, MOL, MOE, WSIB)

D. Health & Safety Representative/Committee and applicable supervisors must be trained in injury and incident investigation.

POLICY:

A. General:

1. **All** injuries, occupational illnesses, property damage and incidents **must** be reported to the supervisor.

2. Immediately after an accident/incident, the supervisor shall ensure the safety of employees, public, equipment and facilities from further injury or damage and follow the steps outlined in this Guideline.

3. Communicate recommendations to workers and management through: postings, safety meetings, memo, newsletter, or/and in an injury/incident logbook.

4. There are four categories of injuries:
   a) No Treatment
   b) First Aid
   c) Medical Aid
   d) Critical
B. **No Treatment Injury:**

1. ‘No Treatment Injury’ occurs when there is an injury that does not require any treatment (e.g. bruised finger)

2. The employee will report the injury to the supervisor.

3. The supervisor will record the injury in the "IAPA FIRST AID REPORT LOG", which is to be kept at the First Aid Station.

C. **First Aid Injury:**

1. ‘First Aid Injury’ is an injury that can be treated at the work site and does not require treatment from a health care professional. (e.g. a cut finger that requires a band aid only).

2. First aid treatment will be provided and the treatment recorded in the "IAPA FIRST AID REPORT LOG".

3. The employee is to report the injury to the supervisor.

D. **Medical Aid Injury:**

1. ‘Medical Aid Injury’ is an injury that requires treatment (e.g. a cut finger that requires stitches) from a health care professional (e.g. physician, chiropractor, etc.), but is not of a critical nature.

2. The supervisor is to arrange for:
   
   a) first aid treatment for the injured employee and record the treatment in the "IAPA FIRST AID REPORT LOG".
   
   b) Transportation (e.g. private vehicle, taxi, ambulance, etc.) of the employee to a location where professional health care can be delivered (e.g. doctor’s office, hospital).

3. A “Functional Abilities Form For Timely Return to Work” (Appendix 2) is to be taken to the attending physician. Also see MTHS 011 “MODIFIED WORK” regarding employee return to work.

4. The supervisor is to conduct an investigation immediately, or as soon as possible, following the notification of the accident/incident. See Policy MTHS 10 “Accident/Incident Reporting”, Section F
E. Critical Injury:

1. A 'Critical Injury' means an injury of a serious nature that:

   a) places life in jeopardy
   b) produces unconsciousness
   c) results in substantial loss of blood
   d) involves the fracture of a leg or arm but not a finger or toe
   e) involves the amputation of a leg, arm, hand, foot, but not a finger or toe
   f) consists of burns to a major portion of the body; or
   g) causes the loss of sight in an eye

2. The supervisor is to arrange for:

   a) first aid treatment for the injured employee and record the treatment in the "IAPA FIRST AID REPORT LOG"
   b) transportation (e.g. private vehicle, taxi, ambulance, etc.) of the employee to a location where professional health care can be delivered (e.g. doctor's office, hospital).
   c) immediate notification of the Ministry of Labour, CAO, Senior Manager, and Health and Safety Coordinator.

3. A "Functional Abilities Form for Timely Return to Work" (Appendix 2) is to be taken to the attending physician. Also see MTHS 011 “MODIFIED WORK” regarding employee return to work.

4. The supervisor is to conduct an investigation immediately, or as soon as possible, following the notification of the accident/incident. See Policy MTHS 10, Section F

F. Accident/Incident Reporting:

1. Investigations will be conducted by the Supervisor and the Health & Safety Coordinator, with the optional assistance of a member from the Joint Health & Safety Committee (NOTE: for items with an *, assistance from a member of the Joint Health & Safety Committee is compulsory), and the findings documented on the "IAPA ACCIDENT INVESTIGATION FORM" whenever any of the following occur:

   a) medical aid
   b) critical injury*
   c) fatality*
   d) hazardous substance discharges*
   e) Joint Health & Safety request*
   f) fire or explosion
   g) property damage above $500.00
   h) accidents involving possible public liability
   i) other accidents
   j) acute/chronic occupational illness
2. When conducting the investigation it is important to:
   a) preserve the accident scene where practical and possible
   b) identify witnesses or others having knowledge of the accident/incident
   c) interview the injured employee where practical and possible
      (Guideline MTHS 2.8)
   d) identify any primary/secondary causes
   e) identify any primary/secondary unsafe actions
   f) identify any primary/secondary hazardous conditions
   g) document the accident scene with photographs if possible

3. Investigations are required to be completed within 24 hours of the incident or request.

4. Supervisors shall determine the need for and, if necessary, carry out detailed investigations. They shall also determine causes, recommend corrective action, and report to the manager.

5. The manager shall review all reports, determine corrective action to be taken, and ensure that such action is implemented.
Policy No.: MTHS 9
Description: FIRST AID
Effective Date: November 16, 2010

PURPOSE

To ensure the workplace meets the requirements for First Aid in accordance with the Workplace Safety and Insurance Act (WSIA), Regulation 1101.

RESPONSIBILITY

1. The Department Head and workplace Supervisor shall ensure that:

   (a) First aid is given immediately, in accordance with the regulations.
   (b) A notification is made to the employer of any injury, or the possible onset of a work-related disease/condition.
   (c) A record of the first aid treatment or advice given to the worker in the first-aid station logbook.
   (d) A Treatment Memorandum (Form 156) is given to a worker if health care is needed.
   (e) A worker is provided immediate transportation to a hospital, a doctor's office, or the worker's home, if necessary.
   (f) A WSIB Form 7, Employer's Report of Injury/Disease shall be completed when worker:
       • receives health care
       • is absent from regular work (lost time)
       • requires modified duties at less than regular pay
       • requires modified work at regular pay for more than seven calendar days after the date of the accident
       • earns less than regular pay at regular work

   (g) The worker is asked to sign the WSIB Form 7, or WSIB Form 1492, the Workers' Claim/Consent Form. If the worker signs the WSIB Form 7, give the worker the pink copy of the form.
   (h) The Municipality submits to the Board, within three days of learning of the reporting obligation, an Employer's Report of Accidental Injury/Industrial Disease, WSIB Form 7 and other information that may be requested. If the worker is unable or unwilling to sign, send the form in without signature.
   (i) Pay full wages and benefits for the day or shift on which the injury occurred.
   (j) Cooperate in the worker's early and safe return to work.
   (k) Supply a Functional Abilities Form 2647 to the health professional treating the worker. Ensure the worker's signed consent to the release of the functional abilities information is attached. This signed consent will be either on the Form 7, Form 1492, or the employer's copy of the Form 6.
The Worker shall:
(a) Get first aid right away. First aid includes but is not limited to: cleaning minor cuts, scrapes, or scratches; treating a minor burn, applying bandages and/or dressings, cold compresses, cold pack, ice bag, splint, changing a bandage or a dressing after any follow-up for observation purposes only.
(b) Notify the Department Head and/or the immediate supervisor of any injury or the possible onset of a work-related disease/condition.
(c) Claim WSIB benefits by:
   • Signing WSIB Form 7, Employer’s Report of Injury/Disease, or
   • Signing WSIB Form 1492, the Workers’ Claim/Consent Form, and giving a copy of the form to the employer, or
   • Signing WSIB Form 6, Worker’s Report of Injury/Disease, and giving a copy of the form to the employer.
(d) Choose a doctor or qualified health professional. Do not change health professionals without permission from the WSIB.
(e) Cooperate in health care treatment.
(f) Cooperate in safe return to work.
(g) Complete and return all WSIB forms promptly.
(h) Report to the WSIB any changes in income, return to work status, or medical condition.

POLICY

The employer shall ensure that all first aid boxes and stations for every shift are in the charge of workers who hold valid first aid certificates issued by a training agency recognized by the WSIB.

1. A first aid station shall be in the charge of a worker who works in the immediate vicinity of the first aid station and who is qualified in first aid to the standards required by Regulation 1101.

2. First aid stations shall be so located within quick and easy access for the prompt treatment of any worker at all times when work is in progress.

3. Every employer shall, at all times, keep posted in other conspicuous places in the place of employment the WSIB poster known as Form 82 respecting the necessity of reporting all accidents and receiving first aid treatment.

4. Every employer shall keep a record of all circumstances respecting an accident as described by the injured worker: the date and time of its occurrence; the names of witnesses; the nature and exact location of the injuries to the worker; and the date, time, and nature of each first aid treatment given.

5. First aid boxes and their contents shall be inspected at not less than quarter-yearly intervals by respective supervisors and shall record the inspection card for each box.
with the date of the most recent inspection and the signature of the person making the inspection.

6. *First Aid Box* shall contain as a minimum the first aid items required by this Regulation 1101 and all items in the box shall be maintained in good condition at all times.

7. First Aid Certificates for qualified first aid attendant(s) on duty must be posted.

8. A First Aid Kit Inspection Record (signed and dated at least annually), schedule and assignment of responsibility must be posted.

**FIRST AID REQUIREMENTS**

1. In workplaces where there are no more than five workers in any one shift, a first aid station with a first aid box is required and shall contain as a minimum.

2. In workplaces where there are more than five workers and not more than fifteen workers in any one shift, a first aid station with a first aid box is required.

3. In workplaces where there are more than fifteen and fewer than 200 workers in any one shift, one stretcher, two blankets, and a first aid station with a first aid box shall be provided and maintained.

4. The employer shall ensure that the first aid station is at all times in the charge of a worker who,
   (a) holds a valid St. John Ambulance Standard First Aid Certificate or its equivalent;
   (b) works in the immediate vicinity of the box.

5. In workplaces where there are 200 or more workers in any one shift a first aid room is required.

6. The employer shall ensure that the first aid room is in the charge of:
   (a) a registered nurse; or
   (b) a worker who:
   - is the holder of a valid St. John Ambulance Standard First Aid Certificate or its equivalent
   - works in the immediate vicinity of the first aid room
   - does not perform other work of a nature that is likely to adversely affect the ability to administer first aid

   **The certificate referred to above shall be prominently displayed in the first aid room.**

**TRANSPORTATION and CONSTRUCTION**

1. Where the construction, repair or demolition of a building is in the charge of a general contractor, the general contractor shall provide and maintain the first aid station or stations required by Regulation 1101 in respect of the workers in the same manner as if they were the employer of the workers.
2. All vehicles shall be equipped with a first aid box.

3. Where workers are engaged in transporting goods outside an urban area in a vehicle, the vehicle shall be equipped with a first aid box.

4. Where a worker is operating heavy construction and maintenance equipment in a place where a first aid station is not readily available, in the event of an incident, the employer shall equip the machinery with a first aid kit containing the required items in the preceding section.

Display of Poster

The WSIB poster, referred to as Form 82 and entitled In Case of Injury at Work, shall be posted in every workplace where it can be seen by workers.
Policy No.: MTHS 10

Description: FIRST AID TRANSPORTATION

Effective Date: November 16, 2010

PURPOSE:

To provide transportation to the hospital, doctor’s office or worker’s home, when necessary, following an injury or illness.

RESPONSIBILITY:

The supervisor shall ensure compliance with all applicable Health and Safety Legislation and Workers Compensation or Insurance Board requirements regarding first aid in all work places under their supervision.

POLICY:

The preferred method of transportation, if required, is an ambulance. Should this method of transportation not be appropriate, then the company will call for a taxi.

The injured worker will be accompanied by first aid attendant or designate.

Should the employee refuse the transportation, the company will attempt to:

1. Identify any other transportation methods that the worker would prefer.
2. Reiterate the importance of accepting the transportation to the hospital, doctor’s office or worker’s home.
3. Call 911 and get the ambulance attendant to administer medical attention on site.
4. The worker will not be allowed to continue work until medical clearance is provided.

Responsibilities of the individual travelling with the injured worker:

1. Continue to administer first aid, if required.
2. Ensure an injury package is taken, containing the Functional Abilities Form and Material Safety Data Sheet (if necessary), to the medical facility.
3. Maintain contact with the company providing updates when the worker has reached their destination.
4. Return to the company to provide additional follow-up and complete the injury/incident documentation.

Additional duties may be added based on each individual circumstance.
Policy No.: MTHS 11
Description: FIRE SAFETY PLAN
Effective Date: November 16, 2010

PURPOSE

To ensure that the municipality establishes a fire safety plan and related procedures for the protection of workers and the public.

RESPONSIBILITY

1. The employer shall ensure that a plan is established.
2. The supervisor shall ensure that all workers have been informed and trained in the fire plan. The supervisory staff should be given clearly defined authority so that buildings and workers can be safe-guarded against any emergency.
3. All workers shall comply with the requirements of this policy and procedure.

PROCEDURES

Prevention

- Do not allow combustible materials to accumulate in any part of the workplace
- Promptly remove all combustible waste from all areas where waste is placed for disposal
- Ensure all workers have been instructed in all aspects of the fire safety plan
- All workers shall receive fire extinguisher training
- All workers and the public, where applicable, shall participate in fire drills

Fire Plan Monthly Log

A fire plan monthly log shall be kept for:

- Fire extinguisher/ Sprinkler, if applicable, inspections
- Housekeeping (storage)
- Smoke detector operations
- Fire drills (remember to close all doors before exiting)
IN CASE OF FIRE

- If you detect a fire, contact the fire department, through 911
- Pull the alarm, or verbally notify workers of the fire and location, and that the fire department has been notified
- Exit the building immediately (close all doors behind you)
- All workers shall assemble (identify the location)
- A supervisor, or designate, must ensure that all persons have been evacuated and are accounted for including visitors
- When the fire department arrives, the supervisor, or designate, informs the incident commander of the location of the fire, and supply the floor plan if required.

DO NOT RE-ENTER ONCE YOU HAVE LEFT THE BUILDING UNTIL IT HAS BEEN DECLARED SAFE TO DO SO BY FIRE DEPARTMENT OFFICIALS

IF YOU HEAR THE SMOKE DETECTOR

- Regardless if there is no obvious fire detected, evacuate the building
- Contact 911

If the fire can be handled manually, then do so with the appropriate fire extinguisher. But if the fire hazard appears to be out of control PLEASE LEAVE THE BUILDING AND FOLLOW THE ABOVE NOTED PROCEDURES.
Policy No.: MTHS 12

Description: WSIB REPORTING

Effective Date: November 16, 2010

PURPOSE:

To provide a Policy which outlines the reporting requirements for all compensable injuries.

RESPONSIBILITY:

A. Employees are required to report all accidents/incidents to a designated individual, normally the supervisor on duty, and to keep him/her advised of their work status.

B. For any compensable accidents, the employee and the designated individual are responsible for completing the required portions of the IAPA Accident Investigation Report and forwarding them to the Human Resources (HR) Department. The worker’s Supervisor is also responsible for co-ordinating the worker’s return to work in conjunction with the HR Dept. and the employee, in accordance with the physician’s recommendations.

C. The Treasury Department, or an authorized designate, is responsible for completing and forwarding the claim to the Workplace Safety Insurance Board (WSIB).

D. All persons dealing with any of the documentation related to a claim must recognize the confidential nature of this material and treat it in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

POLICY:

A. Initial Claim:

1. Within 24 hours of a compensable accident/incident, the Supervisor will forward a copy of the completed IAPA Accident Investigation Report to the Treasury Department or designate who will complete and forward the Form 7 to the WSIB within the legislated timeframe. If possible, the worker will sign the Form 7 prior to forwarding it; however submission will not be delayed for this.

   The pink copy of the Form 7 will be returned to the employee after submission. A “Functional Abilities Form for a Timely Return to Work” (Appendix 2) will be provided to the employee to take to the health care
professional. A copy of the form must be returned to the supervisor when completed.

If the Form 7 is completed by an authorized designate of the Treasury Department (i.e. workplace supervisor), a copy must be faxed to the Treasury Dept. immediately, along with Appendix 2 when available.

2. The Treasury Department (or authorized designate) will:
   a) complete the Form 7, sign the form and fax it to WSIB within the 72-hour deadline.
   b) forward other documentation to WSIB as required (e.g. Modified Hours and earnings).

3. The Employee will:
   a) Take “Functional Abilities Form for a Timely Return to Work” (Appendix 2) to the medical practitioner, and return the completed canary yellow copy of the Appendix 2 to the employer as soon as possible.
   b) In the event that the employee completes a WSIB Form 6 (at the request of the WSIB), they are required to provide a copy to the employer, and the Treasury Department must also be copied.

B. Subsequent to Filing the Initial Claim:

1. At the request of the employer, the employee will have an updated Appendix 2 completed and returned to the supervisor or designate, who will then forward a copy of the form to the Human Resources Department.

2. When an employee is authorized by the treating health care professional, they will return to work on either:
   a) Full Duties or
   b) Modified Duties

3. The employee's time sheet may be used to identify the changes in an employee's work status but it will not eliminate the requirement for a completed Appendix 2, or for direct communication with the Human Resources Department on the employee's status.
Policy No.: MTHS 13

Description: EARLY AND SAFE RETURN TO WORK

Effective Date: November 16, 2010

PURPOSE

The Municipality of Morris-Turnberry is committed to cooperating with all of their employees who have been injured on the job site and will do everything they can for an early and safe return to work. At the Municipality of Morris-Turnberry, we will provide a modified work program to any of our injured employees until he/she is able to return to their pre-accident job, wherever possible.

The Municipality of Morris-Turnberry will comply with all legislative requirements including those of the Workplace Safety and Insurance Act (WSIA), the Ontario Human Rights Code and the Employment Standards Act.

Where a permanent impairment prevents the worker from returning to their pre-injury/illness position, the Municipality of Morris-Turnberry will seek a permanent accommodation for the worker.

DEFINITIONS

Temporary modified work is where the worker’s regular job is modified for a designated time period to assist in rehabilitation following an injury or illness. The worker is able to perform the essential duties of the job, but some of the other duties are modified to suit the worker’s limitations/capabilities.

Temporary alternative work is other suitable work that is provided to a worker for a designated time period to assist in rehabilitation following an injury or illness.

Permanent impairment is a disability that a health care practitioner advises is not likely to improve significantly over time.

Suitable alternative work is work that the worker can do which is consistent with his/her limitations and capabilities and which can be performed without aggravating the injury/illness.

Functional Abilities Form for Early Return to Work is a form that the health care practitioner completes stating the worker’s current limitations and capabilities.

Health Care Practitioner includes a medical doctor, chiropractor, physiotherapist, dentist.
RESPONSIBILITY

Employer will:
- Contact injured worker ASAP and stay in regular contact. Cooperate in providing suitable work.
- Give WSIB information as required.
- Provide workers with Functional Abilities Form to take to the testing practitioner for completion.
- Educate workers about the return to work program.
- Set specific time frames for the return to work.
- Review worker’s progress regularly.
- Pay full wages and benefits for the day or shift on which the injury occurred.
- Make certain that workers understand their obligations to co-operate.
- Set clear procedures to follow in reporting injuries. (Establish an Accident/Injury Reporting Policy.)

Worker will:
- Contact supervisor immediately of any injury. If not available, phone office and contact employer.
- Stay in regular contact.
- Help identify and cooperate in suitable work arrangements.
- Give WSIB information as required.
- Return to work within 24 hours with the completed form to develop with the employer an early and safe return to work.
- Choose a doctor or qualified practitioner. Note: A change in doctor cannot be made without permission of WSIB.

The Municipality of Morris-Turnberry will:
- Assess each individual’s situation according to any practitioner’s report and recommendations and will provide some kind of modified work to suit the degree of injury.
- Assist in the employee’s active recovery and encourage the worker to return to work to their pre-accident job, wherever possible.
- Identify jobs that are suitable for accommodating injured workers on a temporary basis in order to facilitate the early and safe return to work program and limit any loss of their earnings.
A change or modification to the job or workplace so that the work is within the injured or ill person’s functional capabilities and the risk of injury is reduced.

- Reduce hours
- Graduate RTW hours
- Re-assign duties
- Restructure the job
- More frequent rest breaks
- Work platform vs. ladders
- Ladders for climbing scaffolds
- Mini stretch breaks (10-15 minutes)
- Chair with back support vs. Picnic table
- Anti-vibration tools (e.g. anti-vibration jackhammer)
- Make heavy tools available at waist height
- Light shop work, general clean-up
- Painting trailers, containers (light work with brush)
- Washing trucks
- Pickup or delivery of plans
- Training in their selected field, where possible
- Computer training in safety prevention, if available
- Increasing of awareness

First Aid Stations are available at all job sites. Employees with Valid First Aid Certificate will provide first aid assistance when required.

**Return To Work Process**

The worker shall report the injury/illness to their immediate supervisor and provide appropriate health care practitioner’s certificate for time off or return to modified work.

When the worker is able to return to modified duties, he/she will provide documentation from the health care practitioner outlining his/her current physical capabilities and the expected date of recovery or return to regular duties.

A Return to Work meeting will take place to determine what work might be available to suit the worker’s capabilities and limitation. The meeting should include the injured worker, the supervisor and any other appropriate parties. Modified duties should be offered within the worker’s department.

A Return to Work Plan will be developed outlining the goals and details of the worker’s return to work. The final goal is to return to regular duties, with short-term goals of modified work, modified hours or other suitable and available duties as required. The details of the plan should include a start and end date, physical restrictions, hours of work, and scheduled review dates of the plan (at least every 4 weeks). The plan should be written and a copy provided to each of the parties including the WSIB. Where possible the health care practitioner should be provided with a description of the worker’s regular duties (job description) and the modified duties being offered.
Temporary modified/alternate work will be offered for a limited period of time as outlined in the modified work plan. In the case where return to regular duties does not occur as expected, the workplace parties will meet to revise and reassess the continuing need for and availability of modified duties.

If medical documentation is received indicating that the injury/illness is likely to be permanent and the worker is not ever expected to recover sufficiently to perform the essential duties of their regular work, appropriate parties will be notified and will assist in the process of attempting to provide permanent job accommodation.
Policy No.: MTHS 14
Description: REFUSAL TO WORK
Effective Date: November 16, 2010

PURPOSE:

To create a Policy outlining the steps to be followed when any employee refuses to work due to unsafe work conditions as defined in the Occupational Health and Safety Act.

RESPONSIBILITY:

A. The employee is responsible for immediately informing the supervisor of any unsafe work conditions.

B. The supervisor is responsible for investigating any reports of unsafe work conditions and resolving the concern, as defined by this Guideline.

POLICY:

A. Right to Refuse Work:

1. An employee may refuse to work or do particular work where he/she has reason to believe that:

   a) Any equipment he/she is to use or operate is likely to endanger himself/herself or another employee.

   b) The physical condition of the workplace is likely to endanger himself/herself.

   c) Any equipment he/she is to use, or the physical condition of the workplace, is in contravention of the Occupational Health and Safety Act, and such contravention is likely to endanger himself/herself or another employee.

2. The following employees of the Municipality of Morris-Turnberry are limited in their right to refuse work:

   a) A person employed in the operation of:

      (1) A first aid clinic or station, Emergency Services Personnel; and

      (2) A laundry, food service, power plant or technical service, or facility used in conjunction with an institution, facility or service referred to in sub clauses (1) or (2) above.

B. Upon Refusing to Work:
1. The employee shall promptly report the circumstances of his/her refusal to his/her supervisor, who shall promptly investigate the report in the presence of the worker and one of the following:

   a) Health and Safety Coordinator
   b) A Joint Health and Safety Committee Worker Member
   c) A worker who because of knowledge, experience and training is selected by a trade union that represents the worker, or if there is no trade union, is selected by the workers to represent them

2. If action can be taken to resolve the complaint without need for further investigation, the supervisor will carry out the action and complete Part I of a "Refusal to Work" (MTHS 012).

3. If further investigation is required to resolve the complaint, Part II of the "Refusal to Work" form will be completed in the presence of and with input from a worker member of the Joint Health and Safety Committee.

4. Until the investigation is completed, the worker shall remain in a safe place near his workstation, unless assigned to alternative work. Another worker may be assigned to operate the equipment/machine/device pending the investigation, only if they have been informed of the refusal in the presence of the health and safety worker representative.

5. If, after the investigation and/or any steps taken to resolve the concern, the employee feels that there is still an unsafe work condition; the employer shall notify the Ministry of Labour.

6. A Ministry of Labour Inspector shall investigate the refusal to work in the presence of the following:

   a) Employer
   b) Employee
   c) Health and Safety Coordinator
   d) A Joint Health and Safety Committee Member

7. The Inspector shall decide whether the equipment or the workplace is likely to endanger the employee or another person and give his decision, in writing, as soon as practicable.

8. Pending the investigation and decision of the Inspector, the employee shall remain at a safe place near his work station during his/her normal working hours, unless the employer assigns the employee reasonable alternative work during such hours.

9. Pending the investigation and decision of the Inspector, no employee shall be assigned to use the equipment/machine/device, or to work in the workplace that is being investigated, unless the employee to be assigned has been advised of the work refusal and the reasons for it.
3. Refusal to Work Flow Chart

**WORKER**
Promptly reports circumstances to supervisor and remains in a safe place

**SUPERVISOR**
Investigates forthwith in the presence of the HEALTH AND SAFETY Coordinator, or another worker

**AGREEMENT**

**DISAGREEMENT**
Worker continues to refuse

**RETURN TO WORK**

**WORKER**
Remains in a safe location pending investigation

**EMPLOYER OR WORKER**
Notifies the Ministry of Labour

**ANOTHER WORKER MAY BE ASSIGNED TO OPERATE THE EQUIPMENT/MACHINE/DEVICE PENDING THE INVESTIGATION, ONLY IF THEY HAVE BEEN INFORMED OF THE REFUSAL IN THE PRESENCE OF THE HEALTH AND SAFETY COORDINATOR.**

**WORKER**
May be assigned reasonable alternate work

**INSPECTOR**
Investigates report in the presence of the worker, employer, HEALTH AND SAFETY Coordinator.

**INSPECTOR**
Gives decision in writing re: likeliness to endanger

**EQUIPMENT IS DEEMED SAFE**

**RETURN TO WORK**

**EQUIPMENT IS DEEMED TO NEED ACTION**

**RETURN TO WORK**

**ACTION TAKEN**
Policy No.: MTHS 15

Description: HEALTH AND SAFETY TRAINING

Effective Date: November 16, 2010

PURPOSE:

To develop a policy to ensure all employees receive the proper orientation and ongoing training, necessary for maintaining a safe work environment.

RESPONSIBILITY:

A. The supervisor is responsible for ensuring the employee receives all the necessary training, as defined in this policy.

B. The Joint Health & Safety Committee is responsible for auditing the records for compliance. The Health and Safety Coordinator shall maintain all records of the above auditing process.

POLICY:

A. Orientation:

1. Each workplace and all Senior Managers will be given a copy of the current Occupational Health & Safety Manual, which must be made accessible to all employees.

2. All new employees will be given an overview of the Occupational Health & Safety Manual as part of their orientation.

3. The following areas will be reviewed in detail, during the orientation:

   a) MTHS 2 RESPONSIBILITIES
   b) MTHS 8 EMPLOYEE ACCIDENT/INCIDENT REPORTING GUIDELINES
   c) MTHS 13 EARLY AND SAFE RETURN TO WORK (modified work)
   d) MTHS 14 REFUSAL TO WORK
   e) MTHS 15 HEALTH and SAFETY TRAINING
   f) MTHS 19 HAZARDOUS CONDITIONS REPORTING
   g) MTHS 2.1 GENERAL SAFETY RULES
   h) MTHS 2.2 PERSONAL PROTECTIVE EQUIPMENT
   i) MTHS 2.6 EMERGENCY GUIDELINES
   j) EMERGENCY PLANS

4. All employees will be shown proper safety guidelines specific to their job by their supervisor.
5. All new, returning, contract, student, supply of labour employees Must be given a health and safety orientation.

6. All staff that have been promoted or transferred are to have health and safety orientation performed.

B. **WHMIS:**

1. Any worker, who works with or in proximity to any hazardous materials, shall receive annual WHMIS training, including information on the hazardous materials used in the workplace, their labelling, storage and use, and any health hazards they may present.

2. The instructions and training shall be developed and implemented by the Municipality, in consultation with the Health & Safety Committee, and such training and the workers’ familiarity with the information will be reviewed annually.

3. MSDS information will be accessible to all employees on and off site and will be less than 3 years old.

4. All controlled products must have WHMIS labels.

5. WHMIS regulations will be posted in the workplace in high traffic areas and accessible to employees off site.

C. **First Aid:**

1. A minimum of two people per shift per workplace will be trained in an approved First Aid course, when the number of workers on shift is greater than five.

2. **The Municipality will sponsor retraining, as required, in order to maintain compliance with the Workplace Safety & Insurance Board Act.**

D. **Personal Protective Equipment:**

1. All new employees will be provided with personal protective equipment, as required for the different work applications.

2. Employees will be instructed by their supervisor in the use and care of their personal protective equipment on an annual basis.

E. **Fire Alarms And Extinguishers:**

1. All new employees will be shown the location of the fire alarms and extinguishers.
2. Designated employees for each workplace will be instructed in the proper use of the fire extinguishers on an annual basis.

F. Emergency Guidelines:

1. All employees will be instructed in MTHS Guideline 2.6

2. A copy of the "Emergency Exits Floor Plan" will be posted on the Health and Safety Bulletin Board of all municipal buildings where workers work.

3. An evacuation drill shall be performed annually in all municipal buildings where permanent staff regularly report to work.

G. Training Program:

1. Members of the Health & Safety Committee shall be encouraged to attend health and safety seminars and workshops to keep their knowledge current.

2. Workers and supervisors shall attend relevant health and safety seminars and workshops to provide them with basic knowledge and skills necessary to ensure compliance with the legislation.

3. Employees shall be required to take additional job skills training when job requirements change.

4. Monthly on-the-job training shall be provided by the employer to all employees to develop skills and knowledge. There shall be a planned schedule of training posted in the workplace and supervisors shall ensure that critical topics are covered, e.g. WHMIS, EMERGENCY PLAN, FIRST AID, LIFTING, CONFINED SPACE, TRAFFIC CONTROL etc.

5. To keep personnel current in all aspects of health and safety, literature shall be provided on all upcoming educational opportunities through the use of bulletin boards and/or newsletter.

6. Training needs review must be performed at least annually.

7. All employees exposed to the hazard of falling from heights must be trained in the use of appropriate PPE

8. Employees in a new job must receive training on hazard controls and procedures for their assigned activities

9. Employees shall be trained on manual lifting techniques and the use of mechanical lifting devices.

10. Employees shall be trained in the emergency plan and the use of rescue equipment.
11. Managers and Supervisors will receive training in health and safety principals and recognizing, assessing and controlling hazards in municipalities.

12. Employees shall be trained in legislated health and safety responsibilities such as right to refuse work, right to participate, right to know

13. Employees shall receive training in health and safety policy for early and safe return to work obligations.

H. Confined Space and Lock-Out:

1. Designated employees shall be instructed on MTHS Guideline 2.4 CONFINED SPACE and MTHS Guideline 2.3 LOCK-OUT when applicable to their specific workplace duties.

I. Posted Documents

To ensure legal requirements are met regarding required posted documents and to reduce injuries and occupational disease at the Municipality of Morris-Turnberry by providing access to health, safety and wellness information for all staff.

Managers and supervisors for each department shall ensure the documents listed below are posted and remain up to date.

The following up to date documents must be posted in a conspicuous high traffic location:

1. Health and Safety Policy,
2. Occupational Health and Safety Act,
3. WHMIS regulations,
4. All applicable MSDS’s (less than 3 years old)
5. Applicable Designated Substance Regulations,
6. Any other applicable regulations (eg. Industrial Regs, Construction Regs)
7. WSIB Form 82 (“In case of Injury at Work” poster) at First Aid Stations,
8. First Aid Regulations (WSIB Reg. 1101) at First Aid Stations,
9. Emergency Telephone numbers (e.g. police, fire, ambulance, MOL, Poison Control)
10. Ministry of Labour orders
11. Health and Safety assessment (e.g. noise levels, IAQ)
12. JHSC/H&S rep Monthly workplace inspection reports,
13. JHSC meeting minutes,
14. Workplace incident/accident report summaries
15. JHSC names and work locations.
16. JHSC meeting schedule.
Policy No.: MTHS 16

Description: WHMIS COMPLIANCE

Effective Date: November 16, 2010

PURPOSE

To ensure the establishment of a standard for the purchase and use of hazardous products in the workplace so that all the requirements of the Workplace Hazardous Materials Information System (WHMIS) regulation are met.

PROCEDURES

The following procedures shall be followed regarding hazardous materials:

1. If a controlled product is currently on site, ensure there is an up-to-date MSDS available, if not, one shall be requested.
2. If the product is not currently on site, determine whether it is a controlled product. If it is, ensure the supplier provides a copy of the MSDS prior to purchasing.
3. If the product has a high hazard rating, determine whether a less hazardous material can be used.
4. If no alternative is available, review the MSDS to determine the risks, protective equipment needed, special storage requirements, etc.
5. When a controlled product is delivered, ensure that it is properly labelled and has the appropriate MSDS. If the product is not properly labelled, either apply a workplace label, or send the product back to the supplier.
6. The supervisor shall inform workers working with the product of the hazards and what precautions are to be taken for safe handling of this product.
7. The MSDS shall be placed in a location where all workers have easy access to it.
8. The supervisor and, if possible, the Joint Health and Safety Committee and/or Health and Safety representative, should be consulted prior to purchasing any hazardous product.

TRAINING

1. All Municipal workers who use or may be exposed to a hazardous product shall be given generic and workplace specific WHMIS training within a reasonable period of time from when they are employed by the municipality.
2. The supervisor shall ensure all workers working with specific hazardous products have been informed of the hazards, and on how to work safely with these products.
3. The Joint Health and Safety Committee and/or Health and Safety Representative shall review the WHMIS training program on an annual basis to determine whether or not the training provided is up-to-date and adequate to protect workers.
LABELLING

1. All hazardous products shall be labelled with either a supplier label or a workplace label as defined by WHMIS regulations.
2. All bulk containers and pipes containing hazardous products shall be labelled according to the WHMIS regulations.

MATERIAL SAFETY DATA SHEETS

1. An MSDS shall be easily accessible for all WHMIS controlled products.
2. Copies of all MSDS’s shall be made available to emergency personnel in case of fire.
3. All MSDS’s shall be less than three (3) years old.

WORKPLACE SURVEY/INVENTORY

1. Each worksite must be inspected and all hazardous products shall be identified and noted on an inventory sheet.
2. The inventory shall be reviewed and updated annually.
Policy No.: MTHS 17

Description: Traffic Control

Effective Date: November 16, 2010

PURPOSE

To ensure traffic control procedures are implemented for the protection of workers who may be endangered by vehicular traffic; for the protection of vehicular and/or pedestrian traffic traveling through municipal worksites.

RESPONSIBILITY

This procedure applies to all workers who may be involved in the planning, set up, and maintenance of proper traffic control to ensure the health and safety compliance.

PROCEDURE

General

1. A workplace specific “traffic protection plan” shall be developed for each project where workers are, or may be, exposed to a hazard from vehicular traffic.
2. The traffic protection plan must be completed for each project and will include the following information:
   a) The location of the job site
   b) Date
   c) Names of workers on the crew
   d) Classification of work (e.g. very short duration, mobile operations etc.)
   e) Volume of vehicular traffic
   f) Associated hazards
   g) Signs, devices and equipment required
   h) Emergency telephone numbers
3. All workers at the job site shall be trained and made aware of the provisions of the traffic protection plan.
4. Any worker responsible for setting up or removing traffic protection devices shall be a competent worker, and must be provided with written and oral instructions.
5. Traffic control persons shall be competent workers, wearing and using appropriate personal protective equipment, and provided with written and oral instructions.

Night Work

A worker who may be endangered by vehicular traffic during night time hours shall wear retro-reflective silver stripes encircling each arm and leg, or equivalent side visibility enhancing stripes covering a minimum area of 50 square centimeters per side in addition to the retro-reflective, fluorescent garment.
NOTE:

In the event conditions are such that a road closure is considered the only possible alternative (e.g., a washed out road base), the immediate supervisor, Emergency Services, and the applicable road authority shall be contacted.
Policy No.: MTHS 18

Description: FALL PROTECTION

Effective Date: November 16, 2010

PURPOSE:

The purpose of this policy is to summarize requirements for fall protection in Municipality of Morris-Turnberry workplaces.

RESPONSIBILITY:

The Management of Morris-Turnberry is committed to the health and safety of its employees. The protection of employees from any fall hazard is a major continuing objective.

If the task requires fall protection, the Municipality will provide each employee with his or her own personal CSA approved and up-to-date fall arrest equipment. This is to include safety harness, lifeline, and lanyard and rope grab.

The fall arrest system must be inspected and maintained after each and every use to make sure there are no cuts or frayed areas in this equipment. You will find these maintenance instructions included with your equipment. If a fall occurs, all components of the fall arrest system should be removed from service.

A competent instructor will provide training in the proper use of each piece of their fall arrest equipment. Training will include the Basics of Fall Protection program issued by CSAO, which has been approved for use by the Ministry of Labour of Ontario.

Mandatory Fall Protection

All supervisors and workers must make themselves familiar with Section 26 of the Regulations for Construction Projects which outlines the circumstances where fall protection is required.

Fall protection application applies where a worker is exposed to any of the following hazards:

1. Falling more than 3 metres.

2. Falling more than 1.2 metres, if the work area is used as a path for a wheelbarrow or similar equipment.

3. Falling into operating machinery.

4. Falling into water or another liquid.
5. Falling into or onto a hazardous substance or object.

6. Falling through an opening on a work surface.

POLICY

Section 26.1 (1) and (2) of the Construction Regulations states that:

26.1  (1) A worker shall be adequately protected by a guardrail system that meets the requirements of subsections 26.3 (2) to (8).

(2) Despite subsection (1) if it is not reasonably possible to install a guardrail system as that subsection requires, a worker shall be adequately protected by at least one of the following methods of fall protection:

1. A travel restraint system that meets the requirements of section 26.4

2. A fall restricting system that meets the requirements of section 26.5

3. A fall arrest system, other than a fall restricting system designed for use in wood pole climbing, that meets the requirements of section 26.6

4. A safety net that meets the requirements of section 26.8

Always remember that if you are not certain of what type of fall protection is required for a particular situation, ask your supervisor for direction.

Written Training and instruction records must be signed by the instructor for each worker exposed to the hazards of falls from heights.
Policy No.:

MTHS 19

Description:

HAZARDOUS CONDITION REPORTING

Effective Date:

November 16, 2010

PURPOSE:

To identify the steps to be taken for reporting hazardous conditions that may arise in the workplace.

RESPONSIBILITY:

A. All employees are responsible for reporting to their supervisor any hazardous conditions that may exist in the workplace.

B. The workplace supervisor is responsible for responding to the employee's concern and ensuring that the hazardous condition is resolved and the workers are protected.

C. Managers and Supervisors will receive training in Health and Safety principals and recognizing, assessing and controlling hazards in municipalities.

D. Pre-work meetings shall be held for non-routine work to review activities, hazards and controls

POLICY:

A. General:

1. An employee shall report immediately to his or her supervisor:
   
   a) the absence of or defect in any equipment or protective device of which he or she is aware and which may endanger himself or herself or another worker;
   
   b) any contravention of the Occupational Health & Safety Act or the regulations, or the Municipality of Morris-Turnberry Health & Safety Policies and Guidelines; and
   
   c) the existence of any hazard of which he or she knows.

2. The supervisor will attempt to resolve the concern, as soon as possible, and keep the involved employee apprised of the status of the concern.

3. If the supervisor is unable to resolve the concern, he or she should bring it to the attention of his or her Senior Manager.

4. If the employee's concern is not satisfactorily resolved after a reasonable period of time (not to exceed five [5] working days), the employee is
encouraged to bring the concern to the attention of a member of the Joint Health & Safety Committee or the Health and Safety Coordinator.

5. The employee will be asked to document the concern on a "HEALTH & SAFETY INFORMATION REQUEST" (Form MTHS 001), outlining the facts and the information requested.

6. All concerns are to be thoroughly investigated with factual information pertaining to the concern freely exchanged between the parties involved in the investigation.

7. The Joint Health & Safety member and the employee's supervisor are responsible for ensuring the employee is informed of the progress or resolution of the concern.

8. Concerns not addressed to the satisfaction of the parties involved are to be placed on the agenda for the next regularly scheduled meeting, or, if necessary, a special meeting convened by the Joint Health & Safety Committee Co-chairpersons.

9. This policy does not preclude the employee from exercising his or her right to refuse to work, as defined under both the Occupational Health & Safety Act and policy MTHS 16 REFUSAL TO WORK.
Policy No.: MTHS 20

Description: HAZARD RECOGNITION

Effective Date: November 16, 2010

PURPOSE

Hazard recognition is the process of identifying agents or conditions which have the potential to cause harm to worker health and safety. Once identified, the hazards must be assessed and controlled.

PROCEDURE

Hazard Assessment

Assessing health or safety hazards is a means of understanding the effects of the hazard and measuring the actual or potential exposure of workers to the hazard. Controls are put in place to eliminate, prevent, or minimize exposure of the worker to the hazard.

There are two main types of hazards: health and safety. A health hazard is any agent that can cause harm to the body when excessive exposure takes place. These agents include chemical, physical, biological, ergonomic factors, and workplace stressors. Safety hazards have the potential to cause injury, a substandard act, or condition.

Hazards may be recognized through:

- Workplace inspections – formal and informal
- Concerns reported by workers, supervisors, and the employer
- Job hazard analyses
- Studies/statistics – sick leave patterns, frequency/severity rates

HEALTH HAZARDS:

Chemical hazards:

- Can be toxic, corrosive, cancer causing, cause fires and explosions, or cause dangerous reactions
- Can be recognized through evaluation of MSDS’s, WHMIS labels, Designated Substance Regulations, and Regulation 833 (Control of Exposure to Biological or Chemical Agents)

Physical Hazards:

- Are agents that are forms of energy such as noise, vibration, radiation (laser beams, UV, X-rays) and temperature
Biological Agents:
- Are living things, or by-products of living things such as bacteria, viruses, fungi, and plants

Ergonomic Factors:
- Factors may include force, repetition, mechanical stress, inadequate lighting, and poor posture. Issues to be considered include work station and equipment design, and how they interact with the worker.

Workplace Stressors:
- Include everyday stress that could be caused by work overload or under load, loss of control, role uncertainty and conflict, working alone, and workplace violence.

SAFETY HAZARDS:

Safety hazards include such items as:
- Energy
  - Pneumatic or hydraulic pressure
  - Steam
- Machines:
  - Moving shafts
  - Belts
  - Pulleys
  - Blades and saws
- Material handling:
  - Lifting
  - Lift trucks
  - Conveyors
- Work practices:
  - Failure to have or follow policies, procedures, training, and,
  - Enforcement of those policies and procedures

After one or more hazards have been identified, a document shall be created identifying the main activities for all jobs or occupations. When hazards are identified, the level of risk for each hazard shall be estimated for addressing the hazard (Job Hazard Analysis).

The next step is carefully assessing the potential consequences of an incident caused by the hazard. The level of risk associated with the hazard is estimated by considering a combination of two factors: (1) frequency, or how often the function or activity is done and, (2) the severity of the consequences if it did happen relating to workers and/or damage to equipment or property.
**RISK = FREQUENCY X SEVERITY**

**Hazard Frequency**

Estimating frequency of hazards can be categorized as:

**High Frequency:** likely to occur when exposed to the hazard (Level 3)

**Medium Frequency:** possibly to occur at some point (Level 2)

**Low Frequency:** unlikely to occur (Level 1)

**Hazard Severity**

Severity estimates provide the potential for damages or harm, and can be categorized as:

**High Severity:** May cause death or loss of a facility (Level 3)

**Medium Severity:** May cause injury but is not life threatening (Level 2)

**Low Severity:** May not affect personal safety or health (Level 1)

**Ranking Hazards**

Once the hazards have been identified or anticipated, the hazards must be ranked to determine which are the most in need of effort at developing controls, safe work practices, or procedures.

Example: Entering a pumping station and climbing down 15 feet to take readings. It has been determined workers enter the pumping station once per week, and this is a confined space where a worker could be overcome by a toxic gas. In addition, falling hazards and electrical hazards are identified.

**Frequency = 2**

*It has been determined this is a medium frequent job function.*

**Severity:** *It has been determined this has high severity consequences.*

**Severity = 3**

*It has been determined that hazards associated with this job function may have severe consequences.*

Therefore the risk assessment would be:

**Frequency (2) X Severity (3) = Risk Assessment (6)**

Once all activities have been assessed, the priority is to work on the highest risk numbers first.
CONTROLS

When determining what controls are going to be put into place, several factors shall be met:

1. adequately control the hazard
2. do not create any new hazards
3. do not create any undue discomfort or stress
4. do not create environmental hazards outside the workplace.

There are three methods for controlling hazards: at the source, along the path, and at the worker.

At the source: this is the ideal control because it eliminates the hazards from the workplace.

Along the Path: These controls are placed between the source of the hazard and where the work is being performed.

At the Worker: This is the least preferred method of control, however, there are situations where this is the only possible location for controlling exposure to the hazard. The worker must use personal means to control exposure, such as safety boots, head protection, hearing protection, SCBA, etc.
Policy No.: MTHS 21

Description: STANDARD OPERATING GUIDELINES

Effective Date: November 16, 2010

PURPOSE:

To provide a system for developing Standard Operating Guidelines for the operation of equipment and performance of specific tasks.

RESPONSIBILITY:

The workplace supervisor is responsible for ensuring that Standard Operating Guidelines are written for each critical piece of equipment in the workplace and the employees who operate the equipment are trained in these Guidelines.

POLICY:

A. General:

1. Each workplace will review the various equipment used at the facility and from this, will develop a list of critical equipment (e.g. Tractor, chipper, dump truck, etc.)

2. A Standard Operating Guideline will be developed for each of these critical pieces of equipment.

3. All employees that operate a piece of critical equipment will be trained in its Standard Operating Guideline.

B. Standard Operating Guidelines Format:

1. Each Standard Operating Guideline should consist of the following sections:

   a) Equipment:

      (1) Brand name, Type, Model Number
      (2) Supplier’s Name and Address
      (3) Specific machine requirements (e.g. Temperature/humidity requirements)

   b) Materials:

      List of materials that are consumed in the operation of the equipment (e.g. Compressed air, gasoline)
c) Pre-Start Up Inspection Checklist:

A walk around is to be performed prior to starting up the equipment. A checklist of items, specific to each piece of equipment, will be used to ensure completeness. A pre-start inspection MUST be performed on new or modified equipment.

The checklist will identify:

1. the frequency of inspection (e.g. daily, weekly, seasonally, etc)
2. what items are to be checked
3. what remedial action is taken when a problem is identified
4. the operator who performs the checklist and the date it is performed

The checklist items may include such items as:

4. all guards are in place
5. all manufacturer's safety features are intact and operational
6. there is no excessive wear
7. everything is fastened together properly—nothing is broken
8. all mounts are secured
9. gauges for such things as pressure and temperature are functioning and within safe ranges
10. start-up of equipment will not endanger any worker.

d) Safety Precautions:

List the precautions that the employee should take while running the equipment, or working in the area, in order to prevent injury to himself or to others.

Include information concerning potential dangers of which the employee should be aware.

Must be a pre-work meeting for non-routine work to review activities, hazards and controls.
Some of the areas of concern which may be identified are:

1. electrical grounding
2. high voltage
3. radiation
4. danger of burns from hot or very cold items
5. extreme heat
6. flying sparks
7. explosive materials
8. hot liquids
9. acidic or caustic substances
10. skin irritants or drying agents
11. toxic fumes
12. flammable fumes or liquids
13. dangerous moving parts of machinery
14. equipment shields
15. oil on floor
16. pits or holes to avoid
17. pinch points

Information about what to do in emergency situations (e.g. location of first aid station, emergency stopping, etc.) may also be included in this section.

e) Personal Protective Equipment (PPE):

This section should list all the personal protective equipment that must be worn while operating the specific equipment and may include items such as:

1. head protection (hard hat, sun exposure)
2. eye protection (safety glasses, face shield)
3. hearing protection (at no time shall any headphones, earphones or other music producing earpiece be used by any worker unless permission has been obtained from the workers immediate supervisor)
4. respiratory equipment (filters, scba)
5. protective clothing and gloves (long pants/shirt if so directed by employees immediate supervisor)
6. foot protection (as per occupational health and safety act)

f) Preventive Maintenance and Critical Spare Parts:

This section will document preventive maintenance that is to be performed on equipment.
A checklist of items, specific to each piece of equipment, will be used to ensure completeness and may parallel the type of list typically found in an owner’s manual.

The required qualifications of the inspector/tester (e.g. Automotive Mechanic, Electrician, etc.) are to be identified in this section of the Guideline.

A maintenance checklist will identify:

1. the frequency of the preventative maintenance (daily, weekly, seasonally, annually etc)
2. what items are to be checked
3. what standards are to be met
4. the results observed
5. the remedial action to be taken when a problem/deviation is identified
6. the operator who completes the checklist and the date it is performed.

Some maintenance activities may not be performed on a fixed time schedule, but rather when certain conditions are observed. For these cases, the Guideline should identify:

1. the condition/signal which triggers the maintenance
2. what activity is to be performed
3. the action taken

For critical equipment where minimum downtime has a serious effect on the operation, a list of essential spare parts will be developed and maintained (e.g. standby generator)

g) Operation:
This section explains in detail how to operate the equipment. It should be as complete and as easily understood as possible. Starting with the first step, all steps of the operation are listed sequentially and explanations given for how, as well as what, things are to be done. The instructions should be stated as simply and concisely as possible, assuming that the operator has no prior knowledge of the equipment.

Illustrations should be provided, where appropriate, to compliment the written instructions.
h) Shutdown:

This section should explain the steps to follow for three (3) types of shutdown situations:

(1) emergency shutdown  
(2) regular shutdown  
(3) long-term (storage) shutdown

Guidelines for each type of shutdown are to be listed in the order that they are to be carried out.

Shutdown includes both shutdown of equipment and clearing the work area.

Emptying containers or tanks of liquid, purging lines, etc. are to be included in the shutdown processes.

i) Illustrations:

This section should include any prints, drawings, schematics or illustrations that can further clarify the written Guidelines.

C. Audits:

1. The Standard Operating Guideline should be reviewed on a periodic basis, and minimally once per year, to

   a) ensure the guideline is being applied consistently  
   b) determine if the operator understands the guideline  
   c) allow for feedback and suggestions for improvements

2. If an accident occurs while using the equipment, the Standard Operating Guideline should be reviewed by the Joint Health and Safety Committee, as part of their accident investigation and analysis

3. If the accident is attributed to failure to follow the Standard Operating Guideline:

   a) the Supervisor should document this infraction and take necessary action to enforce the guideline.  
   b) the Joint Health and Safety Committee should include an audit of the specific Standard Operating Guideline on their subsequent Workplace Inspections, to observe compliance.
Policy No.: MTHS 22
Description: WORKPLACE VIOLENCE PREVENTION POLICY
Effective Date: November 16, 2010

PURPOSE:

To create and foster a work environment free from violence in the workplace, to provide a definition of workplace violence, to establish and detail the responsibilities of all persons in the MUNICIPALITY OF MORRIS-TURNBERRY’s workplaces, to maintain a workplace free of actual, attempted or threatened violence, to ensure that incidents of workplace violence are reported to management and /or to law enforcement as appropriate, and to ensure that complaints of workplace violence are handled in a timely and equitable manner by the Municipal.

POLICY:

A. Scope

1. To ensure the MUNICIPALITY OF MORRIS-TURNBERRY is committed to providing a safe and healthy workplace free from actual, attempted or threatened violence.

2. To recognize that any form of workplace violence is a health and safety issue within the Occupational Health and Safety Act.

3. To ensure that the MUNICIPALITY OF MORRIS-TURNBERRY takes reasonable precautions to prevent workplace violence and protect employees engaged in work-related activities.

4. To apply to all MUNICIPALITY OF MORRIS-TURNBERRY employees and elected officials regardless of position, classification or employee membership.

5. To apply to all persons who attend a Municipal workplace including, but not limited to, all visitors, contractors, vendors and delivery persons.

6. For purposes of this policy the workplace includes all places where the MUNICIPALITY OF MORRIS-TURNBERRY does business, including:

   - All Municipal facilities (whether owned or leased) and surrounding perimeters including parking lots, sidewalks and driveways;
   - Company vehicles;
   - Off-site locations where Municipal business occurs;
   - Municipal-sponsored functions and recreational or social events, whether taking place on Municipal grounds or elsewhere; and
   - Travel for Municipal business.

B. Definition

B. 1 The Workplace refers to any location where Morris-Turnberry employees are located during the working hours or for work related reasons, including employer sponsored social activities.
B. 2  **Workplace violence includes but is not limited to mean:**
- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker;
- A statement or behavior that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

B. 3  **Assault** means an intentional application of force to another person, or an attempt to threat to apply physical force to another person, without that person’s consent.

B. 4  **Bullying** means interpersonal hostility that is deliberate, repeated and sufficiently severe as to harm the targeted person’s health or economic well being.

B. 5  **Threat** means a demonstrated intention to cause harm or injury.

B. 6  **Violence** is broadly defined as an act of aggression that could result in injury to a person, or damage to property. This includes an expressed threat to destroy property or physically injure a person.

C.  **Zero Tolerance**

The MUNICIPALITY OF MORRIS-TURNBERRY values the health and safety of its employees and expects that its workplaces will be free of workplace violence and harassment. The Municipality will not tolerate incidents of workplace violence perpetrated against or by any employee, ratepayer, a member of the general public, customer, vendor, contractor, visitor or any other person at a Municipal workplace or involved in Municipal business.

D.  **Workplace Violence Program**

There is a workplace violence program that implements this policy. It includes measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance and a process for workers to report incidents, or raise concerns.

Morris-Turnberry, as the employer, will ensure this policy and the supporting program are implemented and maintained and that all workers and supervisors have the appropriate information and instruction to protect them from violence in the workplace.

E.  **Responsibilities and Obligations**

1. It is the responsibility of the MUNICIPALITY OF MORRIS-TURNBERRY:
   - To take reasonable preventive measures to protect employees and others in Municipal workplaces from workplace violence;
   - To ensure that a workplace violence risk assessment is conducted;
   - To develop procedures to address the workplace violence risks identified in the violence risk assessment;
   - To ensure that all employees are trained in this policy;
   - To post this policy in a conspicuous place in the workplace;
   - To ensure that this policy is communicated to contractors and other persons who attend Municipal workplaces;
   - To establish a process for reporting and responding to incidents of workplace violence;
To ensure the process for reporting and responding to incidents of workplace violence is communicated, maintained and followed; and
To ensure that this policy is reviewed at least annually.

2. It is the responsibility of managers and supervisors:
   - To understand and abide by the requirements of this policy;
   - To communicate and review this policy with the employees they supervise or manage;
   - To verify that all contractors and others who attend Municipal workplaces are aware of this policy;
   - To adequately train employees in Municipal procedures that address the workplace violence risks applicable to the employee;
   - To encourage employees to report complaints or incidents of workplace violence;
   - To respond to all complaints or incidents of workplace violence in a professional manner appropriate for the circumstances of the complaint or incident;
   - To promptly report all complaints or incidents of workplace violence they receive or witness to the Manager of Human Resources and the Health and Safety Committee.

3. It is the responsibility of employees:
   - To comply with this policy at all times to protect themselves and others in the workplace from workplace violence;
   - To immediately notify their supervisor or other designated person of any incident of workplace violence whether the notifying worker is the victim or not. In the case of an extreme or imminent threat of physical harm to themselves or any person from workplace violence, the worker should contact the police;
   - To participate in training regarding this policy and Municipal procedures directed at workplace violence risks in the workplace; and
   - To fully cooperate in any investigation of complaints or incidents of workplace violence or breaches of this policy.

4. Action for Violence by Third Parties:

   Violence to employees by third parties may result in investigation and if required, notifying the Ontario Provincial Police.

F. Domestic Violence

Any employee experiencing violence outside of the workplace (i.e. domestic violence) that may create a risk of danger to themselves or others in the workplace is encouraged to report such violence so that the Municipal can take reasonable preventive steps.

G. Reporting and Investigating Workplace Violence

1. Reporting threats of workplace violence:
   - All incidents of workplace violence or reprisal must be immediately reported to management or the Human Resources Manager.
   - Any person subjected to workplace violence should, where appropriate, go to a safe location at the workplace and report the incident to their supervisor, a Municipal supervisor or manager, the Human Resources Manager, or through the Employee Assistance Program so that the incident can be investigated and addressed;
• All incidents of workplace violence or reprisal must be immediately reported to management or the Human Resources Manager;

• All complaints and incidents are to be recorded in writing by the reporting person / employee, the supervisor or manager receiving the report and the Human Resources Manager. The date, time, location, potential witnesses and nature of the incident should be documented.

• If the police have not previously been summoned, management or the Human Resources Manager will report all incidents of workplace violence to police;

• If an incident of workplace violence involves a person who is not an employee of the Municipal, management or the Human Resources Manager will report the incident to that person’s employer and/or such other person as the Municipal determines is appropriate in the circumstances.

2. Investigation:

• All complaints or incidents of workplace violence or reprisal will be promptly investigated by management or the Human Resources Manager. Where the perpetrator is a Municipal employee, the investigation will be conducted as quickly and confidentially as possible in the circumstances.

• The management or Human Resources investigation will include:
  (a) A documented interview with the complainant and/or victim;
  (b) A documented interview with the alleged perpetrator(s);
  (c) A documented interview with any witnesses with relevant information to provide;
  and
  (d) Any other step the investigator(s) deem(s) necessary to fully and fairly investigate the complaint or incident.

• At the conclusion of the investigation into an incident or complaint, management and/or the Human Resources Manager will prepare a written report of the findings of fact and – after evaluating existing policies, procedures, physical premises and devices, employee training – any suggestions to prevent a recurrence.

• Where the perpetrator is a Municipal employee, the supervisor of the perpetrator, in consultation with management and/or the Human Resources Manager, will take any necessary disciplinary action. The severity of the disciplinary action, which may include dismissal from employment, will be consistent with the seriousness of the conduct at issue such that more significant discipline will follow more serious conduct or repeated violations of this policy.

H. No reprisal

Workplace violence and this policy are serious matters. This policy prohibits reprisals against employees who have made good faith complaints or provided information regarding a complaint or incident of workplace violence. Employees who engage in reprisals or threats of reprisals may be disciplined up to and including dismissal from employment.

Reprisal includes:

• Any act of retaliation that occurs because a person has complained of or provided information about an incident of workplace violence;

• Intentionally pressuring a person to ignore or not report an incident of workplace violence; and

• Intentionally pressuring a person to lie or provide less than full cooperation with an investigation of a complaint or incident of workplace violence.
An employee who makes a false complaint or otherwise abuses this policy may be disciplined up to and including dismissal from employment. Such discipline is not a reprisal or breach of this policy.

I. Policy Review

This policy will be reviewed as often as necessary, but at least annually.

J. Training:
The Municipality of Morris-Turnberry has a duty to provide information and instruction that is appropriate for the worker. The Municipality of Morris-Turnberry will provide a review of the policy for the employees and council members and will also provide a copy of the policy to any new employees and council members, following the date of this policy.

I. Review Schedule:

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K. Approval:
The policy will be approved by the Council and dated and signed by the Mayor and the Administrator Clerk-Treasurer and will be posted in all work locations. This policy will be incorporated in the Municipal Health and Safety Policy.

_________________________  _________________________
Date  Mayor  Dorothy Kelly

_________________________  _________________________
Date  Administrator Clerk-Treasurer-  Nancy Michie
Policy No.: MTHS 23
Description: HARASSMENT/DISCRIMINATION PREVENTION POLICY
Effective Date: November 16, 2010

PURPOSE:

Harassment undermines our values of mutual respect, tolerance and goodwill. For this reason the municipality’s commitment is to create a workplace that is free from harassment and discrimination within the meaning of the Human Rights Act and the Occupational Health and Safety Act.

POLICY:

A. Scope

In this policy “You” means any individual subject to the policy and “We” or “Our” means the municipality.

This policy applies to all persons that have a relationship and/or dealings with the Municipality of Morris-Turnberry. Specifically this includes: Councillors, employees, employment applicants, contractors, ratepayers and members of the public that provide services to Council and/or receive services from the Council.

This policy applies in any location in which you are engaged in work-related activities. For purposes of this policy the workplace includes all places where the Municipality of Morris-Turnberry does business, including:

- Municipally-owned or leased facilities, or vehicles, or the parking lots;
- Restaurants, hotels or meeting facilities that are being used for business purposes, or for social events such as holiday or retirement parties.

B. Definitions

B.1 Sexual Harassment

Sexual harassment is a form of discrimination. It is also one of the most prevalent forms of harassment.

Sexual harassment includes comments or conduct of a sexual nature that you do not welcome or that offend you. It also includes negative or inappropriate comments or conduct that is not necessarily sexual in nature that is directed at you because of your gender.

Both men and women can be victims of harassment, and someone of the same or opposite sex can harass you.

The person engaging in the harassing behavior does not necessarily have the power or authority over the victim, although that is commonly the case.
Some examples of behaviours that constitute sexual harassment include:

- Sexual advances or demands that you do not welcome or want
- Threats, punishment or denial of a benefit for refusing a sexual advance
- Offering a benefit in exchange for a sexual favour
- Leering or inappropriate gestures
- Displaying sexually offensive material such as posters, pictures, calendars, cartoons, screen savers, pornographic or erotic web sites or other electronic material
- Distributing sexually explicit email messages, or attachments such as pictures or video files
- Sexually suggestive or obscene comments or gestures
- Unwelcome remarks, jokes, innuendos, propositions or taunting about your body, clothing or sex
- Persistent, unwanted attention after a consensual relationship ends
- Physical contact of a sexual nature, such as touching or caressing, and
- Sexual assault.

The test of whether harassment has taken place is whether the harasser knew or should have known that the comments or conduct were unwelcome.

B. 2 Discrimination Harassment

Discriminatory harassment includes, but is not limited to, comments or conduct based on the protected grounds in the Human Rights Code ("protected grounds"), which you do not welcome or that offend you. These protected grounds include:

- Race, colour, ethnic origin
- Creed, religion
- Age
- Sexual orientation
- Family, marital or same-sex partnership status
- Handicap or perceived handicap
- Ancestry, citizenship, national origin or place of origin.

Examples of discriminatory harassment include:

- Offensive comments, jokes or behavior that disparage or ridicule a person’s membership in one of the protected grounds, such as race or religion
- Imitating a person’s accent, speech or mannerisms
- Persistent or inappropriate questions about whether a person is pregnant, has children or plans to have children or
- Inappropriate comments or jokes about an individual’s age, sexual orientation, personal appearance or weight (whether they are under or over weight).

The test of whether harassment has taken place is whether the harasser knew or should have known that the comments or conduct were not welcome.
B. 3 Workplace Harassment

Workplace harassment means any of the following:

- Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be know to be unwelcome
- Conduct that may include teasing, intimidating or offensive jokes or innuendos, displaying or circulating offensive pictures or materials, or offensive or intimidating phone calls or emails
- Bullying which is defined as the misuse of power or position to persistently criticize and condemn; to openly humiliate, undermine and embarrass an individual’s ability.

The test of whether harassment has taken place is whether the harasser knew or should have known that the comments or conduct were not welcome.

C. Preventing Harassment

It is the responsibility not only of the municipality but also of all individuals to eliminate harassment. It is a mutual responsibility to create and maintain a harassment-free workplace.

The Municipality of Morris-Turnberry will do its part by not tolerating or condoning discriminatory or sexual harassment or a poisoned work environment. This includes making everyone aware of what behaviour is and is not appropriate, investigating complaints and taking suitable corrective measures.

C-1. ‘Poisoned Work environment’

1. A Poisoned Work environment is a hostile, intimidating work environment created because of conduct and/or comments that are based on one or more of the prohibited grounds.

2. Some examples of actions that can create a poisoned work environment include:
   - Displaying offensive, discriminatory materials, such as posters, pictures, calendars, websites or screen savers
   - Distributing offensive or discriminatory e-mail messages or attachments such as pictures or video files on a prohibited ground
   - Jokes or insults that are racist or sexual in nature.

Everyone must do their part by ensuring that their behaviour does not violate this policy and by fostering a work environment that is based on respect and is free of harassment.

D. Complaint Procedure

Informal Procedure

If you feel you are being harassed, the first thing to do is to tell the person to stop. Do so as soon as you receive any unwelcome comments or conduct. Although this may be difficult to do, telling the person you don’t like their actions is often enough to stop the behaviour and may result in a genuine apology which you feel is satisfactory.
Some of the things you can say that might stop the behaviour include:

- “I don’t want you to do that.”
- “Please stop doing or saying....”
- “It makes me uncomfortable when you ........”
- “I don’t find it funny when you ..........”

If you believe that someone who is not an employee, e.g. general public, ratepayer, supplier, etc., has harassed you, please report the harassment to your supervisor. Although we have limited control over third parties, we will do our best to address the issue and prevent further problems from arising.

**Formal Procedure**

1. If you are unable to resolve the matter by dealing directly with the person or you feel uncomfortable about approaching him or her, speak to your supervisor. To the extent possible, your supervisor will attempt to address this issue. If the harassment involves your supervisor go to Step #4.

2. It is important that incidents are appropriately recorded as soon as possible. You should make contemporaneous notes, which will be an important aid for you and the municipality in addressing your complaint.

3. Once your supervisor has resolved the issue, he or she will advise the Manager of Human Resources about the complaint and its resolution. This will enable us to be aware of and respond to any pattern of harassment by a particular individual.

4. If your supervisor cannot resolve your complaint, or if it is too serious to handle at that level, he or she will refer you to the Manager of Human Resources. If you are not comfortable approaching your supervisor about your concerns, you may speak directly to the Manager of Human Resources.

5. The Manager of Human Resources will explore your options with you. These options may include counseling you on how to resolve the problem with the individual, educating the person with whom you are having difficulty or assisting you in making a formal complaint.

6. If you decide to initiate a formal complaint we will need as much written information as possible, including the name of the person you believe is harassing you, the place, date and time of the harassment and the name of any possible witnesses.

7. It is important that we receive your complaint as soon as possible so that the problem doesn’t escalate or happen again. Once we receive your complaint, we will initiate a formal investigation, if it is necessary and appropriate to do so.

8. Harassment is a serious matter. Therefore, if you decide not to make a formal complaint, we may still need to look into the matter and take steps to prevent further harassment. We may need to do this if the allegations are particularly serious or there have been previous complaints or incidents involving the alleged harasser.
D. Investigation

We recognize the sensitive nature of harassment complaints and we will keep complaints confidential, to the extent that we are able to do so. We will only release as much information as is necessary to investigate and respond to the complaint.

We will commence our investigation as quickly as possible. We may choose to use either an internal or external investigator, depending on the nature of the complaint. Every incident does not require an external investigator and every incident does not require notification to the Ministry of Labour.

The investigation will include interviews, giving the accused harasser an opportunity to respond to the allegations. It will also include speaking to witnesses and reviewing any related documentation.

We will not tolerate retaliations, taunts or threats against anyone who complains about harassment or takes part in an investigation. Any person who taunts, retaliates against or threatens anyone in relation to a harassment complaint may be disciplined or terminated.

It is our goal to complete any investigation, prepare a report and communicate the results to the complainant and the accused harasser within thirty days after we receive a complaint.

E. Corrective Action for Employees:

If you have engaged in sexual or personal harassment, you will be subject to disciplinary action, up to and including dismissal for cause.

If you taunt, retaliate against or threaten anyone for exercising his or her rights under this policy, you may be subject to disciplinary action, up to and including dismissal for cause.

If you make a complaint in good faith and without malice, you will not be subject to any form of discipline regardless of the outcome of the investigation. We will discipline or terminate anyone who brings a malicious complaint.

If you are not satisfied with the investigation process of a harassment complaint based on the grounds prohibited under the Human Rights Code or its outcome you may choose to contact the Human Rights Commission at 1-800-387-9080 in Toronto. You also retain the right to exercise any other legal avenues that may be available.

F. Action for harassment by Third Parties:

Complaints from third parties may result in investigation and if required, notifying the Ontario Provincial Police.

G. Policy Review

This policy will be reviewed as often as necessary, but at least annually.
H. Training:

The Municipality of Morris-Turnberry has a duty to provide information and instruction that is appropriate for the worker. The Municipality of Morris-Turnberry will provide a review of the policy for the employees and council members and will also provide a copy of the policy to any new employees and council members, following the date of this policy.

I. Review Schedule:

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J. Approval:

The policy will be approved by the Council and dated and signed by the Mayor and the Administrator Clerk-Treasurer and will be posted in all work locations.

Date Mayor Dorothy Kelly

Date Administrator Clerk-Treasurer Nancy Michie
Policy No.: MTHS 24
Description: DISCIPLINE POLICY
Effective Date: November 16, 2010

PURPOSE:

The main objective of our disciplinary program is to ensure that the Municipality’s rules and safe work practices are taken seriously by all employees and are followed. Where disciplinary action is deemed to be appropriate, it shall be conducted in a timely manner. Trying to correct unsafe behaviour by waiting only allows the behaviour or habit to become more ingrained. Discipline shall be kept as positive as possible and not used in a punitive or negative way. Remember that the goal is to correct the problem, action, or behaviour of the person. The type of discipline shall fit the severity of the misconduct and shall be conducted in private.

It is the policy of the Municipality of Morris-Turnberry that all workers shall work in a manner that promotes health and safety. This includes working in a manner that conforms to the Occupational Health and Safety Act and to the Municipal Occupational Health and Safety Manual.

RESPONSIBILITY:

All Senior Managers, Supervisors and the CAO shall be responsible for ensuring that this policy is administered and followed.

POLICY:

In order to ensure effectiveness and fairness of the program all of the following five steps must be addressed with equal importance:

1) Review of disciplinary policies and procedures (Managers & Supervisors)

2) Investigation of accusations and infractions (Supervisors and Health & Safety Reps)

3) Determining and reviewing disciplinary action (Supervisors, Health & Safety Reps, Professional Health & Safety Consultants)

4) Documenting Disciplinary action and program enforcement (Supervisors, Health & Safety Reps, Professional Health & Safety Consultants)

5) Conducting the disciplinary meetings and promoting safe work practices and compliance to regulatory requirements (Supervisors, Health & Safety Reps, Professional Health & Safety Consultants)
Disciplinary Measures and Accountability

WARNING TO SUBCONTRACTORS:
The Municipality of Morris-Turnberry requires all personnel to comply with the Occupational Health and Safety Act and all applicable regulations. Subcontractors are also required as part of the Municipality’s subcontractual agreement to comply with the Municipality of Morris-Turnberry Corporate Health and Safety Policy.

Any health and safety contravention observed at the work site is to be dealt with immediately through a documented verbal and/or written warning.

Such written warnings shall include:

- Project name and number
- Trade Subcontractor/Vendor Responsible
- Identity of Subcontractor’s Superintendent/Foreman in charge of the work, and his signature of acknowledgement
- Names of individual violators if any
- An explanation of the Health and Safety Violation Observed
- Date and Time as to when the infraction is to be rectified
- The signature of the Project Superintendent and the Safety Inspector/Consultant

In the event that a subcontractor refuses or neglects to rectify a hazardous condition, practice or any violation, the Municipality of Morris-Turnberry shall exercise the right to take immediate steps to correct the unsafe condition at the expense of the responsible parties. The Municipality of Morris-Turnberry may also remove from the work site any individual who continues to cause the unsafe condition to remain or performs in a manner not consistent with the guidelines of the Act, its Regulations or our Safety Policy.

Enforcement

This policy is applicable to all workers at sites. All workers are required to comply with the Occupational Health and Safety Act and all applicable regulations. Failure to comply with the OHSA and Regulations will result in the following action:

1) 1st Offence – Worker will be given a verbal warning. The details will be documented and may be forwarded to the applicable employer for corrective action.

2) 2nd Offence – Worker will be given a written warning. A copy of the warning will be forwarded to the applicable employer for corrective action.

3) 3rd Offence – Worker will be given a suspension or permanent dismissal from the site. The details will be documented and forwarded to the applicable employer for corrective action.
4) Violations that could result in a fatality or serious injury are grounds for immediate suspension or dismissal.

**Note:** Warnings are intended to give workers the opportunity to correct their actions. Serious offences or flagrant violations of the safety program or the Occupational Health and Safety Act and Regulations are grounds for immediate suspension or dismissal.
1. **PURPOSE:**

   To provide general guidelines for creating and maintaining a safe work environment.

2. **RESPONSIBILITY:**

   A. The employee is responsible for following the safety rules.

   B. The supervisor is responsible for ensuring the guideline is adhered to.

3. **GUIDELINE:**

   A. **General Rules:**

      1. Personal Protection Equipment must be worn when and where required.

      2. Report ALL injuries to your supervisor immediately.

      3. Report any unsafe conditions, including someone apparently under the influence or in possession of drugs or alcohol, or any other hazard that may result in an injury to yourself or a fellow employee.

      4. Report any property damage, regardless of how minor.

      5. Follow all operator instructions when using or handling hazardous materials and ensure that all containers of hazardous materials are properly labelled and stored in designated areas.

      6. Obey all posted signs and notices.

      7. Always use the correct posture when lifting, and get assistance if the weight is excessive.

      8. Be aware of the location of the Health and Safety bulletin board, the MSDS Sheets and the posted Occupational Health and Safety Act.

   B. **Housekeeping:**

      1. Aisles are to be kept clear at all times.

      2. Individual work areas are to be kept clean and tidy.
3. All materials, tools, products and equipment are to be kept in their designated areas.

4. All materials, tools, products and equipment are to be kept in their designated areas.

5. Liquid spills are to be cleaned up immediately to prevent slips and falls.

C. **Fire Prevention:**

1. Become familiar with the location of fire alarm pull stations, fire extinguishers and exits.

2. Ensure aisles and exits are not blocked at any time.

3. Anytime a fire extinguisher is used, report it immediately to your supervisor, so that it can be recharged. Contact the Fire Department for assistance.

4. Senior Managers shall ensure all their workers have been properly trained in emergency Guidelines specific to their individual work locations. This shall include annual fire extinguisher training.

D. **Equipment Operation:**

1. Equipment must not be repaired, adjusted or operated unless you understand the Standard Operating Guideline.

2. Be aware of the use and location of the “EMERGENCY STOP” button before using any equipment.

3. Loose clothing, jewellery, and long hair should be secured, so as not to become entangled with equipment.

4. The operator must check all safety devices before operating the equipment.

5. All equipment must be turned off and the appropriate lock-out Guideline (MTHS 2.3 LOCK-OUT) followed, prior to repairs, cleaning, adjustment or lubrication.
1. **PURPOSE:**

   To provide a guideline that outlines what personal protection equipment is required to be worn in the workplace.

2. **RESPONSIBILITY:**

   A. The supervisor is responsible to ensure the necessary equipment is worn or used, training the employee in its use and ensuring the guideline is adhered to.

   B. The employee is responsible for the care and maintenance of any personal protective equipment assigned to them and for the proper application of this guideline as it applies to them.

   C. Supervisors and Managers must set a good example by always wearing the appropriate PPE, when required.

3. **GUIDELINE:**

   A. **General:**

   1. Personal Protective Equipment (PPE) is the last line of defence for controlling occupational hazards, after thorough evaluation and implementation of:

      a) engineering controls;
      b) administrative controls; and
      c) work practices.

   2. Only PPE approved by the appropriate safety associations (e.g. CSA, NIOSH, NFPA etc.) will be used.

   3. Specific PPE needs will be identified at each workplace, in accordance with accepted industry practices and standards, and will be documented in the specific workplace Standard Operating Guidelines, for the critical pieces of equipment.

   4. Training in the use and maintenance of PPE will be provided by the Supervisor.

   5. Records will be kept for the issue of non-disposable PPE.
6. The Joint Health & Safety Committee may audit compliance to this guideline during their monthly inspections.

7. All Personal Protective Equipment must be inspected before use.

B. Personal Protective Equipment:

1. Head Protection:
   a) Hard hats are required by all workers involved in construction or emergency operations where there is any danger of injury from falling objects, or from striking the head on overhead objects.
   b) Hard hats shall not be drilled, painted or worn in a reversed manner.
   c) Other protective headgear may be assigned to protect individuals from long-term exposure to the sun or elements.

2. Eye Protection:
   Where a worker is exposed to the hazard of eye injury, he or she shall wear eye protection appropriate for the circumstances, which includes, but is not limited to:
   a) chipping;
   b) cutting;
   c) drilling;
   d) exposure to acids, alkali, or other corrosive chemicals;
   e) exposure to very dirty or dusty conditions;
   f) sandblasting;
   g) sawing;
   h) spray painting; and
   i) welding
   j) performing extrication or rescue

3. Hearing Protection:
   a) Warning signs are to be posted at the approaches to an area, or on equipment, where the sound level is more than ninety (90) decibels.
   b) Workers are to wear hearing protection when the daily exposure is more than that permitted for the particular sound level, as defined in Regulations 834, S 139, of the Occupational Health and Safety Act.
   c) Workers shall wear hearing protection, when exposed to a sound level of one hundred and fifteen (115) decibels or greater.

4. Respiratory Equipment:
   a) Suitable breathing apparatus shall be worn when workers are likely to be exposed to injury from:
(1) dangerous gases, vapour, fumes or dust; and
(2) deficiency of oxygen.

b) Equipment can be paper filters, masks with charcoal cartridges, S.C.B.A. (Self-Contained Breathing Apparatus) or SAR (Supplied Air Respirator).

5. **Protective Clothing and Gloves:**

   a) A worker shall be outfitted with the appropriate apparel, where he or she is exposed to the hazard of injury from contact of his/her skin:

   (1) a noxious gas, liquid, fume or dust;
   (2) a sharp or jagged object which may puncture, cut or abrade his or her skin;
   (3) a hot object, liquid or molten metal;
   (4) radiant heat; and
   (5) body fluids or pathogenic material (e.g. health care area).

   b) Garment, usually a vest, covering the upper body and meeting the Construction Projects Traffic Control Regulations 69.1, is required to be worn by all workers involved in construction, maintenance and/or traffic control while on the roadway.

6. **Foot Protection:**

   a) Where a worker is exposed to the hazard of foot injury he or she shall wear foot protection appropriate in the circumstances.
   b) All workers shall wear green-patch, steel-toed boots or shoes with puncture resistant soles when working on construction sites.
   c) Lace-type footwear must be fully laced to provide full support and prevent accidents.
Guideline No.: MTHS 2.3

Description: LOCK OUT / TAGOUT

Effective Date: November 16, 2010

1. PURPOSE:

To create a guideline that ensures equipment is locked out/tagged out when under repair or if determined to be unsafe, so as not to endanger any personnel.

2. RESPONSIBILITY:

A. The employee working on the equipment is responsible for the proper application of this guideline.

B. The supervisor is responsible for ensuring that the guideline is adhered to.

3. GUIDELINE:

A. A numbered padlock, with a single key, will be assigned to those employees who perform repairs to equipment and/or are responsible for employee safety.

B. The padlock key is to remain in the possession of the assigned employee and is not to be loaned out.

C. If a piece of equipment is unsafe, or repairs are to be made, a “safety lock-out” is to be applied and the employee is to fasten his padlock to it, before commencing any repairs or maintenance.

D. If a piece of equipment cannot be locked out, fuses should be removed and the switch tagged, identifying the equipment’s status.

E. Prior to the removal of the padlock, the employee should check out the equipment and immediate area to ensure that the equipment can be started safely.

F. If repairs overlap from one shift to the next, the employee going off shift is responsible for ensuring that his/her lock is removed and that a lock from an employee on the incoming shift replaces it.

G. If an employee neglects to remove his/her padlock before leaving the facility, the supervisor shall call him/her at home to return to the facility and remove the padlock. If this is not possible, the supervisor may remove the padlock, using a master key, only after he/she has identified that:
1. the employee is not still working on the equipment, and
2. it is safe to start up the equipment

H. In those cases where adjustments can only be made when the equipment is operating, a “spotter” positioned at the “Emergency Stop Button” replaces the need for a lock-out.
1. **PURPOSE:**

   A. To create a guideline whereby employees can work safely in a designated confined space.

   B. To assure that the Occupational Health and Safety Act, and specifically Regulation 632/05 “Confined Spaces” is complied with.

   C. To train employees as per Regulation 632/05 “Confined Spaces” so that they are able to recognize hazards associated with confined spaces, to respond to anticipated hazards and emergencies, and to perform assigned duties in conformance to established confined space entry guidelines.

   D. To protect employees from hazards that could be present in confined spaces.

   E. To institute a rescue program in the event that such may be required.

2. **RESPONSIBILITY:**

   This guideline applies to any person engaged by the Municipality having to enter a confined space. This shall include management, supervisors, workers and contractors.

   As per Ontario Regulation 632/05, Firefighters (as defined in the Fire Protection and Prevention Act, 1997) are exempt from Sections 4 to 7 and 9 to 21 of Ontario Regulation 632/05 “Confined Spaces” while performing emergency work. Firefighters performing emergency work shall adhere to the remaining sections of the Regulation and to Municipality of Morris-Turnberry Fire Department Standard Operating Guidelines with regards to confined spaces. At all other times including training and practice, Community Fire Safety Coordinator (when applicable) shall follow Municipality of Morris-Turnberry Guideline MTHS 2.4 regarding Confined Spaces.

3. **DEFINITION:**

   A. The Occupational Health and Safety Act, Regulation 632/05 defines “confined space” as:

   “… a fully or partially confined space,

   1. that is not both designed and constructed for continuous human occupancy, and
2. in which atmospheric hazards may occur because of construction, location or contents or because of work that is done in it;"

The Occupational Health and Safety Act, Regulation 632/05 defines “atmospheric hazard” as:

1. the accumulation of flammable, combustible or explosive agents,
2. an oxygen content in the atmosphere that is less than 18 per cent or more than 23 per cent by volume, or
3. the accumulation of atmospheric contaminants, including gases, vapours, fumes, dusts or mists, that could,
   (i) result in acute health effects that pose an immediate threat to life, or
   (ii) interfere with a person’s ability to escape unaided from a confined space;"

The Occupational Health and Safety Act, Regulation 632/05 defines “cold work” as:

“…work that is not capable of producing a source of ignition;”

B. This shall apply to all sanitary and storm sewer systems and water systems in the Municipality of Morris-Turnberry (All manholes, wet and dry wells, valve chambers, tanks, vats, sewers, pipes, ducts, flues, digesters, etc.) as well as any and all chlorine gas storage areas and all other spaces as defined in 3 A. above.

C. The Municipality of Morris-Turnberry guidelines for entry into confined spaces are based on the degree to which the possibility of a hazard exists considering the nature and duration of the work to be performed, the adequacy of the ventilation system, and the nature of the hazard present or likely to be present.

D. The entry into a confined space is represented by one of the four categories as follows:

CATEGORY 1: a) A hazard does NOT exist in the confined space; and 
b) There is NOT a likelihood of a hazard developing while any person is in the confined space having regard to the construction, location, nature and duration of the work to be performed.

CATEGORY 2: In the confined space a hazardous atmosphere IS PRESENT or IS LIKELY to be present having regard to the construction, location, nature and duration of the work to be performed. BUT the confined space can be ADEQUATELY VENTILATED to eliminate the hazardous atmosphere or its likelihood.

CATEGORY 3: In the confined space a hazardous atmosphere IS PRESENT or IS LIKELY to be present having regard to the construction, location, nature and duration of the work to be performed.
AND the confined space CANNOT BE ADEQUATELY VENTILATED.

CATEGORY 4: In the confined space an EXPLOSIVE or FLAMMABLE atmosphere IS or IS LIKELY to be present having regard to the construction, location, nature and duration of the work to be performed.

E. In regard to Section 3 D. above, the levels of Oxygen, Hydrogen Sulphide, Carbon Monoxide, and Explosive Gases necessary to cause an alarm mode in the gas detector shall be construed as the definition of “hazard” and “hazardous” as defined in Section 3 A.

If any doubt exists at the time of entry to a confined space the worker shall consult his/her supervisor before entering to perform work.

4. GUIDELINE:

A. Competent Person:

1. Only a competent person shall be permitted to administer and supervise confined space work.

2. Under no circumstances shall the competent person enter the confined space at any time.

3. It is imperative that a competent person thoroughly understand the characteristics differentiating the categories of confined spaces in Section 2 D. This is the key to entry guidelines that follow.

4. In order to be a competent person, an employee must have the following qualifications:

a) be familiar with the Occupational Health and Safety Act and Regulations, and their provisions in regard to the health and safety of the workers
b) be qualified by knowledge of the work, training in the work and experience to be able to organize the work and ensure that it is done in a safe manner, in accordance with the Occupational Health and Safety Act; specifically Regulation 632/05 “Confined Spaces”
c) have knowledge of any potential or actual hazard to the health or safety of the workers in the work place
d) successfully complete a Confined Space Entry Course including a written examination every five years
e) effectively demonstrate an actual confined Space Entry and Rescue every two years
f) be able to successfully complete a medical examination.
5. The Municipality’s course of instruction shall include:

a) the Occupational Health and Safety Act (Industrial Establishments Section 67 to 71 or Construction Projects, Section 60 to 63, and Regulation 632/05 “Confined Spaces”)
b) confined space characteristics and hazards
c) atmospheric sensing and detection equipment
d) personal Protective equipment
e) entry guideline
f) emergency and rescue guideline
g) inspection and operation of personal protective, monitoring, ventilation, and rescue equipment
h) cardiopulmonary Resuscitation (CPR) and first aid

6. A competent person and entry worker shall not be permitted to have hair that interferes with the seal or the operation of the exhalation valve of the breathing apparatus. Such hair includes beards, moustaches, long bangs and sideburns.

7. It shall be the responsibility of the Senior Manager and the Supervisor to ensure:

a) that an employee receives the training regarding Confined Space Entry and Rescue and the Municipal Health and Safety Policies and Guidelines are adhered to.
b) that an updated list of those employees certified as competent is kept.
c) that competent employees receive ‘refresher’ instruction courses in all aspects of the work on a yearly basis.
d) that all new and updated information concerning confined spaces work is brought to the attention of the competent persons.

B. Evaluation of Hazard:

1. A worker shall not enter a confined space unless a competent person evaluates the test results and the degree to which a hazard exists or is likely to exist considering the construction, location, contents, nature and duration of the work to be performed. A description of the above mentioned hazards and the corresponding control measures must be recorded on MTHS 018.

2. Access and Egress. Sufficient personnel and equipment shall be maintained at the access opening to remove person(s) from the confined space should the need arise.

3. Industrial Areas. The entry into a sewer in an industrial area requires extra precautions. There are many other gases and vapours not detectable by portable testing equipment that may be present within the confined space at any given time, especially in these areas. The competent person must
evaluate the degree to which a hazard exists or is likely to exist with this in
mind.

4. Personal Protective Equipment. Given the work environment both inside
and outside the confined space, specific precautions must be exercised
when performing confined space work. Determine if the work area will fall
under the Construction or Industrial Regulations of the Occupational Health
and Safety Act. Senior Managers and Supervisors, and ultimately, the
competent person shall ensure that each worker who enters a confined
space is provided with adequate personal protective equipment, clothing
and devices, in accordance with this guideline. Such equipment may
include S.C.B.A., hand and eye protection, safety head wear, fall protection,
safety footwear, and other protective clothing as required.

Explosion proof rated lighting and equipment, including communication
equipment shall be used and shall be rated intrinsically safe, whether 120
volt or 12 volt. Provisions will be made before entry to obtain any other
equipment as the situation dictates. All personal protective equipment will
be checked by a competent person prior to use to ensure it is in good repair
and working order.

5. Traffic Protection. If entry is to be made where vehicular traffic is a hazard,
the following are required:

a) all employees will have a fluorescent blaze vest, shirt, or coat with
fluorescent stripes front and back that meets current Occupational
Health and Safety Act standards.

b) cones or delineators meeting all current applicable standards and
regulations will be set up as required by provincial legislation or per
standard operating guideline for traffic control.

If traffic control is required, then the person shall have a STOP/SLOW sign
and be given both written and verbal instruction. Refer to the publication
entitled “Ontario Traffic Control Manual Book 7”.

C. Prior To Entry:

1. The sensing device(s) shall be calibrated by a competent person per
manufacturer’s instructions.

2. Using a calibrated sensing device, obtain an atmospheric reading in
confined space or prior to removal of manhole cover if possible. If readings
are lower than 19.5% or greater than 23% oxygen, or greater than 20% of
the Lower Explosive Limits (L.E.L.), entry is **not to be made**.

3. Determine if there is a need for a confined space entry permit for either hot
or cold work (MTHS 013).
4. All readings to be recorded on a confined space entry permit by the competent person conducting the tests.

5. If entry must be made and safe conditions cannot be met, self-contained breathing apparatus (S.C.B.A.) must be worn by all personnel entering the confined space.

6. The presence of Hydrogen Sulphide (H₂S) in any quantity prohibits entry unless S.C.B.A. is worn.

7. Ventilation, when required is to be available and activated for at least 10 minutes prior to entry.

8. Review applicable Occupational Health and Safety Act regulations before commencing work.

9. Determine if lockout guidelines are required. If so, ensure you have tags to identify the locked out area and your own padlock. (See MTHS Guideline 2.3)

10. Every employee who enters a confined space shall protect themselves against:

   a) the release of hazardous substances into the confined space by blanking or disconnecting piping, or if this is not practical under the circumstances for practical reasons, by other adequate means;

   b) contact with electrical energy inside the confined space that could endanger the worker by disconnecting, de-energizing, locking out and tagging the source of electrical energy, or if it is not practical under the circumstances for technical reasons, by other adequate means;

   c) contact with moving parts of equipment inside the confined space by disconnecting the equipment from its power source, de-energizing the equipment, locking it out and tagging it, or if this is not practical under the circumstances for technical reasons, by other adequate means;

   d) drowning, engulfment, entrapment, suffocation and other hazards from free-flowing material, by adequate means.

11. Ensure a system of communications is in place between the worker and the lock out/safety person and the lock out/safety person and home base (two way radio, cellular). If such equipment is used inside a confined space, it must be intrinsically safe.

12. Determine if any specialized tools or equipment are required before starting the job.
D. **Atmospheric Testing Requirements:**

1. A worker shall not enter a confined space unless sufficient tests are made for oxygen deficiency, combustibles, hydrogen sulphide and carbon monoxide in appropriate locations by a competent person.

2. In a closed confined space a test for combustibles must be carried out prior to removing the cover if possible (i.e. through the pick holes of a manhole). This testing would be for the following hazards, listed in order:
   
a) oxygen deficiency or enrichment  
b) combustibles/flammables  
c) toxics

3. Continual monitoring of the atmosphere must be carried out while the worker is in a confined space. Monitoring equipment shall have an audible alarm. When the device sounds an alarm, the worker(s) shall leave the area immediately.

4. Sample location – location is important in sampling because the hazard may be restricted to a small portion of the entire volume. Primarily it is important to remember the rule TEST THE WHOLE VOLUME.

E. **Recording Test Results:**

1. A worker shall not enter a confined space unless a competent person records the results of each test as a permanent record on Confined Space Atmospheric Assessment and Entry Permit MTHS 018. This permit must be fully completed. (This is a Ministry of Labour requirement). This record will be filed for future reference and documentation.

2. Test results must be recorded at 15 minutes intervals during the entire duration of the entry.

3. The competent person must place his/her signature on the record.

4. The Senior Manager (representing the employer) shall be responsible for keeping all records on file for at least five years.

F. **Ventilation Requirements**

1. As per Reg 632/05, a worker shall not enter a confined space which:

   a) contains or is likely to contain a gas vapour, dust, mist or smoke that is toxic or hazardous; or  
   b) has or is likely to have oxygen content in the atmosphere of less than 19.5% or more than 23%; unless  
   c) the space can be purged and ventilated to provide and maintain a safe atmosphere.
2. If adequate ventilation to remove the atmospheric hazard is not possible and 6. A. 1 or 2 apply; the entry worker shall use a Self Contained Breathing Apparatus.

3. If mechanical ventilation is used to maintain acceptable atmospheric levels, an adequate warning system and exit guideline shall also be provided to ensure that workers have adequate warning of ventilation failure and are able to exit the confined space in a safe and timely fashion.

4. Ministry of Environment standards require that ventilation equipment must be able to provide for a minimum of 10 air changes per hour in the confined space. The Municipality of Morris-Turnberry minimum standard shall be 20 air changes per hour.

5. Continuous purging with fresh air is recommended whenever a worker is inside a manhole, even if test results have been satisfactory.

Dangerous atmospheres can be controlled or eliminated either:

- Mechanically — this type of ventilation is basically a portable fan that provides a sufficient amount of “good air” in exchange for the “bad air”. Generally a fan that provides 750-1000 cubic feet of air per minute is used for vault or chamber operations. In larger areas such as large tanks and vessels, larger fans capable of moving up to 5000 cubic feet of air may be required. In the case of a combustible/explosive atmosphere, an explosive proof fan and/or ducting is required.

- Alternatively, provision is to be made for “natural ventilation” by means of opening other covers to create a natural airflow.

**NOTE:** A minimum safe requirement is 20 air changes per hour with ventilation in place for a minimum of ten minutes before entry.

- Respiratory Protective Equipment — should be used whenever ventilation is inadequate or impractical. For certain conditions such as oxygen deficient atmospheres, or if the level of toxic gas or vapour is unknown or exceeds the level considered to be immediately dangerous to life or health, the use of a self-contained breathing apparatus (S.C.B.A.) or a supplied air respirator (S.A.R.) with an escape pack is required. If toxic gas or vapour is below the I.D.L.H. level (Immediately Dangerous to Life and Health), air-purifying respirators may be used provided that the exposure levels never exceed the limitations of the unit. This can only be determined by a person who is knowledgeable about the respirator and of the hazards.

**NOTE:** In the case of explosive atmospheres, special precautions must be implemented. Entry into an area with a concentration of greater than 50% of the Lower Explosive Limit (L.E.L.) **must not be entered** for any reason as per Ontario Provincial Legislation.
6. Re-test:

a) This test is done with the same equipment as the initial test. The test should be conducted to ensure that the entire, work area and full depth of the space is tested and that sensors are given sufficient time to respond properly.

b) Should the test or the re-test show a problem the supervisor will be notified before entry is made.

7. Record:

Once again a record is required similar to the pre-opening test record.

G. Entry Guidelines:

CATEGORY 1: A worker shall not enter a confined space unless:

1. The removal of any cover of a confined space is done with correct tools to prevent back injuries or the occurrence of a spark;

2. the atmosphere is continually monitored for oxygen deficiency, hydrogen sulphide, explosive gases and carbon monoxide; and

3. he/she is wearing an approved body harness attached to a rope (ensures maximum ability for a quick retrieval without injury); and

4. a competent person is stationed outside the nearest entrance to the confined space at all times, whose duty it is to remain in constant communications with the entry worker as described in this guideline. This person shall be trained in artificial respiration and cardio pulmonary resuscitation. In case of emergency the competent person outside the space shall have readily available:

   a) suitable communications to summon emergency help as described 12. C.
   b) an approved body harness
   c) a rope of sufficient length or a suitable lifting device
   d) a self-contained breathing apparatus (SCBA) of at least 30 minutes duration.

CATEGORY 2: In addition to Category 1 and where a confined space:

1. contains or is likely to contain a gas, vapour, dust, mist or smoke that is toxic or hazardous; or
2. has or is likely to have an oxygen content in the atmosphere of less than 19.5% or more than 23%.

But the space can be ventilated adequately, (20 air changes per hour minimum), a worker shall not enter unless he/she is:

a) wearing an approved safety harness to which is securely attached a rope, the free end of which is held by a person outside the confined space who is equipped with a suitable lifting device or a sufficient number of persons capable of physically removing the worker.

b) the use of an S.C.B.A. is not required under this section of the Occupational Health and Safety Act, but its use is recommended, and shall be at the work site at all times.

NOTE: ENTRY TO SOME CONFINED SPACES IS NOT VERTICAL and may include stairways and cat walks. Once having entered such a space a worker shall attach himself/herself to the retrieval equipment before doing work. If this immediate attachment is not practical because of the distance of the work area from the retrieval equipment, or because of the type of work being done, then the entry worker may work without being attached. However, continuous verbal and/or visual contact with the competent person outside the confined space must be maintained.

CATEGORY 3: In addition to Category 1 and 2 above and where the confined space CANNOT be ventilated adequately, a worker shall not enter the space unless he/she:

1. is equipped with a self-contained breathing apparatus of sufficient quantity considering the nature and duration of the work to be performed.

CATEGORY 4: A worker shall not enter a confined space where the gas or vapour is, or is likely to be, explosive or flammable. The competent person shall:

1. contact his/her supervisor immediately
2. secure the area from other persons and vehicles
3. eliminate all potential sources of ignition

Some types of 'cold work' (as defined in Definition 3. A.) are permitted in a confined space likely to have a flammable or explosive atmosphere. However, a worker shall not enter the space in any event until the proper authorities permit him/her to do so.
If ‘hot work’ must be performed, then Section 19 “explosive and flammable substances” of Ontario Regulation 632/05 shall be adhered to.

H. **Emergency Rescue Guidelines:**

1. During an emergency, an unusual event has happened that renders the confined space dangerous to human activity within it. Human nature instinctively insists that we help our co-worker. Rushing into a confined space unprotected and unprepared is suicidal and will only complicate the eventual recovery. Time is the critical element in dealing with a worker who has been overcome by a toxic or oxygen deficient atmosphere. Death may occur after four minutes.

2. It is essential that emergency services (fire and ambulance) be alerted to the emergency as early as possible.

3. If an employee is in the confined space and the monitor alarm sounds he/she must leave the area immediately.

4. If an employee is not in the confined space area and the monitor alarm sounds, he/she must not enter the area and should notify the supervisor immediately.

5. In the event of an emergency situation the competent person stationed outside the confined space shall:

   a) **RADIO 911 EMERGENCY** to the dispatcher clearly stating the following:

   (1) “My name is _______________ and I work for ______________.”
   (2) “I have a confined space emergency.”
   (3) “My location is ___ facility_____ on ______ street ______.”
   (4) “My civic address is ___ number_____ on ___ street________.”
   (5) “I need the Fire Department and Ambulance to respond”

   **NOTE:** Other radio transmissions shall cease until clearance is given by the base station when the emergency situation has been alleviated.

   The dispatcher shall:

   (1) acknowledge call and confirm location
   (2) immediately call 911 advising of a confined space emergency and request that the fire department and ambulance be dispatched.

   b) **TELEPHONE 911** - from the nearest landline or cellular phone (if no answer from #1 above), clearly stating the following:

   (1) “My name is _______________ and I work for ______________.”
(2) “I have a confined space emergency.”
(3) “My location is facility on street.”
(4) “My civic address is number on street.”
(5) “I need the Fire Department and Ambulance to respond”

c) (1) If the entry worker is attached to retrieval equipment, the competent person outside the confined space shall attempt to raise him/her to the surface and provide the appropriate assistance until help arrives.

(2) Under no circumstances shall any worker enter a confined space to attempt a rescue until help arrives.

No other rescue guideline shall be used.

I. Communications:

Portable radios may be used to communicate between the worker and the competent topside worker; however, radios must be intrinsically safe. Cell phones may be used by the competent topside person outside the confined space only. Hard hat communications systems, rated intrinsically safe, may be used if available.

J. Signals:

1. Verbal: In most situations, it is possible for the person below to shout up to the topside safety person, or make use of portable radios or hard hat communications. However, there are occasions when the person below cannot hear. This requires hand signals.

2. Emergency Hand Signals:

   a) Help: moving of arm overhead.
   b) Danger or Trouble: pull the finger across the throat in a cutting motion.
   c) No: forefinger or head is waved from side to side for universal negative response.
   d) Yes: form circle with thumb and first finger; extend other fingers, same for OK.
   e) Direct Attention: point to desired area, such as ear, direction or mouthpiece.
   f) I intend to go up: Thumbs up.
   g) I intend to go down: Thumbs down.
   h) Question or repetition: Palm of hand up and down.
## 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>CATEGORY 1</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</td>
<td>- not required but recommended</td>
<td>- continual monitor</td>
<td>- 911 emergency call</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- unlikely to occur considering nature and duration of the work</td>
<td></td>
<td>- competent person outside</td>
<td>- do not enter confined space until help arrives</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- wear approved body harness</td>
<td>- supply air to entrant if required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- remove entry worker as much as possible</td>
</tr>
<tr>
<td>CATEGORY 2</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</td>
<td>- 911 emergency call</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- ventilate to maintain safe atmosphere</td>
<td>- wear approved body harness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- minimum 10 air changes per hour</td>
<td>- suitable lifting device or sufficient manpower in place</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- S.C.B.A. (recommended)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- do not enter confined space until help arrives</td>
</tr>
<tr>
<td>CATEGORY 3</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</td>
<td>- 911 emergency call</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- competent person outside</td>
<td>- remove entry worker</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- supply air to entrant if required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- do not enter confined space until help arrives</td>
</tr>
<tr>
<td>CATEGORY 4</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>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- notify supervisor and secure area from all potential sources of ignition</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX ‘B’

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
- Explosive or Flammable atmosphere is present or is likely to be present
- Continual monitor
- Rescue system
- Competent person outside
- Use of S.C.B.A. required

DO NOT ENTER
GENERAL:

The Municipality of Morris-Turnberry Community Fire Safety Coordinator (when applicable) shall be utilized as a resource for confined space entry practice and drills as a minimum once annually.

REVISING:

This guideline shall be reviewed by all affected departments and the Health and Safety Committee as a minimum annually and updated by the Health and Safety Coordinator as required.
Guideline No.: MTHS 2.5

Description: TRENCHING

Effective Date: November 16, 2010

1. PURPOSE:

To provide a guideline whereby employees may work safely in a trench.

2. RESPONSIBILITY:

A. The employee working in the area is responsible for proper application of this guideline.

B. The supervisor and Senior Manager are responsible for ensuring that employees, including contractors are properly trained and that this guideline is adhered to.

C. The supervisor shall be in possession of a current copy of the Occupational Health and Safety Regulations for Construction Projects.

3. GUIDELINE:

A. General:

1. A “trench” is defined as an excavation whose depth is greater than its width.

2. Pre-plan:

   a) Determine the type of soil that the trench will be located in. Generally, municipal operations are carried out in type 3 soil at best.
   b) Locate and mark all services (gas, electrical, water, etc.)
   c) If the service may pose a hazard, the service shall be shut off and disconnected. If this is not possible, then the owner of the service shall be requested to supervise the uncovering of the service.
   d) If the trench may affect the stability of an adjacent existing foundation, building or structure, a supervisor must be notified.
   e) If the trench has a water problem, water removal may be required. e.g. pumps etc.

3. Check Out Equipment:

   a) Ensure that trench protection materials are in working condition. e.g. trench box, hydraulic shoring, pneumatic shoring, wood shoring, shovels, picks, pumps, traffic control devices etc.
   b) A system of communications will be in place between the trench location and home base.
c) Check all personal protective equipment to ensure that it is in good repair and in working order.

4. Traffic Control:

a) If the trench is to be made where vehicular traffic is a hazard, the following are required:

(1) all employees will have a bright orange vest/shirt/coat with fluorescent stripes front and back.
(2) cones or delineators will be set up as required by legislation for traffic control.

Where a traffic controller is required, that person shall follow the Ontario Traffic Control Manual, Book 7, Temporary Conditions

5. Excavate:

a) No person shall be within a six-foot radius of any mechanized excavating equipment that is in the process of excavation.

b) No employee shall enter a trench unless:

(1) proper protection for the worker is in place as outlined in the current Regulations For Construction Projects in Sections 222 through 242.
(2) the employee is in full view of another employee on the surface at all times.

B. Emergency Guidelines:

1. Should any abnormalities occur in the trench wall, bottom or surface area above the trench, it shall be evacuated immediately and supervision notified.

2. Should a trench collapse occur whereby an employee is engulfed or buried:

a) the competent person on top will immediately notify home base via mobile radio or call 911 by cellular phone.
b) home base will call emergency personnel

UNDER NO CIRCUMSTANCES SHALL ANY EMPLOYEE ENTER AN UNSAFE TRENCH TO AFFECT RESCUE OPERATIONS. NO OTHER RESCUE GUIDELINE WILL BE USED.
Guideline No.: MTHS 2.6
Description: EMERGENCY GUIDELINES
Effective Date: November 16, 2010

1. PURPOSE:

To create a comprehensive action plan to be taken under various emergency situations. This shall include business continuity plans for municipal departments and other accessory plans to manage various emergencies specific to individual departments.

2. RESPONSIBILITY:

A. The on-site supervisor is responsible for the implementation of the "EMERGENCY GUIDELINES" in the event of an emergency.

B. The employee is responsible for knowing the nearest emergency exit location and safety area.

C. The Senior Manager is responsible for implementation of this guideline, ensuring this guideline is adhered to and for reporting any incident to the CAO, as outlined in the Municipality’s "Occupational Health and Safety Manual".

3. GUIDELINE:

A. Definition:

1. An emergency condition may be created as a result of a:

   a) fire;
   b) explosion;
   c) bomb threat;
   d) flood, earthquake or tornado;
   e) chemical spill;
   f) severe or critical injuries;
   g) power outage;
   h) loss of or damage to critical infrastructure; and
   i) any other situation that depletes or overwhelms the normal day to day resources of the affected department

B. Communications:

1. When the emergency situation is restricted to a department, or small area, verbal communication may be employed.

2. In the event of a facility wide evacuation, the fire alarm or paging system will be employed.
3. If a localized emergency, the supervisor will contact the appropriate emergency service:
   a) ambulance
   b) fire
   c) hospital
   d) police
   e) hydro
   f) fuel company

4. The supervisor will notify the Senior Manager and/or the CAO if a facility wide emergency takes place.

5. The supervisor will also contact the Senior Manager and/or the CAO if the emergency has or may have the potential to affect the public at large outside the facility.

C. Evacuation:

1. Upon notification of the evacuation directive, designated employees at the locations below will shut down their assigned equipment or place them in a hold safe state and exit the building through the nearest safe emergency exit.

2. All other employees will exit the building immediately, upon notification of the evacuation directive.

3. Employees of publicly occupied buildings will assist to the best of their ability with the safe evacuation of members of the public, short of endangering their own personal safety. Municipal employees shall not at any time endeavour to perform any rescue acts above their trained and documented ability.

4. The posted "Emergency Exits Floor Plan" shows which exits are to be used during emergency evacuation.

5. Employees and public will exit in an orderly fashion.

6. Under no condition should an employee turn back.

7. Once outside the building, all employees and public will report to the "Safe Area", assigned for each facility.

8. The supervisor will perform a head count to ensure to the best of their knowledge that all employees and public have been evacuated and notify the appropriate Emergency Service Personnel.
D. **Return to Facility:**

1. Once the facility is deemed safe for re-entry, the supervisor will re-walk the facility with the Emergency Service Personnel.

2. Following this, the supervisor may instruct the employees to return to their workstations.

E. **Long Term Actions:**

1. Should the emergency situation begin to deplete or overwhelm the normal day to day resources of the affected department, the internal business continuity plan for that department shall be implemented. This business continuity plan shall be coordinated with and compliment the existing Community Emergency Response Plan and shall be the responsibility of each Senior Manager to create and maintain.

2. The Senior Manager shall notify the CAO, who in turn will notify members of the Municipal Control Group including the Mayor as per the Community Emergency Response Plan

3. Assistance will be given to the requesting department and staff members as deemed appropriate by the Municipal Control Group to effectively manage the emergency and restore normal operations.
Guideline No.: MTHS 2.7

Description: HEARING PROTECTION

Effective Date: November 16, 2010

1. **PURPOSE:**

To prevent hearing loss for all employees and meet the requirements under the Occupational Health and Safety Act Regulations for Industrial Establishments (Section 139).

2. **OBJECTIVES:**

   A. To undertake a program to help prevent the loss of hearing that might occur in employees who are exposed to excessive noise both on and off the worksite.

   B. To meet or surpass the requirements set out in the Occupational Health and Safety Act and Regulations for Industrial Establishments (Section 139)

   C. Scope: In order to accomplish these objectives, the scope of the program will include the following:

      1. Measurement of Exposure
      2. Engineering Controls (where possible)
      3. Hearing Protection
      4. Education and Training
      5. Assessment of the Program

3. **GUIDELINES:**

   A. **Administration:**

      Management, in conjunction with the Joint Health and Safety Committee, will administer the program.

   B. **Measurement of Exposure:**

      1. Areas of the workplace will be assessed for the risk of high noise exposure of 85 decibels (dB) or more. Areas will be tested by means of a sound level meter, and if necessary, by an audio-dosimeter. Prior to testing, management will advise the Joint Health and Safety Committee of the time and date of the testing so the Committee may have representation present.

      2. All data will be recorded and made available to management and the Joint Health and Safety Committee.

      3. Noise levels will be checked as often as necessary and at least annually.
4. A qualified individual skilled in the use of the equipment required will conduct testing.

5. Equipment will be calibrated before each use.

C. **Engineering Controls:**

1. Wherever and whenever it is economically or technically possible, engineering controls will be used to lower the noise level exposure of employees to the required levels or lower.

2. Preventative maintenance controls will be a part of engineering controls.

3. The Senior Manager or supervisor will be responsible for instituting and monitoring these controls in conjunction with the Joint Health and Safety Committee.

D. **Hearing Protection:**

1. Where engineering controls are not possible, appropriate hearing protection will be provided by the Municipality and will be worn by all employees and visitors in all areas or on all equipment where it has been ascertained that the possibility of exposure to high levels of noise exists.

2. Hearing protection will be the type sufficient to reduce the noise levels to below those stated in the table of the Occupational Health and Safety Act and Regulations for Industrial Establishments (Section 139).

3. Each employee required to wear hearing protection will be trained in the proper use and care of such protective devices. Employees will be responsible for the wearing of the devices provided to them, where required, and for reporting any loss of, or defects arising in, those devices to his/her immediate supervisor.

4. Supervisors will be responsible for ensuring that these protective devices are worn where and when necessary, and for taking the disciplinary action for non-compliance.

5. Designated high noise areas will be posted with warnings of the noise levels and the requirement for the wearing of appropriate hearing protection.

E. **Education and Training:**

1. Employees will be educated on the potential harmful effects of noise both at work and at home, and how to protect their hearing.

2. Employees will be trained in the proper use and care of hearing protection and instances where hearing protection is required.
3. Supervisors will give periodic refresher training.

4. Employees will be given an explanation of the results of all hearing tests.

F. Assessment of the Program:

1. The Hearing Conservation Program will be reviewed annually and modified as needed to make the program more effective.

2. Senior Managers and supervisors will do reviews in conjunction with the Joint Health and Safety Committee.

G. Occupational Health and Safety Act and Regulations for Industrial Establishments (Section 139) -- Hearing Protection:

1. In this section “decibel” means decibel measured on a type 2 sound level meter conforming to the Standard Z107.1 of the Canadian Standards Association of operating on the A-weighing network with slow meter response.

2. Where a worker is exposed to a sound level of ninety decibels or greater:
   a) measures shall be taken to reduce the sound level below ninety decibels; and
   b) where such measures are not practicable,
      (1) the duration of exposure set out in Column 2 of the Table in subsection (5) shall not exceed the duration shown for the particular sound level set opposite thereto in Column 1 of the table in subsection (5), or
      (2) the person shall wear hearing protection.

3. A worker exposed to a sound level of 115 decibels or greater shall wear hearing protection.

4. Clearly visible warning signs shall be posted at the approaches to an area where the sound level is more than ninety decibels.

5. The warning signs referred to in subsection 4 shall state:
   a) the daily exposure for the particular sound level permitted by the following table; and
   b) that hearing protection must be worn when the daily exposure is more than that permitted for the particular sound level.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sound Level (in Decibels [dB])</td>
<td>Duration (Hours per 24 hour day)</td>
</tr>
<tr>
<td>90</td>
<td>8</td>
</tr>
<tr>
<td>92</td>
<td>6</td>
</tr>
<tr>
<td>95</td>
<td>4</td>
</tr>
<tr>
<td>97</td>
<td>3</td>
</tr>
<tr>
<td>100</td>
<td>2</td>
</tr>
<tr>
<td>102</td>
<td>1.5</td>
</tr>
<tr>
<td>105</td>
<td>1</td>
</tr>
<tr>
<td>110</td>
<td>30 min.</td>
</tr>
<tr>
<td>115</td>
<td>15 min. or less</td>
</tr>
<tr>
<td>Over 115</td>
<td>No exposure</td>
</tr>
</tbody>
</table>

6. Where hearing protection is required, by this section, the protection shall be sufficient to reduce the sound level below the sound level in Column 1 of the Table in Subsection 5 for the exposure corresponding to that sound level in Column 2 of the Table in subsection 5 R.R.O. 1990 Reg. 851, S. 139.
Guideline No.: MTHS 2.8
Description: INTERVIEW DURING INJURY/INCIDENT INVESTIGATING
Effective Date: November 16, 2010

1. PURPOSE:

To interview during an injury/incident investigation.

2. OBJECTIVES:

A. To conduct interviews as soon as possible after the incident.

B. To focus on interviewing persons most directly involved with the incident.

C. To be respectful of the interviewee’s physical and emotional state; if the person has suffered an injury or is in shock, ensure that medical help is available.

3. GUIDELINES:

Initiating an Interview

1. Introduce yourself and ask the person if they can help you determine what happened.

2. Put the interviewee at ease by
   Explaining that getting the facts may help prevent a recurrence
   Explaining that information is confidential and on a need-to-know basis only
   Remaining cordial and professional even if the interviewee is not cooperative

3. If possible, move the interview to a location with enough privacy to
   Remove distractions
   Maintain confidentiality
   Keep interviewee from being influenced or pressured by others

Collect facts.
Ask the interviewee to relate the events of the incident in his or her own words. Allow the person to complete each statement; do not fill silences with leading questions.

Construct a timeline.
Pay close attention to the testimony in order to establish a timeline and identify critical elements for future clarification or expansion.
Clarify critical elements.
Based on testimony, prompt the person to elaborate on critical information
Ask open-ended questions to help clarify important information
Avoid using emotive or judgmental language
Do not prompt interviewees to speculate. Record only what the interviewee considers fact.

Ask control questions.
Ask questions for which you already know the answer to give you a basis for evaluating the reliability of the interviewee’s testimony.

Confirm accuracy.
Periodically summarize events for the interviewee to confirm the information has been accurately recorded.

Collecting Additional Information

Once the narrative has been developed, ask the person how the incident could have been prevented.

Thank the interviewee for cooperating with the investigation

Exchange contact information so that both parties can follow up; the interviewer may have additional questions and the interviewee may remember additional details after the interview is concluded.
The Municipality of Morris-Turnberry is committed to providing a safe and healthy working environment for all staff. In recognizing that Musculoskeletal Disorders (MSD) are a significant risk in our workplaces, we will demonstrate our commitment to minimizing the risk of worker exposure to MSD by providing financial, physical and human resources to ensure suitable controls are in place.

The success of this program relies on the corporation of the employer, supervisors and workers.

**GOALS:**
1. to increase MSD awareness 
2. to decrease the risk of MSD 
3. to adapt the job and the workplace to accommodate the workers evaluate and 
4. to promote and support the health and safety of all workers 
5. to provide equipment, resources, record keeping and effective training.

**OBJECTIVES:**
1. to provide information and instruction to all workers on MSD hazards and prevention. 
2. to proactively recognize, assess and control MSD hazards 
3. to control MSD hazards through application of engineering and /or administrative controls.

**SCOPE:**
Applies and pertains to all departments of the Municipality of Morris-Turnberry.

**ROLES AND RESPONSIBILITIES OF WORKPLACE PARTIES:**
All workers (employer, supervisor and workers) are expected to comply with the policy and procedure.

**Employer:**
- enforce the policy, procedure and program 
- provide equipment, resources and training 
- maintain the MSD Prevention Program through the Continuous Improvement Plan 
- annually evaluate and update the program

**Supervisor:**
- recognize, assess and control MSD hazards 
- train all workers in MSD awareness and safe work practices. Records should be kept of training including nature of training, workers’ names and signatures, dates of training and instructor’s name.
- ensure that all workers receive general and workplace specific orientation to MSD policy and program
- provide reasonable equipment to meet workers needs
- encourage workers to report symptoms of MSD early
- respond to worker reports of MSD symptoms promptly
- conduct incident investigations for reported MSD incident/injury reports
- take every precaution reasonable for the protection of the worker

Worker:
- comply with policy and procedures
- report any hazards, equipment problems or any other unsafe tasks immediately to the supervisor
- be responsible for correct use of the equipment provided by the employer

Joint Health and Safety Committee
- review incident data related to MSDS
- make recommendations in writing to senior management
- look for MSD hazards during workplace inspections

Elements of the MSD Program:
1. training of all levels of management and workers on MSD awareness and risk factor
2. training of specialized staff on MSD controls
3. orientation of all new staff on the MSD program
4. a MSD hazard/incident reporting system
5. provision of a MSD risk identification tool
6. assessment of jobs/tasks identified as being a risk for MSD
7. ergonomic controls to address identified MSD risks
8. purchasing policy for consideration of MSD prevention in all purchasing decisions
9. tracking of MSD
10. integrate ergonomic controls into purchasing and design

ADDITIONAL RESOURCES:
- OSHCO Musculoskeletal Disorder Prevention Series
  - Part 1 MSD Prevention guideline for Ontario
  - Part 2 resource Manual for the MSD Prevention Guideline for Ontario
  - MSD Prevention Toolbox
Guideline No.: MTHS 2.10

Description: MANUAL MATERIALS HANDLING

Effective Date: November 16, 2010

PURPOSE

To outline guidelines for safe manual material handling and injury prevention to all municipal workers.

Requirements of OHSA Regulation 851, Sections 45-48

45. Materials, articles or things,
   a. required to be lifted, carried or moved, shall be lifted, carried or moved in such a way,
      with such precautions and safeguards, including protective clothing, guards and other
      precautions as will ensure that the lifting, carrying, or moving of the material, articles
      or things does not endanger the safety of worker;
   b. shall be transported, placed or stored so that the material, articles or things,
      i. will not tip, collapse or fall, and
      ii. can be removed or withdrawn without endangering the safety of worker; and
   c. to be removed from the storage area, pile or rack, shall be removed in a manner that
      will not endanger the safety of any worker.

46. Machinery, equipment or material that may tip or fall and endanger any worker shall be
    secured against tipping or falling.

47. Cylindrical objects stored on their side shall be piled symmetrically with each unit in the
    bottom row chocked or wedged to prevent motion.

48. Barrels, drums or kegs that are piled on their ends shall have two parallel planks placed on
    top of each row before another row is added.

PROCEDURE

1. Supervisors shall analyze tasks and physical demands, and shall determine safe manual
   material handling work procedures with their workers.

2. Where the weight, size, shape, toxicity, containment, or other characteristics of the load, or
   the nature of the lift may endanger a worker, the load shall be moved by more than one
   employee, or by mechanical means if possible (e.g. hoist ).

3. Supervisors shall provide information to employees on proper lifting techniques, exercise
   conditioning, back care, and injury prevention through tailgate or safety meetings.
4. Supervisors shall investigate reported incidents of repetitive strain, static or awkward postures, overhead work, vibration, etc. and shall intervene to reduce ergonomic hazards.

Guidelines:

The matching of physical demand with physical ability in manual material handling becomes essential when loads exceed ________ kilograms. Manual material handling tasks, if not done carefully, can result in injuries to the back, sprains, and musculoskeletal conditions.

Risk factors that may increase the chance of injury include:

- Force expended to perform the task
- Direction that the force is applied
- Repetition of the motion
- Posture
- Load characteristics
- Grip on the load
- Workplace conditions
- Lighting and visibility
- Environmental conditions

Risk factors in manual material handling can be mitigated through identification, reduction, or elimination. Strategies include:

- Job planning to reduce unnecessary material handling
- Mechanize (e.g. use of lifting devices)
- Reduce re-handling
- Reduce weight
- Improved ergonomics
- Container or package design
- Reduce the distance traveled with a load
- Eliminate risky postures (bending, twisting, extreme reaches)
- Discuss the material handling tasks with co-workers and supervisors to determine the safest handling procedures (e.g. frequent short breaks, job rotation, etc.)
MUNICIPALITY OF MORRIS-TURNBERRY
HEALTH AND SAFETY INFORMATION REQUEST

EMPLOYEE CONCERN:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Information Requested:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Dated:                      Name:

____________________________________________________________________________________

HEALTH & SAFETY COMMITTEE RESPONSE:

Sources:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Information:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Dated:                      Signed:

MTHS 001
MUNICIPALITY OF MORRIS-TURNBERRY

HEALTH AND SAFETY RECOMMENDATION

HEALTH & SAFETY COMMITTEE CONCERN:
Nature of Concern:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Recommended Remedial Action:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date: Signed: Name:

 MANAGEMENT'S RESPONSE:

Per The Occupational Health and Safety Act S.9 (20), an employer who receives written recommendations from a Committee shall respond in writing within twenty-one days.

Acceptance of Recommendation and Implementation Timetable:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Rejection of Recommended Remedial Action and/or Changes:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date: Signed: Name:
MUNICIPALITY OF MORRIS-TURNBERRY

WORKPLACE INSPECTION REPORTING

Inspection Location: ___________________  Time of Inspection: ________________

Department/Area Covered: _____________  Date of Inspection: ________________

<table>
<thead>
<tr>
<th>Item – Location of Item</th>
<th>OK</th>
<th>Hazard Observed</th>
<th>Repeat Item</th>
<th>Recommended Action</th>
<th>Action Action</th>
<th>Date</th>
<th>Other Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doors – working properly</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Flooring</td>
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<td>No</td>
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<tr>
<td>First Aid Kits – On Site</td>
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<tr>
<td>First Aid Kits – Inspected</td>
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<tr>
<td>Emergency Procedures – On Site</td>
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<tr>
<td>Eye Wash – Operational</td>
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</tr>
<tr>
<td>Item – Location of Item</td>
<td>OK</td>
<td>Hazard Observed</td>
<td>Repeat Item</td>
<td>Recommended Action</td>
<td>Action Action</td>
<td>Date</td>
<td>Other Comments</td>
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<tr>
<td>WHMIS – MSDS in place</td>
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<td></td>
<td>Yes</td>
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<tr>
<td>Safety Alarms in Place</td>
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<tr>
<td>Safety Alarms Functional</td>
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<tr>
<td>Fire Extinguishers</td>
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<tr>
<td>Locks</td>
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<tr>
<td>Exit Signs</td>
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<tr>
<td>Neat &amp; Clean Workplace</td>
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<tr>
<td>Safety Equipment</td>
<td></td>
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<tr>
<td>Safety Shield &amp; Concerns</td>
<td></td>
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<tr>
<td>Bulletin Board &amp; Posters</td>
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</tr>
</tbody>
</table>

MTHS 003
WORKPLACE INSPECTION REPORT – Hazards Found

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>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Signature

MTHS 004
## Equipment/Vehicle Pre-Start Checklist

**Company**  
**Machine Make/Model**  
**Unit #**  
**Date/Time**  
**Mileage**  

<table>
<thead>
<tr>
<th>Fluid Levels</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Oil</td>
<td>Rear End</td>
<td>Air Filter</td>
<td></td>
</tr>
<tr>
<td>Radiator</td>
<td>Brake Fluid</td>
<td>Oil Change Required?</td>
<td></td>
</tr>
<tr>
<td>Power Steering</td>
<td>Greasing Required</td>
<td>Oil Filter Changed?</td>
<td></td>
</tr>
<tr>
<td>Windshield Washer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Driver's Compartment</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun Visors</td>
<td>Horn &amp; Switches</td>
<td>Steering Power Assist</td>
<td></td>
</tr>
<tr>
<td>Windshield Wipers</td>
<td>Windshield Defrost</td>
<td>Windshield</td>
<td></td>
</tr>
<tr>
<td>Side Windows</td>
<td>Beam Indicator</td>
<td>Instrument Lamps</td>
<td></td>
</tr>
<tr>
<td>Pedal Pads</td>
<td>Fire Extinguisher</td>
<td>Hazard Warning Kit/Flares</td>
<td></td>
</tr>
<tr>
<td>Seats &amp; Seatbelts</td>
<td>First Aid Kit</td>
<td>Air Pressure Gauge</td>
<td></td>
</tr>
<tr>
<td>Speedometer</td>
<td>Survival Kit</td>
<td>Cellular Phone</td>
<td></td>
</tr>
<tr>
<td>Compressor Buildups</td>
<td>Acc. Pedal and Air Throttle</td>
<td>Booster Cable</td>
<td></td>
</tr>
<tr>
<td>Air Leakage</td>
<td>Compressed Air</td>
<td>Steering Column Security</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Exterior</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Lamp Operation/Aim</td>
<td>Clearance Lamps</td>
<td>Identification Lamps</td>
<td></td>
</tr>
<tr>
<td>Tail Lamps</td>
<td>Stop Lamps</td>
<td>Turn Signal Lamps</td>
<td></td>
</tr>
<tr>
<td>Marker Lamps</td>
<td>Hazard Lamps</td>
<td>Reflex Reflectors</td>
<td></td>
</tr>
<tr>
<td>Trailer Hitch</td>
<td>TDG Placards</td>
<td>Fenders/Mud Flaps</td>
<td></td>
</tr>
<tr>
<td>Trailer Cord</td>
<td>Paint</td>
<td>Air Lines</td>
<td></td>
</tr>
<tr>
<td>Tire Pressure</td>
<td>Headache Rack or Chain</td>
<td>Body &amp; Doors</td>
<td></td>
</tr>
<tr>
<td>Glad Hands &amp; Air Systems</td>
<td>Reservoirs/Brackets/Straps</td>
<td>Bumpers &amp; Cabs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under The Hood</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hood</td>
<td>Air Compressor Belt</td>
<td>Air Compressor</td>
<td></td>
</tr>
<tr>
<td>Power Steering System</td>
<td>Fuel Pump and System</td>
<td>Battery &amp; Wiring</td>
<td></td>
</tr>
<tr>
<td>Air Filter</td>
<td>Fan &amp; Belt</td>
<td>Carburetor</td>
<td></td>
</tr>
<tr>
<td>Cooling System</td>
<td>Windshield Washer Pump</td>
<td>Distributor</td>
<td></td>
</tr>
<tr>
<td>Exhaust System</td>
<td>Windshield Wash Container</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Undercarriage</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pin &amp; Bushing Wear</td>
<td>Sprocket</td>
<td>Springs</td>
<td></td>
</tr>
<tr>
<td>Link Wear</td>
<td>Shock Absorbers</td>
<td>Muffler</td>
<td></td>
</tr>
<tr>
<td>Roller Wear</td>
<td>Oil Pan</td>
<td>Pittman Arm</td>
<td></td>
</tr>
<tr>
<td>Idler Wear</td>
<td>Drag Link</td>
<td>Differential</td>
<td></td>
</tr>
<tr>
<td>Track Wear</td>
<td>Tie Rod</td>
<td>Suspension</td>
<td></td>
</tr>
<tr>
<td>Roller Guards</td>
<td>Frame Rails</td>
<td>Axles</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brake, Tires, and Wheels</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brake Components</td>
<td>Chock Block</td>
<td>Road Clearance</td>
<td></td>
</tr>
<tr>
<td>Spring Caging Bolts</td>
<td>Brake Drum Condition</td>
<td>Brake Lining Thickness</td>
<td></td>
</tr>
<tr>
<td>Disc Brakes</td>
<td>Brake Lines &amp; Hoses</td>
<td>Brake Failure Indicator</td>
<td></td>
</tr>
<tr>
<td>Reservoirs and Valves</td>
<td>Tire Pressure</td>
<td>Park Brake</td>
<td></td>
</tr>
<tr>
<td>Wheel Bearings</td>
<td>Vacuum System, Reserve</td>
<td>Emergency Brake</td>
<td></td>
</tr>
<tr>
<td>Proportioning Valve</td>
<td>Pump Operator</td>
<td>Brake Operation</td>
<td></td>
</tr>
<tr>
<td>Brake Camshafts &amp; Travel</td>
<td>Tire Wear</td>
<td>Jack</td>
<td></td>
</tr>
<tr>
<td>Tire Iron</td>
<td>Spare Tire</td>
<td>Chains</td>
<td></td>
</tr>
</tbody>
</table>

**Rating Legend:**  
NA - Not Applicable  
P - Passed in good working condition  
M - Passed but maintenance required  
R - Rejected, repair necessary before returning to service  

MTHS 005
<table>
<thead>
<tr>
<th>Mileage</th>
<th>15k</th>
<th>30k</th>
<th>45k</th>
<th>60k</th>
<th>75k</th>
<th>90k</th>
<th>100k</th>
<th>105k</th>
<th>120k</th>
<th>135k</th>
<th>150k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspect brake pads, shoes, rotors and drums, brake lines and hoses, and parking brake system</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Change automatic transmission fluid</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Replace fuel filter</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Inspect PCV for flow (3V engines)</td>
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<td>X</td>
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<tr>
<td>Inspect engine cooling system and hoses</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Replace engine air filter</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inspect wheel ends for end play and noise</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Change engine coolant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Replace accessory drive belts (if not replaced within last 100,000 miles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Inspect complete exhaust system and heat shields</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Replace cabin air filter, if equipped</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Replace spark plugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Inspect automatic transmission fluid level (if equipped with under hood dipstick)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Inspect accessory drive belt(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Change transfer case fluid</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Change front axle lubricant</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### ACCIDENT REPORTING GUIDELINES CHART

#### Employee and Employer Responsibilities

See the Corporate Health and Safety Manual, MTHS-10, “EMPLOYEE ACCIDENT/INCIDENT REPORTING GUIDELINES” for more detail.

<table>
<thead>
<tr>
<th>INJURY CLASSIFICATION</th>
<th>TREATMENT</th>
<th>EMPLOYEE RESPONSIBILITY: INFORMATION AND FORMS</th>
<th>EMPLOYER RESPONSIBILITY: INFORMATION AND FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO TREATMENT (very minor)</td>
<td>1. None</td>
<td>1. Report accident/incident to supervisor.</td>
<td>1. Record accident/incident in IAPA FIRST AID REPORT LOG. (MTHS 006)</td>
</tr>
<tr>
<td>FIRST AID (minor)</td>
<td>1. First Aid given by a person qualified to give first aid.</td>
<td>1. Seek first aid treatment. 2. Report accident/incident to Supervisor.</td>
<td>1. Ensure first aid is administered. 2. Record accident/incident in IAPA FIRST AID REPORT LOG.</td>
</tr>
<tr>
<td>MEDICAL AID (serious)</td>
<td>1. Treatment given by Health Care Professional (e.g. Doctor). 2. May receive First Aid at workplace prior to Treatment in #1 above</td>
<td>1. Seek first aid treatment. 2. Report accident/incident to Supervisor. 3. Take a “FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK” and WSIB FORM 7 to attending Health Care Professional.</td>
<td>1. Ensure the safety of all employees. 2. Ensure administration of first aid, if necessary. 3. Arrange for transportation of employee(s) to Health Care Professional. 4. Provide worker with “FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK” Complete “IAPA ACCIDENT INVESTIGATION REPORT” (MTHS 009) within 24 hours. 5. Forward copies of “IAPA ACCIDENT INVESTIGATION REPORT” to the Health and Safety Coordinator and WSIB FORM 7 to Treasury for WSIB reporting. 6. Complete CORRECTIVE ACTION MEMO (MTHS 007) within 48 hours of accident.</td>
</tr>
<tr>
<td>CRITICAL</td>
<td>1. Treatment given by Health Care Professional (e.g. Doctor). 2. May receive First Aid at workplace prior to Treatment in #1 above</td>
<td>1. Seek first aid treatment. 2. Report accident/incident to Supervisor. 3. Take a “FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK” and WSIB FORM 7 to attending Health Care Professional.</td>
<td>1. Ensure the safety of all employees. 2. Ensure administration of first aid, if necessary. 3. Arrange for transportation of employee(s) to Health Care Professional. 4. Provide worker with “FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK” and WSIB FORM 7 to be taken to attending Health Care Professional. 5. Complete “IAPA ACCIDENT INVESTIGATION REPORT” (MTHS 009) within 24 hours. 6. Forward copies of “IAPA ACCIDENT INVESTIGATION REPORT” to the Health and Safety Coordinator and WSIB FORM 7 to Treasury for WSIB reporting. 7. Notify immediately Ministry of Labour, CAO, and Department head. 8. Complete CORRECTIVE ACTION MEMO (MTHS 007) within 48 hours of accident.</td>
</tr>
</tbody>
</table>
Corrective Action Form

Date of injury/incident: ____________________ Injury/incident number: ______

Date:  ____________________________________________

Corrective action taken (as indicated on the Accident/Investigation Form):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

<table>
<thead>
<tr>
<th>Recommendations:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date assigned:</td>
<td></td>
</tr>
<tr>
<td>Responsibility assigned to:</td>
<td></td>
</tr>
<tr>
<td>Details of what has to be done:</td>
<td></td>
</tr>
<tr>
<td>Who has completed it?</td>
<td></td>
</tr>
<tr>
<td>When was it completed?</td>
<td></td>
</tr>
</tbody>
</table>

MTHS 007
NOTE: IAPA First Aid Report Forms are available from the Health & Safety Coordinator
NOTE: IAPA Accident Report Forms are available from the Health & Safety Co-ordinator
### Incident Causes

#### Substandard Actions
- Operating equipment without authority
- Failure to secure
- Operating at improper speed
- Making safety devices inoperable
- Removing safety devices
- Using defective equipment
- Using equipment improperly
- Failing to use personal protective equipment properly
- Improper loading
- Improper placement
- Improper lifting
- Improper position for task
- Servicing equipment in operation
- Horseplay
- Under influence of alcohol or other drugs

#### Substandard Conditions
- Inadequate guards or barriers
- Inadequate or improper protective equipment
- Defective tools, equipment or materials
- Congestion or restricted action
- Defective warning system
- Fire and explosion hazards
- Hazardous environmental conditions: gases, dusts, smoke
- Lumes, vapors
- Noise exposure
- Radiation exposure
- High or low temperature exposure
- Inadequate or excess illumination
- Inadequate ventilation

### Coding for Incident Analysis Quality
- Department
- Time of incident
- Part of body
- Days lost
- Nature of injury or illness
- Agent/objed
- Occupation
- Time on job
- Property damage
- Cost estimated

### Type of Contact
- Struck against
- Struck by
- Caught in
- Caught on
- Caught between
- Slip
- Fall on same level
- Fall to lower level
- Overexertion

### Review

36. Reviewer's reactions to the investigator's analysis of the basic causes and remedial actions.

### Signature

37. Signature

38. Title

39. Date

### Management Control

#### Program Elements
- Leadership and administration
- Leadership training
- Planned inspections and maintenance
- Critical task analysis and procedures
- Accident/incident investigation
- Task observation
- Emergency preparedness
- Rules and work permits
- Accident/incident analysis
- Knowledge and skill training

#### Program Controls
- Personal protective equipment
- Health and hygiene control
- System evaluation
- Engineering and change management
- Personal communications
- Group communications
- General promotion
- Materials and services management
- Off-the-job safety

#### Legend
- P: Program implementation need
- S: Standard(s) inadequate
- C: Compliance with standard(s) inadequate

### Costs

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTH</strong></td>
<td><strong>DIRECT COSTS FOR COMPENSATION/BENEFITS</strong></td>
<td><strong>COST RATIO</strong> (X:1)</td>
<td><strong>INDIRECT COSTS</strong> (Multiply column 1 by &quot;X&quot; in column 2)</td>
</tr>
<tr>
<td>January</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>March</td>
<td></td>
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<td></td>
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<tr>
<td>April</td>
<td></td>
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<td></td>
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<tr>
<td>May</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>June</td>
<td></td>
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<td></td>
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<tr>
<td>July</td>
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<td></td>
<td></td>
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<tr>
<td>August</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>September</td>
<td></td>
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<td></td>
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<tr>
<td>October</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>November</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Use the appropriate cost ratio (e.g. 3 to 1, 4 to 1, etc.). To order more copies of this form, call 1 (800) 406-1APA (4272).
<table>
<thead>
<tr>
<th>How soon after the incident occurred was it investigated?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Was there anything unusual about the employee’s assigned task that could have contributed to the accident?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Were established rules, regulations and Guidelines being followed? Was Personal Protective Equipment worn?</td>
</tr>
<tr>
<td></td>
</tr>
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<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>What could be done to prevent a similar accident from occurring?</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>What corrective action has already been completed?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>What corrective action is planned?</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Individual responsible for corrective action:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Expected Completion Date**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
</tr>
<tr>
<td>Month</td>
</tr>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>

Supervisor’s signature:

Senior Manager signature:

Reviewed and approved by CAO:
<table>
<thead>
<tr>
<th>Name of Injured:</th>
<th>Senior Manager:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Injury (DD-MMM-YY):</td>
<td>Program Start Date:</td>
</tr>
<tr>
<td>Injury Description:</td>
<td>Completion Date:</td>
</tr>
<tr>
<td>Program Goal:</td>
<td>Program Length: weeks</td>
</tr>
</tbody>
</table>

Week 1 Goal:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Week 2 Goal:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Week 3 Goal:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Week 4 Goal:
________________________________________________________
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Week 5 Goal:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Week 6 Goal:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
MUNICIPALITY OF MORRIS-TURNBERRY
MODIFIED WORK PROGRESS CHART

Week 7 Goal

Week 8 Goal:

Week 9 Goal:

Week 10 Goal:

Week 11 Goal:

Week 12 Goal:

Conclusions and Recommendations:

Employee’s Signature: ____________________________

Senior Manager Signature: ________________________
MUNICIPALITY OF MORRIS-TURNBERRY
UNSAFE WORK REFUSAL

PART 1

Job/Task:

Employee Name: Date(DD-MMM-YY):

Reason for Refusal:

Refusal made Under Regulation/Section:

Supervisor’s Action:

Supervisor’s Name: Date(DD-MMM-YY):

Signature:

PART 2

Joint Health & Safety Committee Member Involved:

Suggested Action:

Action Confirmation:

Supervisor:

Joint Health & Safety Committee Member:

Worker:

Ministry of Labour Contacted:

Date(DD-MMMM-YY): Time:

MTHS 012
MUNICIPALITY OF MORRIS-TURNBERRY
CONFINED SPACE ATMOSPHERIC ASSESSMENT AND ENTRY PERMIT

- ALL COPIES OF THIS PERMIT TO REMAIN AT JOB SITE UNTIL JOB IS COMPLETED
- THE MUNICIPALITY of MORRIS-TURNBERRY MTHS 2.4 CONFINED SPACE GUIDELINE SHALL BE ADHERED TO AT ALL TIMES BEFORE AND DURING ENTRY
- REFER TO APPENDIX "A" - CONFINED SPACE SUMMARY CHART BEFORE ENTRY
- THIS PERMIT IS FOR "COLD WORK" ONLY

<table>
<thead>
<tr>
<th>Issue Date:</th>
<th>Time:</th>
<th>Expiry Date:</th>
</tr>
</thead>
</table>

GENERAL INFORMATION

Location:

Entry Type: tank □ manhole □ storm sewer □ sanitary sewer □ valve chamber □
            wet well □ dry well □ Other:

Category: 1 □ 2 □ 3 □ 4 □

Description and Purpose of Work to be performed:

Hazards Present or Likely to Occur and Corresponding Control Measures:

EQUIPMENT REQUIREMENTS (entry and rescue)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lock-out/de-energize</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lines broken – capped or blanked</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Purge – flush and vent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ventilation (blower)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secure area (area secured?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self Contained Breathing Apparatus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respirator</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Body Harness (entry and competent person)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tripod escape unit and cable</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fire extinguishers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lighting</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Protective clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communications (radio, cell, hard hat)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MONITOR DATA

1. Manufacturer: 
   Model: 
   Date of Last Calibration: 
   Person Monitoring: 

2. Manufacturer: 
   Model: 
   Date of Last Calibration: 
   Person Monitoring:
Alarm During Entry?  YES ☐ NO ☐

If “yes”, explain why:

________________________________________________________________________

________________________________________________________________________

Remedial Action:

________________________________________________________________________

________________________________________________________________________

### ATMOSPHERIC READINGS (beginning at entry, 15 minute intervals thereafter)

<table>
<thead>
<tr>
<th>ENTRY TIME:</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>2. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>3. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>4. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>5. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>6. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>7. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>8. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>9. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>10. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>11. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
<tr>
<td>12. Time</td>
<td>O2 ppm</td>
<td>%LEL</td>
<td>CO ppm</td>
<td>H2S ppm</td>
<td></td>
</tr>
</tbody>
</table>

EXIT TIME: __________________________________________

If an emergency occurs, summon help first. Do not enter a confined space or hazardous area until qualified help arrives and entry can be made safely. If a person is down for no apparent reason, assume that toxic gases or oxygen deficiency could exist. Do not enter without full protective and self-contained breathing devices.

**PERSON(S) AUTHORIZED TO ENTER (PLEASE PRINT):**
Signature: Date: 

**COMPETENT PERSON IN CHARGE OF ENTRY (PLEASE PRINT):**
Signature: Date: 

**ENTRY APPROVED BY (PLEASE PRINT):**
Signature: Date: 

Telephone: Cell Phone/Pager:

This Permit must be submitted to Supervisor for retention upon completion of Confined Space Entry.
MUNICIPALITY OF MORRIS-TURNBERRY
PHYSICAL DEMANDS ANALYSIS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>FREQUENCY</th>
<th>WEIGHT</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Maximum</td>
<td>Usual</td>
</tr>
<tr>
<td>BENDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stooping</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twisting</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crouching</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALKING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level Surface</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rough Surface</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stairs</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ladders</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SITTING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stool</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle Seat</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REACHING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above Shoulder</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below Shoulder</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forward/Backward</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIFTING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground Level</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bench Level</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder Level</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overhead</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pushing</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulling</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STANDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HANDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Finger</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gripping</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action – 1 foot</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action – 2 feet</td>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Activity is based on an 8-hour shift
Key: 0 - NOT REQUIRED
      1 - Seldom Required
      2 - Minor Activity (Less than 1 hour per shift)
      3 - Frequent Activity (1 – 3 hours per shift)
      4 - Constant Activity (Major demand/requirement of job)
## MUNICIPALITY OF MORRIS-TURNBERRY
New Worker Orientation Checklist

<table>
<thead>
<tr>
<th>Leadership &amp; Organization</th>
<th>Control Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibilities for contractor, worker, supervisor, management, h &amp; s rep</td>
<td><strong>Emergency Procedures</strong></td>
</tr>
<tr>
<td>H &amp; S program: Leadership, Organization, Hazard Recognition and Controls</td>
<td>First Aid Station/First Aid Kit, First Aid Attendants (names/trades)</td>
</tr>
<tr>
<td>Discipline policy</td>
<td>Procedures for First Aid/Major Accident, Loss of Power, Fire Response, Severe Weather, Evacuation Plan, Fall Rescue</td>
</tr>
<tr>
<td>Substance Abuse policy</td>
<td>Emergency procedures coordinator(s)</td>
</tr>
<tr>
<td>Authority of Company policy, OHSA and construction regulations</td>
<td>Meeting place for evacuation</td>
</tr>
<tr>
<td><strong>Project Orientation</strong></td>
<td>Location of phone and emergency numbers or additional procedures</td>
</tr>
<tr>
<td>Lunch, coffee breaks – duration, time and location</td>
<td>Location of fire extinguishers</td>
</tr>
<tr>
<td>Location of washroom, clean-up facilities and drinking water</td>
<td>Emergency access route</td>
</tr>
<tr>
<td>Tool and equipment damage procedures</td>
<td>Ladders, scaffolds, power tools, electrical hazards, access, egress</td>
</tr>
<tr>
<td>Physical tour of project including: relevant personnel, hazards and areas of note (parking, entry route, access points)</td>
<td><strong>Safe Work Procedures</strong></td>
</tr>
<tr>
<td>Right to know (about all hazards) Right to participate (in health &amp; safety) Right to refuse (work that is hazardous)</td>
<td>Confined spaces, fall hazards, traffic control, trenching, moving equipment</td>
</tr>
<tr>
<td><strong>Hazard Recognition &amp; Assessment</strong></td>
<td>Compressed gases, MSDS, contractor requirements, guarding, PPE</td>
</tr>
<tr>
<td>Injury and incident reporting procedures</td>
<td>Housekeeping/daily clean up</td>
</tr>
<tr>
<td>Accidents, accident investigation procedures</td>
<td>Return to work procedures</td>
</tr>
<tr>
<td>Property damage reporting procedures</td>
<td><strong>Training</strong></td>
</tr>
<tr>
<td>Project inspection procedures</td>
<td>Certificates available: WHMIS, Fall Protection, First Aid/CPR and other relevant training</td>
</tr>
<tr>
<td>Specific project hazards</td>
<td>Other</td>
</tr>
<tr>
<td>Specific project hazards</td>
<td>Other</td>
</tr>
</tbody>
</table>

---

Worker's Signature  
Supervisor's Signature

MTHS 015
NEW EMPLOYEE SITE/SAFETY ORIENTATION CHECKLIST

EMPLOYEE DATA:
Name: __________________________________________________________
Address: _______________________________________________________
Telephone #: _____________________________________________________

SITE ORIENTATION – EXPLAIN THE FOLLOWING:

1. Project & duties, sample tasks:
2. Site specific and general hazards & chemical hazards:
3. Location of first aid stations/kits & Material Safety Data Sheets locations
   * have employee review Material Safety Data Sheets for workplace *
4. Fire safety equipment location & use
5. Accident reporting procedure
6. Name of work location Health and Safety representative
   & Health and Safety committee members names/contact numbers

SAFETY:

1. Provide a copy of:
   ● Municipality of Morris-Turnberry Health and Safety Policies
   ● Worker duties & responsibilities as outlined in the Occupational
     Health and Safety Act (direct to onsite copy)
   ● Emergency telephone numbers and guidelines
2. Supply personal protective equipment (if required):
   ● General eye protection
   ● Foot protection
   ● Head protection
   ● Hearing protection
   ● Other: _______________________________________________________
3. Identify & discuss (if applicable):
   ● Confined Space Entry Equipment and Guideline
   ● Fall restraint equipment
   ● Other: _______________________________________________________
4. List training certifications new employee holds:
   Confined Space   Fall Protection
   Traffic protection WHMIS
   First Aid/CPR
   Other: _______________________________________________________
5. Other work specific items:
   _____________________________________________________________

Employee Signature: _______________________________________________

Explained by: Supervisor/Competent Person Signature: __________________

Date of Orientation: _______________________________________________
# MINUTES OF SITE SAFETY MEETING

<table>
<thead>
<tr>
<th>Attendee Name (Please Print)</th>
<th>Attendee Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>12.</td>
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<td>13.</td>
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<tr>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
</tr>
</tbody>
</table>

**SUGGESTIONS/COMMENTS**

PRESENTER’S SIGNATURE ___________________ SUPERVISOR’S SIGNATURE ___________________

MTHS 017
## Hazard Identification & Risk Assessment Form

<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></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

MTHS 018
## Fall Protection Checklist

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Choose appropriate fall protection system</td>
<td>Consider the work to be performed, the training needed for each system, the project conditions and the availability.</td>
</tr>
<tr>
<td>☑</td>
<td>Powered Elevating Work Platform</td>
<td>Perform system checks, ensure level ground, operate according to manufacturers’ recommendations, tie off to PEWP or to adequate anchor point above at all times.</td>
</tr>
<tr>
<td>☑</td>
<td>Horizontal Lifeline</td>
<td>Install and use according to engineer’s design drawings, use min. ½” steel wire, &lt;30 ft. between vertical posts, &lt;15” sag in a 30 ft. span, 3 clips tying wire at beam end, engineer’s design drawings available, workers using double lanyard, and workers tied off at all times.</td>
</tr>
<tr>
<td>☑</td>
<td>Vertical Lifeline</td>
<td>Column adequately secured with ½” steel wire or 5/8” polypropylene rope, vertical lifeline attached, vertical lifeline with rope grab extends from top of column to base, 1 worker using lifeline at a time.</td>
</tr>
<tr>
<td>☑</td>
<td>Self Retracting Lifeline (SRL)</td>
<td>Anchor to approved roof anchor, 1 worker using SRL at a time, must be moved periodically, lifeline locks up in quick movement, automatically retracts when tension removed, minimizing fall distance.</td>
</tr>
<tr>
<td>☑</td>
<td>Guardrail, Scaffolding, etc.</td>
<td>Removes fall potential by providing a physical barrier, must meet minimum horizontal and vertical forces, must have toprail, midrail and toe board, scaffolding must be built accordingly.</td>
</tr>
<tr>
<td>☑</td>
<td>Frequent inspections of fall protection components</td>
<td>All components of fall protection systems are to be inspected prior to each use by each worker. If deficiency is found, remove equipment from service.</td>
</tr>
<tr>
<td>☑</td>
<td>Harness</td>
<td>Burns, cuts, loose stitching, frayed webbing, D-rings, grommets and buckles not worn or damaged, CSA stamp.</td>
</tr>
<tr>
<td>☑</td>
<td>Lifelines</td>
<td>Burns, cuts, frayed material, no discolouration or other damage.</td>
</tr>
<tr>
<td>☑</td>
<td>Lanyards</td>
<td>Burns, cuts, loose stitching, frayed webbing, CSA stamp, shock absorber in good condition, locking snap hook.</td>
</tr>
<tr>
<td>☑</td>
<td>Anchor Points</td>
<td>Able to support 3600 lbs., verified by a competent worker.</td>
</tr>
<tr>
<td>☑</td>
<td>PEWP</td>
<td>Maintenance log, manufacturer’s recommended inspections.</td>
</tr>
<tr>
<td>☑</td>
<td>Rope Grab</td>
<td>Damage, cracking, dents, bends, connecting rings centred, rust, moving parts working smoothly, other wear.</td>
</tr>
<tr>
<td>☑</td>
<td>Rescue procedure chosen</td>
<td>Refer to Construction Regulations, Sec. 26 for employer’s Fall Rescue requirements.</td>
</tr>
<tr>
<td>☑</td>
<td>Engineer’s design drawings and manufacturer’s specifications available</td>
<td>Engineer’s design drawings for: ☑ Horizontal lifeline ☑ Scaffold system ☑ Anchor systems Manufacturer’s specifications for: ☑ Anchor systems ☑ PEWP ☑ SRLs ☑ Harnesses ☑ Rope grab</td>
</tr>
</tbody>
</table>
Emergency Plan

Morris-Turnberry Municipal Offices

September 2010
Updated – June, 2013
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- **Page 1** – Introduction
- **Page 2** – Emergency and Building contacts
- **Page 3** – Emergencies Requiring Evacuation
- **Page 4** – Staff Responsibilities
- **Page 5** – Emergency Evacuation Procedures
- **Page 6** – Emergency Equipment and Instructions
- **Page 7** – Schematics for Municipal Office
Introduction

The purpose of this document is to aid in the prevention of hazardous events in or around this structure and it is also to provide measures to be followed in the event of an emergency occurring in or around this structure. It has been done in accordance with the Health and Safety policy of the Municipality of Morris-Turnberry with provisions take from Division B Section 2.8 of the Ontario Fire Code.

This document has been prepared by:

Community Fire Safety Officer
Municipality of Morris-Turnberry
41342 Morris Road
RR#4 Brussels, ON
N0G 1H0
Work – 519-887-6137
Cell – 519-357-6164
Emergency and Building Contact Information

Morris-Turnberry Municipal Offices
Morris Ward Public Works Shop
41342 Morris Road
RR#4 Brussels, Ontario
N0G 1H0

Emergency Contacts:

Nancy Michie
Administrator Clerk/Treasurer
Work – 519-887-6137
Cellular – 519-357-6272

Community Fire Safety Officer
Work – 519-887-6137
Cellular – 519-357-6164

Morris-Turnberry
Health & Safety Committee
Work – 519-887-6137
C/o Kim Johnston
Emergencies Requiring Evacuation

Events that would require an evacuation of the building(s)/facility:
- Fire
- Explosion
- Natural Gas/Propane leak
- Carbon monoxide saturation
- Structural collapse
- Natural Disaster

**Evacuation Routes** can be seen on the schematic at the end of this document.
Staff Responsibilities

Evacuation Coordinator: The person assigned to this position will be responsible for evacuation accountability, relaying this and other pertinent information to emergency responders and will be responsible for ensuring that all staff members have read the emergency plan and know their roles. This will be the staff command role in the event of an emergency.

The Evacuation Coordinator for this building/facility is: Nancy Michie
The alternate Evacuation Coordinator is: Steve Fortier
The evacuation gathering point is: At the roadside mailbox

All other staff members: The other staff members within the building/facility will ensure that they have read and understood this emergency plan. In the event of an emergency, all staff members will exit the building/facility as safely and efficiently as possible, following any instruction given by the evacuation coordinator. They will also assist in the evacuation of any non-staff occupants from the building/facility if it is safe for them to do so.

If an emergency occurs outside of normal operating hours, the lead emergency contact or alternate for the building/facility shall be on hand to assist emergency responders with their needs.
Emergency Evacuation Procedures

If you witness a reason for evacuation:

1. Remain calm. Alert fellow employees and others to the situation only if your personal safety is maintained.
2. Close all doors behind you as you exit the building.
3. Report to the designated meeting place outside of the building.
   Primary meeting place: At the roadside mailbox.
4. Notify proper authorities using the 911 system. Address:
   Morris-Turnberry Municipal Office
   41342 Morris Road
5. Give any information to emergency responders that will aid them.
6. Do not reenter the building for any reason until you are told it is safe to do so by the evacuation coordinator or other authority.

If you are ordered to evacuate:

1. Remain calm. Proceed to the nearest safe exit.
2. Close all doors behind you as you exit the building.
3. Report to the designated meeting place outside of the building.
   Primary meeting place:
   Secondary meeting place:
4. Inform the evacuation coordinator that you have safely exited the building.
5. Give any information you have of the situation to the evacuation coordinator to aid emergency responders.
6. Do not reenter the building/facility until you are told it is safe to do so by the evacuation coordinator or other authority.
Emergency Equipment
& Instructions
(Municipal Offices)

**Fire Extinguishers** – There are 3 fire extinguishers located within the municipal offices. Fire extinguisher locations within the building are shown on the schematics at the end of this document.

To operate a fire extinguisher: **P**ull the pin  
**A**im the hose at the base of the fire  
**S**queeze the handle  
**S**weep the fire until it is extinguished

**First Aid Kit** – There are first aid supplies located in a marked cupboard in the kitchen area of the municipal offices. Personnel trained in first aid should be aware of its location and its contents.
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Page 3 – Emergencies Requiring Evacuation

Page 4 – Staff Responsibilities

Page 5 – Emergency Evacuation Procedures

Page 6 – Emergency Equipment and Instructions

Page 7 – Schematic for Landfill Site
Introduction

The purpose of this document is to aid in the prevention of hazardous events in and around this structure/facility and it is also to provide measures to be followed in the event of an emergency occurring in or around this structure/facility. It has been done in accordance with the Health and Safety policy of the Municipality of Morris-Turnberry with provisions taken from Division B Section 2.8 of the Ontario Fire Code.

This document has been prepared by:

Community Fire Safety Officer
Municipality of Morris-Turnberry
41342 Morris Road
RR#4 Brussels, ON
N0G 1H0
Work – 519-887-6137
Cellular – 519-357-6164
1

Emergency and Building Contacts

Morris-Turnberry Landfill Site
85047 Clyde Line

Emergency Contacts:

**Gary Pipe**
Director of Public Works

Work – 519-887-6137
Cell – 519-357-6332

**Nancy Michie**
Administrator Clerk/Treasurer

Work – 519-887-6137
Cellular – 519-357-6272
2

Emergencies Requiring Evacuation

Events that would require the evacuation of the building/facility:
- Fire
- Explosion
- Dangerous Substance Entering Landfill
- Accumulation of Noxious Gases

Evacuation Routes can be seen on the schematics at the end of this document.
Staff Responsibilities

**Evacuation Coordinator:** The person assigned to this position will be responsible for evacuation accountability, relaying this and other pertinent information to emergency responders and will be responsible for ensuring that all staff members have read the emergency plan and know their roles. This will be the staff command role in the event of an emergency.

The Evacuation Coordinator for this building/facility is: **Ross Goll**  
The alternate Evacuation Coordinator is: **Donna Haugh/Bonnie Querengesser**  
The evacuation gathering point is: **At the main gate**

All other staff: The other members within the building/facility will ensure that they have read and understood this emergency plan. In the event of an emergency, all staff members will exit the building/facility as safely and efficiently as possible, following any instructions given by the evacuation coordinator. They will also assist in the evacuation of any non-staff occupants from the building/facility if is safe for them to do so.

If an emergency occurs outside or normal operating hours, the lead emergency contact or alternate for the building/facility shall be on hand to assist emergency responders with their needs.
Emergency Evacuation Procedures

If you witness a reason for evacuation:

1. Remain calm. Alert fellow employees and others to the situation, only if your personal safety is maintained.
2. Close all doors behind you as you exit the building.
3. Report to the designated meeting place outside of the building.
   Primary meeting place: Main Gate.
4. Notify the proper authorities using the 911 system. Address:
   Morris-Turnberry
   Landfill Site
   85047 Clyde Line
5. Give any information to emergency responders that will aid them.
6. Do not reenter the building/facility until you are told that it is safe to do so by the evacuation coordinator or other authority.

If you are ordered to evacuate:

1. Remain calm. Proceed to your nearest safe exit.
2. Close all doors behind you as you exit the building.
3. Report to the designated meeting place outside of the building.
   Primary meeting place:
   Secondary meeting place:
4. Inform the evacuation coordinator that you have safely exited the building.
5. Give any information you have of the situation to the evacuation coordinator to aid emergency responders.
6. Do not reenter the building/facility until you are told it is safe to do so by the evacuation coordinator or other authority.
Emergency Equipment & Instructions

Fire Extinguishers – There are fire extinguishers located within the supervisor’s trailer and on the crusher and loader equipment. Locations of the fire extinguishers are shown on the schematics at the end of this document.

To operate a fire extinguisher: Pull the pin

  A im the hose at the base of the fire
  S queeze the handle
  S weep the fire until it is extinguished

First Aid Kit – The first aid kit is located within the landfill operators trailer.
Municipality of Morris-Turnberry Landfill

[Diagram of the landfill layout with various areas labeled: Main Landfill Area, Pond, Closed Area, Trailer & Scales, White Goods, Scrap Metal & Brush, E-Waste, Bale Wrap, Tires, Fire extinguisher, first aid kit, Laneway, To Gate, Fence, and a north arrow.]
Emergency Plan

Morris Ward Works Garage

September 2010
- Updated June, 2013
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Page 5 – Emergency Evacuation Procedures

Page 6 – Emergency Equipment and Instructions

Page 7 – Schematics for Municipal Office and Works Shed
Introduction

The purpose of this document is to aid in the prevention of hazardous events in or around this structure and it is also to provide measures to be followed in the event of an emergency occurring in or around this structure. It has been done in accordance with the Health and Safety policy of the Municipality of Morris-Turnberry with provisions take from Division B Section 2.8 of the Ontario Fire Code.

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N0G 1H0

Emergency Contacts:

**Nancy Michie**
Administrator Clerk/Treasurer
Work – 519-887-6137
Cellular – 519-357-6272

**Gary Pipe**
Director of Public Works
Work – 519-887-6137
Cell: 519-357-6332

Morris-Turnberry
Health & Safety Committee
C/o **Kim Johnston**

Work – 519-887-6137
**Emergencies Requiring Evacuation**

Events that would require an evacuation of the building(s)/facility:
- Fire
- Explosion
- Natural Gas/Propane leak
- Carbon monoxide saturation
- Structural collapse
- Natural Disaster

**Evacuation Routes** can be seen on the schematic at the end of this document.
Staff Responsibilities

Evacuation Coordinator: The person assigned to this position will be responsible for evacuation accountability, relaying this and other pertinent information to emergency responders and will be responsible for ensuring that all staff members have read the emergency plan and know their roles. This will be the staff command role in the event of an emergency.

The Evacuation Coordinator for this building/facility is: Gary Pipe
The alternate Evacuation Coordinator is: Stu Moffat
The evacuation gathering point is: At the roadside mailbox

All other staff members: The other staff members within the building/facility will ensure that they have read and understood this emergency plan. In the event of an emergency, all staff members will exit the building/facility as safely and efficiently as possible, following any instruction given by the evacuation coordinator. They will also assist in the evacuation of any non-staff occupants from the building/facility if it is safe for them to do so.

If an emergency occurs outside of normal operating hours, the lead emergency contact or alternate for the building/facility shall be on hand to assist emergency responders with their needs.
Emergency Evacuation Procedures

If you witness a reason for evacuation:

7. Remain calm. Alert fellow employees and others to the situation only if your personal safety is maintained.
8. Close all doors behind you as you exit the building.
9. Report to the designated meeting place outside of the building.
   Primary meeting place: At the roadside mailbox.
10. Notify proper authorities using the 911 system. Address: Morris-Turnberry Municipal Office 41342 Morris Road
11. Give any information to emergency responders that will aid them.
12. Do not reenter the building for any reason until you are told it is safe to do so by the evacuation coordinator or other authority.

If you are ordered to evacuate:

7. Remain calm. Proceed to the nearest safe exit.
8. Close all doors behind you as you exit the building.
9. Report to the designated meeting place outside of the building.
   Primary meeting place:
   Secondary meeting place:
10. Inform the evacuation coordinator that you have safely exited the building.
11. Give any information you have of the situation to the evacuation coordinator to aid emergency responders.
12. Do not reenter the building/facility until you are told it is safe to do so by the evacuation coordinator or other authority.
**Emergency Equipment & Instructions**

**Fire Extinguishers** – There are 8 fire extinguishers located along the walls of the works shed. There are also extinguishers in all of the township vehicles. Fire extinguisher locations within the building are shown on the schematics at the end of this document.

To operate a fire extinguisher: **P**ull the pin  
**A**im the hose at the base of the fire  
**S**queeze the handle  
**S**weep the fire until it is extinguished

**First Aid Kit** – There is first aid kit located on the stairs leading to the mezzanine level. Personnel trained in standard first aid should be aware of its location and know of its contents. There are also first aid kits in all township vehicles and equipment. The exact location of the first aid kit is shown in the schematics at the end of this document.

**Eyewash/ Emergency Shower Station** – In case of eye or bodily contamination there is an eyewash/shower station located at the centre of the north wall in the works garage. It is operated by either pulling the overhead chain and handle or by pushing the lever just below the basin. Seek immediate medical attention for eye contamination as the eyewash is not a suitable substitute for a physician’s care. The exact location of the eyewash station is shown in the schematics at the end of this document.
Emergency Plan

Turnberry Ward
Works Garage

September 2010
- Revised March, 2013
## Table of Contents

**Page 1** – Introduction

**Page 2** – Emergency and Building Contacts

**Page 3** – Emergencies Requiring Evacuation

**Page 4** – Staff Responsibilities

**Page 5** – Emergency Evacuation Procedures

**Page 6** – Emergency Equipment and Instructions

**Page 7** – Schematic for Turnberry Works Shed
Introduction

The purpose of this document is to aid in the prevention of hazardous events in and around this structure and it is also to provide measures to be followed in the event of an emergency occurring in or around this structure. It has been done in accordance with the Health and Safety policy of the Municipality of Morris-Turnberry with provisions take from Division B Section 2.8 of the Ontario Fire Code.

This document has been prepared by:

Community Fire Safety Officer
Municipality of Morris-Turnberry
41342 Morris Road
RR#4 Brussels, ON
N0G 1H0
Work – 519-887-6137
Cellular – 519-357-6164
Emergency and Building Contacts

Turnberry Ward Works Shed
North Street
Wingham, ON
519-357-4100

Emergency Contacts:

**Gary Pipe**
Director of Public Works
Work – 519-887-6137
Cell: 519-357-6332

**Stu Moffat**
Work – 519-887-6137
Cell: 519-357-5855

**Nancy Michie**
Administrator Clerk/Treasurer
Work – 519-887-6137
Cellular – 519-357-6272
2

Emergencies Requiring Evacuation

Events that would require and evacuation of the building/facility:
- Fire
- Explosion
- Natural Gas leak
- Carbon Monoxide saturation
- Structural collapse
- Natural Disaster

Evacuation Routes can be seen on the schematics at the end of this document.
Staff Responsibilities

**Evacuation Coordinator:** The person assigned to this position will be responsible for evacuation accountability, relaying this and other pertinent information to emergency responders and will be responsible for ensuring that all staff members have read the emergency plan and know their roles. This will be the staff command role in the event of an emergency.

- **The Evacuation Coordinator for this building/facility is:** Gary Pipe
- **The alternate Evacuation Coordinator is:** Stu Moffat
- **The evacuation gathering point is:** At the road/end of the driveway

**All other staff:** The other staff members within the building/facility will ensure that they have read and understood this emergency plan. In the event of an emergency, all staff members will exit the building as safely and efficiently as possible, following any instructions given by the evacuation coordinator. They will also assist in the evacuation of any non-staff occupants from the building/facility if it is safe for them to do so.

If an emergency occurs outside of normal operating hours, the lead emergency contact or alternate for the building/facility shall be on hand to assist emergency responders with their needs.
Emergency Evacuation Procedures

If you witness a reason for evacuation:

1. Remain calm. Alert fellow employees and others to the situation, only if your safety is maintained.
2. Close all doors behind you as you exit the building.
3. Report to the designated meeting place outside of the building.
   Primary meeting place: At road\end of driveway.
4. Notify the proper authorities using the 911 system. Address:
   Morris-Turnberry Works Shed
   65 B Line Road
   RR#1 Wingham, ON
5. Give any information to emergency responders that will aid them.
6. Do not reenter the building/facility until you are told it is safe to do so by the evacuation coordinator or other authority.

If you are ordered to evacuate:

1. Remain calm. Proceed to the nearest safe exit.
2. Close all doors behind you as you exit the building.
3. Report to the designated meeting place outside of the building.
   Primary meeting place:
   Secondary meeting place:
4. Inform the evacuation coordinator that you have safely exited the building.
5. Give any information you have of the situation to the evacuation coordinator to aid emergency responders.
6. Do not reenter the building/facility until you are told it is safe to do so by the evacuation coordinator or other authority.
Emergency Equipment & Instructions

Fire Extinguishers – There are 7 fire extinguishers located along the walls of the works shed. There are also extinguishers in all of the township vehicles. Locations of the fire extinguishers within the building are shown on the schematic at the end of this document. To operate a fire extinguisher:
- Pull the pin
- Aim the hose at the base of the fire
- Squeeze the handle
- Sweep the fire until it is extinguished

First Aid Kits – There is a first aid kit located between the lunchroom and bathroom of the works garage. Its exact location is shown on the schematic at the end of this document. Employees trained in first aid should be aware of its location and contents.

Eyewash/Emergency Shower Station – In case of eye or bodily contamination there is an eyewash/shower located at the centre of the north wall in the works garage. It is operated by pulling the overhead chain or depressing the handle at the basin. Seek immediate medical attention for eye and bodily contamination as the wash station is not a substitute for a physician’s care. The exact location of the eyewash/shower is shown on the schematic at the end of this document.
FIRE SAFETY PLAN

BLUEVALE COMMUNITY HALL

32 CLYDE STREET
BLUEVALE, ONTARIO

March 30, 2010.
- Updated June, 2013
Introduction

The purpose of this document is to provide measures to be followed in the event of an emergency occurring in this building. It has been done in accordance with Division B Section 2.8 of the Ontario Fire Code.
This document has been prepared by:

Community Fire Safety Officer
Municipality of Morris-Turnberry
41342 Morris Road
RR#4 Brussels, ON
N0G 1H0
Work – 519-887-6137
Cell – 519-357-6164
### Table of Contents

**Page 1** – Emergency and building contact information.

**Page 2** – Emergency procedures.

**Page 3** – Fire Extinguisher Instructions

**Page 4** – Building Resources Audit

**Page 5** – Emergency Equipment and Fire Hazard Information

**Pages 6 and 7** – Building schematics
Emergency Contact Information
(Audit of Human Resources)

Bluevale Community Hall
32 Clyde Street
Bluevale, Ontario
N0G 1G0

Emergency Contacts:

Municipality of Morris-Turnberry
41342 Morris Road
RR#4 Brussels, Ontario
N0G 1H0

Nancy Michie
Administrator Clerk/Treasurer

Servicelink’s Home Office – 519-978-1488
Cellular – 519-357-6272
Home – 519-887-6472

Community Fire Safety Officer

Community Fire Safety Officer – 519-887-6137
Cellular – 519-357-6164

Morris-Turnberry
Health & Safety Committee

c/o Kim Johnston

Municipality of Morris-Turnberry
Occupational Health & Safety Manual
Page 189 of 230
Emergency Procedures
For Occupants

If you discover a fire:

1. Remain calm. Leave area of fire, closing any doors behind you, alert any other occupants in your area.
2. Evacuate the building via the nearest safe exit.
3. Call 911 to alert the fire department. Address: Bluevale Community Hall
   32 Clyde Street
   Bluevale, Ontario
4. DO NOT reenter the building.
5. Follow fire department instructions upon their arrival and relay any important information to them.

If you hear the smoke alarm:

1. Remain calm. Leave the building via the nearest safe exit, closing any doors behind you.
2. Call 911 to alert the fire department. Address: Bluevale Community Hall
   32 Clyde Street
   Bluevale, Ontario
3. DO NOT reenter the building.
4. Follow fire department instructions upon their arrival and relay any important information to them.

FIRE ALARM NOT CONNECTED TO FIRE DEPARTMENT
Fire Extinguisher
Operating Instructions

If you discover a fire in your area and you choose to suppress it with a fire extinguisher, these are the steps to follow when discharging the contents of the extinguisher.

Pull the pin

Aim the hose at the base of the fire

Squeeze the handle

Sweep the fire until it is extinguished

Never turn your back on a fire when using an extinguisher, and it is recommended that a fire extinguisher only be used as a means to gain exit from the building.
Audit of Building Resources

Occupancy Type – Assembly

Occupant Load – Non-fixed seating – 278 persons
  Chairs and Tables (Dining) – 220 persons
  Chairs and Table with Alcohol – 189 persons

Access and Water Supply

No designated fire route. Access can be made by the fire department from James Street on the north side and Clyde Street on the east side.

No municipal water supply and no private hydrants.

Building Services and Equipment

Heating - Natural Gas and Electric

Main Gas Shut Off – North side of building, off of James Street. Near the centre of the wall.

Main Electrical Shut Off – At main entrance, off of Clyde Street, just inside the doors.

Emergency Lighting – Locations: Lower Hall over wheelchair ramp
  Main Entrance at the bottom of the stairs
  Upstairs stairwell door
  Inside west stairwell

Generator – Unleaded gas powered, provides power to all building services. Located exterior south side of building, will need to be refueled if power outage is prolonged.

  Transfer switch location – Main electrical panel in front entry way.
Fire Protection Equipment

**Smoke Alarms** – The smoke alarms are interconnected and are not connected to any outside monitoring agency or fire department, they are an independent system. They are located in the second storey hall and the basement hall. Their locations are also indicated on the schematic diagram of the building.

**Fire Extinguishers** – These are located throughout the building. Their exact locations are indicated on the schematic diagram of the building.

**Carbon Monoxide Detectors** – There are two carbon monoxide detectors in the building. One is located in the lower hall area and the other the upper hall area. Their exact locations are indicated on the schematic diagram of the building.

**Fire Hazards**

There are no hazards that exist within this building over and above what would be commonly found in a structure of its type and usage.
# 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 - unlikely to occur considering nature and duration of the work</td>
<td>- not required but recommended</td>
<td>- continual monitor - competent person outside - wear approved body harness</td>
<td>- 911 emergency call - do not enter confined space until help arrives - supply air to entrant if required - 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 - ventilate to maintain safe atmosphere - minimum 10 air changes per hour</td>
<td>- continual monitor - competent person outside - wear approved body harness - suitable lifting device or sufficient manpower in place - S.C.B.A. (recommended)</td>
<td>- 911 emergency call - remove entry worker - supply air to entrant if required - 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 - competent person outside - wear approved body harness - suitable lifting device or sufficient manpower in place - S.C.B.A. (required)</td>
<td>- 911 emergency call - remove entry worker - supply air to entrant if required - 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><strong>DO NOT ENTER</strong></td>
<td><strong>DO NOT ENTER</strong></td>
<td><strong>DO NOT ENTER</strong></td>
</tr>
</tbody>
</table>

- notify supervisor and secure area from all potential sources of ignition
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
  - Explosive or Flammable atmosphere is present or is likely to be present
  - 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)

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

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

Social Insurance Number

Is the worker covered by a Union/Collective Agreement?  
- yes  
- no

Worker Reference Number

Worker's preferred language  
- English  
- French  
- Other

Date of Birth

Date of Hire

Sex  
- M  
- F

B. Employer Information

Trade and Legal Name (if different provide both)

Mailing Address

City/Town  
Province  
Postal Code

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)

City/Town  
Province  
Postal Code  
Alternate Telephone

C. Accident/Illness Dates and Details

1. Date and hour of accident/Awareness of illness

Date and hour reported to employer

AM  
PM

2. Who was the accident/illness reported to? (Name & Position)

Telephone

Ext.

3. Was the accident/illness:

- Sudden Specific Event/Occurrence  
- Gradually Occurring Over Time  
- Occupational Disease  
- Fatality

4. Type of accident/illness:

- Struck/Caught  
- Overexertion  
- Repetition  
- Fire/Explosion

- Fall  
- Harmful Substances/Environmental  
- Slip/Trip  
- Motor Vehicle Incident  
- Other

5. Area of Injury (Body Part) - (Please check all that apply)

- Head  
- Face  
- Neck  
- Teeth  
- Upper back  
- Lower back  
- Abdomen  
- Pelvis  
- Shoulder  
- Arm  
- Elbow  
- Forearm

- Left  
- Right  
- Wrist  
- Hand  
- Finger(s)  
- Hip  
- Thigh  
- Knee  
- Lower Leg  
- Ankle  
- Foot  
- Toe(s)

6. Describe what happened to cause the accident/illness and what the worker was doing at the time (lifting a 50 lb. box, slipped on wet floor, repetitive movements, etc. . ). 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.

MTHS 019

A guide to complete this form is available at www.wsib.on.ca
## 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?  
   - [ ] yes  [ ] no
   - If yes, when: 

2. When did the employer learn that the worker received health care?
   - [ ] yes  [ ] no
   - 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

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

4. Who is responsible for arranging worker’s return to work
   - [ ] Myself
   - [ ] Other
   - Name ____________________________ Telephone ____________________________ Ext. ________

0007A (11/05)
APPENDIX 1

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

G. Base Wage/Employment Information - (Do not include overtime here)
1. Is this worker (Please check all that apply)
   - Permanent Full Time
   - Casual/Regular
   - Seasonal
   - Permanent Part Time
   - Unpaid/Trainee
   - Temporary Full Time
   - Registered Apprentice
   - Contract
   - Optional Insurance
   - Other

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

H. Additional Wage Information
1. Net Claim Code or Amount
   Federal
   Provincial
   Yes
   No
   Provide percentage

2. Date and hour last worked
   $ AM
   PM

3. Normal working hours on last day worked
   From AM
   To AM

4. Actual earnings for last day worked
   $ AM
   PM

5. Normal earnings for last day worked
   $ AM
   PM

6. Advances on wages:
   Is the worker being paid while he/she recovers?
   Yes
   No
   If yes, indicate:
   Full/Regular
   Other

7. Other Earnings (Not Regular Wages): Provide the total of additional earnings for each week for the 4 weeks before the accident/illness.

8. Use these spaces for any other earnings (Indicate Commission, Differentials, Premiums, Bonus, Tips, In Lieu %, etc.).

I. Work Schedule (Complete either A, B or C. Do not include overtime shifts)
(A) Regular Schedule - Indicate normal work days and hours.
(B) Repeating Rotational Shift Worker - Provide
   - Example: Monday to Friday, 40 hours
   - Example: 4 days on, 4 days off, 12 hours per shift, 8 weeks in cycle
(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).

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)
Official Title

Signature
Telephone Ext.
Date dd mm yy

THE WORKPLACE SAFETY AND INSURANCE ACT REQUIRES YOU GIVE A COPY OF THIS FORM TO YOUR WORKER

0007A (11/05)
### APPENDIX 1

<table>
<thead>
<tr>
<th>K. Additional Information</th>
</tr>
</thead>
</table>

---

THE WORKPLACE SAFETY AND INSURANCE ACT REQUIRES YOU GIVE A COPY OF THIS FORM TO YOUR WORKER

0007A (11/05)
APPENDIX 2

WSIB FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK

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

<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>Employee Telephone No.</th>
<th>Area Code</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
<td>month</td>
<td>year</td>
<td></td>
</tr>
<tr>
<td>Worker’s Last Name</td>
<td>First Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Address (No., Street, Apt.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/Town</td>
<td>Province</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Code</td>
<td>Area Code</td>
<td>Telephone No.</td>
<td></td>
</tr>
<tr>
<td>Social Insurance No.</td>
<td>Date of Birth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Job</th>
<th>Time of injury (Where available, attach description of job activities)</th>
<th>Area of Injury</th>
</tr>
</thead>
</table>

The following information should be completed by the Health Professional:

1. Date of examination on which the report is based

2. Rehabilitation/Treatment Required?

   - yes
   - no

   Is the worker capable of returning to work immediately without restrictions?

   - yes
   - no

   If no, please complete the next section.

General Comments/Specific Limitations

3. Limited ability to use hands to:
   - hold objects
   - grip
   - type
   - write

   Limitations
   - Bending or twisting of
   - Repetitive movement
   - Chemical exposure to
   - Environmental exposure to
   - Operating motorized equipment
   - Restrictions related to medications: (specify)
   - Above-shoulder activity
   - Below-shoulder activity
   - Exposure to vibration: high frequency
   - low frequency
   - Limit physical exertion: mild
   - moderate
   - as tolerated

4. Recommendation for Work Hours

   - Full-time hours
   - Modified hours
   - Graduated hours

5. Complete Recovery Expected?

   - yes
   - no

   Estimated Duration of Limitations

<table>
<thead>
<tr>
<th>Health Professional's Name (Please print)</th>
<th>Health Profession</th>
<th>Date of Next Appointment for Review of Capabilities</th>
</tr>
</thead>
</table>

Full Address

City/Town | Province | Postal Code |

Date

Area Code | Telephone | Signature |

WSIB Agency Billing No. | Your own invoice No. |

Service date | Fee code |

2047A (01/98)

White - WSIB  Canary - Employer  Pink - Worker  Goldenrod - Health Professional
APPENDIX 3
Revised July, 2013

HEALTH AND SAFETY COMMITTEE MEMBERS:

Management:
Administrator Clerk-Treasurer – Nancy Michie
Director of Public Works – Gary Pipe
Chief Building Official – Steve Fortier

Workers:
Office – Kim Johnston
Roads Department – Barry Shaw
Landfill – Donna Haugh

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 Moving Heavy Objects</td>
<td>F3</td>
<td>F3</td>
</tr>
<tr>
<td></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
### Hazard Identification & Risk Assessment Form – Municipal Landfill

<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 S3</td>
<td>F2 S2</td>
</tr>
<tr>
<td>Dealing with the Public</td>
<td>F1 S1</td>
<td>F1 S1</td>
</tr>
<tr>
<td>Traffic in the Winter</td>
<td>F2 S3</td>
<td>F2 S3</td>
</tr>
<tr>
<td>Fueling Equipment</td>
<td>F1 S2</td>
<td>F2 S2</td>
</tr>
<tr>
<td>Biological Hazards</td>
<td>F1 S3</td>
<td>F1 S2</td>
</tr>
</tbody>
</table>

Completed by: Ross Goll, Bonnie Querengessser, 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>
<th>Eliminate, Contain, Revise Procedure, Reduce Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
<td>Medical Aid</td>
</tr>
<tr>
<td>Traffic – Possibility of being run into</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Falling Objects</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Tripping on Objects</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Repairing Equipment</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Fueling Equipment</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Slipping on Floor or Ice</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Pressure from Air or Oil</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Moving Shafts, belts, pulleys, blades, chainsaws, conveyor chains, wood chipper</td>
<td>2</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>
<td></td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------------------------</td>
<td>-------------------</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Fatality</td>
<td>Injury</td>
<td>Medical Aid</td>
</tr>
<tr>
<td>Manual Lifting</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Lifting with Equipment</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Biological Hazards</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Workplace Stress</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Cave – in while Trenching</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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

Revised –July, 2013

First Aid Kit Inspection Schedule

Representatives of the Joint Health and Safety Committee will inspect ALL First Aid Kits belonging to the Municipality of Morris-Turnberry during the following months:

- January, April, July, October
APPENDIX 6
Revised – July, 2013

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
Sean Brophy
Kim Johnston
Heidi McClure
Kelly Tiffin
Linda Walker

**Certified Landfill Staff:**
Ross Goll
Donna Haugh
Bonnie Querengesser

**Certified Building Staff:**
Steve Fortier

**Certified Roads Department Staff:**
Bob Dickert
Gord Haggitt
Josh Machan
Gary Pipe – 2010
Stu Moffat - 2010
Barry Shaw – 2010

**Certified Fire Safety Coordinator:**
James Marshall
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.

<table>
<thead>
<tr>
<th>A) Office: 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 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 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 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 2 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Office</td>
</tr>
<tr>
<td>Municipal Landfill</td>
</tr>
<tr>
<td>Works Garage – Morris</td>
</tr>
<tr>
<td>Works Garage – Turnberry</td>
</tr>
<tr>
<td>Bluevale Community Hall</td>
</tr>
<tr>
<td>Municipal Website</td>
</tr>
<tr>
<td>-added January 24, 2012</td>
</tr>
</tbody>
</table>
Appendix 10

Description: MUSCULOSKELETAL DISORDER (MSD) PREVENTION PROGRAM

Effective Date: January 24, 2012

Policy Statement:
Municipality of Morris-Turnberry is committed to providing a safe and healthy working environment for all staff. Morris-Turnberry will demonstrate its commitment by providing financial, physical and human resources to ensure that all staff understand and are aware of the risk factors associated with MSD, and will provide appropriate ergonomic equipment where possible, for MSD prevention.

This policy applies to day-to-day activities of all staff.

GOALS
- To increase MSD awareness
- To decrease the risk of MSD
- To promote and support the health and safety of all employees
- To provide equipment, resources and effective training

OBJECTIVES
- To ensure all staff are educated about MSD risk factors and prevention
- To conduct risk assessments to identify the presence of MSD risks
- To control MSD risks through application of controls
- To integrate MSD prevention strategies proactively as well as reactively

DEFINITIONS:

Musculoskeletal Disorders (MSD): Are injuries and disorders of the musculoskeletal system. They may be caused or aggravated by various hazards or risk factors in the workplace. The musculoskeletal system includes:
- muscles, tendons and tendon sheathes,
- nerves,
- bursa,
- blood vessels,
- joints/spinal discs, and
- ligaments.

MSDs do not include musculoskeletal injuries or disorders that are the direct result of a fall, struck by or against, caught in or on, vehicle collision, violence, etc.

Awkward Posture: Any fixed or constrained body position that overloads muscles, tendons, or joints. Generally, the more a joint deviates from the neutral position the more the posture is considered to be ‘awkward’ and the greater the risk of injury.
Neutral Posture: Are those in which the muscles, tendons, and joints function optimally and require the least amount of effort to maintain.

Static Posture: a body position that required sustained physical effort, without joint movement.

Force: Force is generated through muscular effort during lifting, pushing, pulling, and carrying tasks. When doing ‘work’ the body uses muscles to generate this force to allow for movements of the body.

Repetition: A task that uses the same muscles repeatedly. Repetition may be measured in terms of minutes, hours or work day (e.g. 3 per minute, 25 per hour, 30 times per shift). The level of risk depends on frequency of repetition, time of rest/recovery, speed of motion, postures required and amount of force required.

Physical Demands Description (PDD): a process to document the overall various physical attributes of a job. A well document PDD identifies force, posture, repetition, and duration of tasks.

Ergonomics: “Ergonomics is the science of fitting the task to the worker by balancing job demands with the capabilities of the human.” “The profession applies theory, principles, data, methods, and analysis to design in order to optimize human well-being and overall system performance.” (Association of Canadian Ergonomists, 2006)

Roles and Responsibilities of Workplace Parties
All staff are expected to comply with the outlined policy and procedures.

Employer
- Enforce the policy, procedures and program
- Provide equipment, necessary resources and initial and ongoing staff training.
- Maintain the MSD Prevention Program through Continuous Quality Improvement
- Annually evaluate and update the program

Department Heads/Supervisors
- Enforce program through regular monitoring strategies
- Conduct accident/incident investigations associated with MSD incident/injury reports.
- Report all findings of investigations senior management
- Ensure all staff are educated in MSD symptoms and property equipment use.
- Encourage staff to report symptoms of MSD early
- Respond to staff reports of MSD symptoms promptly.
- Access assistance in implementing MSD controls when solutions are not immediately identified
- Maintain education records
- Ensure all new staff receive general and specific orientation to the MSD policy and program
- Maintain ergonomic equipment assigned to their department
- Include the auditing of worker practice in the planned and unplanned inspections and report on findings to senior management
- Take every reasonable precaution for the protection of the worker
Employee

- Comply with policy and procedures at all times;
- Participate in regular education as established by the organization
- Report any unsafe acts, hazards, equipment problems, or any other unsafe tasks immediately to the supervisor
- Report any incidents, accidents, and near misses to the supervisor immediately and co-operate in the investigation as required by management

Joint Health and Safety Committee

- Review incident/accident investigation reports
- Review policy and program annually
- Make recommendations in writing to management
- Assess the feasibility of a MSD sub-committee one which would focus solely on MSD prevention

Procedures

JHSC – shall incorporate MSD risks in monthly workplace inspections

Orientation – Municipality of Morris-Turnberry will provide MSD education for new workers. Education includes awareness, MSD definitions, and reporting of incidents and risks. Department specific orientation shall include specific MSD hazards, proper use of ergonomic equipment, set up of workstations and work organization strategies.

MSD Hazard Reporting – As per the Health and Safety Policy, employees are to report MSD hazards, and ensure MSD incident reporting is consistent.

MSD Incident Reporting – Municipality of Morris-Turnberry will provide positive reinforcement of workers reporting MSD signs and symptoms.

Ongoing MSD Inspections – Department Heads/Supervisors are expected to include MSD hazard identification within their routine inspections.

MSD Investigation – Department Heads/Supervisors are expected to incorporate MSD prevention within the Investigation process for MSD Incidents

Referral of ergonomic assessment – When identified ergonomic hazards and risks through investigations, inspections and reports from workers, provide a documented request to the Department Head/Supervisor for an ergonomic consultation either through in-house, the JHSC, or ergonomics professional.

Purchasing – Where appropriate, prior to decisions being made about the purchase of new equipment or new furniture – worker input and ergonomic features shall be considered. Whenever possible, items should be trialed for no less than 1 week’s time to ensure compatibility to MSD risk reduction.

Return to Work (RTW) – Develop physical demands descriptions (PDD) for jobs at high risk for MSD and incorporate the analysis in job descriptions. Information obtained from the PDD can be used for employee return to work following an injury to determine if the physical demands of the job match the workers current capabilities.
Building Design – Whenever the workplace is being re-developed, ergonomic considerations shall be integrated into the design of the new work environment.

Maintenance of Equipment – Maintain all equipment in safe operating condition. Ensure complete and accurate documentation of preventative maintenance.

Education:
Orientation – Ensure MSD education for new employees
Ongoing – Department specific annual review of MSD risk factors and controls shall be reviewed with staff. Education should include MSD awareness, anatomy, biomechanics, risk factors, and signs and symptoms.

Evaluation:
The MSD program will be evaluated annually. The following indicators:
- Incident Reports
- JHSC Minutes
- Physical Demands Descriptions
- Absenteeism Statistics
- Employee Discomfort Survey Results

Any changes to the program will be documented and communicated immediately to all affected staff and management
Appendix 11

Description: MUSCULOSKELETAL DISORDER (MSD) Assessment Schedules

Effective Date: July 2, 2013

<table>
<thead>
<tr>
<th>Identified Hazard or Unsafe Work Activity</th>
<th>Risks Factors</th>
<th>Risk rating before</th>
<th>Corrective Options/Solutions to reduce the Risk</th>
<th>Risk rating after</th>
</tr>
</thead>
</table>
| Storage Boxes Lifting/Lowering and push/pull on or off a shelf | • Force  
• Posture  
• Static Force  
• Objects are heavy/difficult to lift/lower  
• Object is below the knees or on high shelves  
• Push boxes on/off shelf above shoulders  
• Loads are unstable, unbalanced, uncooperative or unpredictable – load unbalanced in the box, some old boxes have weak handles that can break  
• Lifting/lowering postures are awkward  
• Boxes and Tables up to 50 lbs | High (Moderate, high) | Lighter Boxes – set a maximum box weight limit  
Label boxes with contents and weight before putting on storage shelf  
Place boxes that are used less frequently and lower weight on the higher shelves. Place working boxed between chest and shoulder height on shelf  
Pre-use inspection of boxes  
Limit number of boxes carried to one  
Storage on main floor  
Consider scan and store records electronically instead of storing hard copies  
Appropriate footwear for the task – consider revising footwear policy  
Training: Communication with staff about lifting and storage expectations. Not rushing | Medium (moderate, medium) |
| Staircase with Boxes | Force | Posture | Repetition | Mechanical Stress | Fall | High (major, high) | Limit the Box weight | Go slow on steps | Install dumb waiter or stair lifts | Lighter Boxes – set a maximum box weight limit | Label boxes with contents and weight before putting on storage shelf | Pre-use inspection of boxes | Limit number of boxes carried to one | Storage on main floor | Consider scan and store records electronically instead of storing hard copies | Appropriate footwear for the task – review footwear policy | Training: Communication with staff about lifting and storage expectations. | Low (minor, low) if dumbwaiter installed |
|----------------------|-------|---------|------------|-------------------|------|------------------|---------------------|-----------------|-------------------------------|-----------------------------|---------------------------------|-----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|

Noise Level (not applicable for MSD) | Photocopier makes it hard to hear |
| Computer Work/office workstation ergonomics | Posture  
- Repetition  
- Lighting | High  
(moderate, high) | Ergonomics  
- Furniture  
- Breaks  
- Lighting  
Awareness program  
- Webinar and self assessment checklist  
- In person awareness session and self assessment checklist  
- 1 day how to do office ergo assessments course  
- Ergonomist complete individual assessments  
Early reporting of symptoms and hazards | Low  
(minor low) |
<table>
<thead>
<tr>
<th>Identified Hazard or Unsafe Work Activity</th>
<th>Rating before</th>
<th>Risks Factors</th>
<th>Corrective Options/Solutions to reduce the Risk</th>
<th>Rating after</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature is less than 20°C or more than 24°C (dependent on individual comfort and season)</td>
<td>Medium (major, low)</td>
<td>Temperature extremes in summer and winter</td>
<td>Trailer heated in winter, fan for cooling in summer, appropriate clothing for weather, awareness – early recognition of heat stress, first aid training, cold water provided, take breaks when needed, heat stress policy/procedure, summer work hours, winter sit in tractor</td>
<td>Low (minor, low)</td>
</tr>
<tr>
<td>Lifting/Lowering/Bending/Twisting-EWASTE</td>
<td>Medium (moderate, medium)</td>
<td>Object is heavy/difficult to lift/lower, object is difficult to pile – eg. tv, computers, microwaves</td>
<td>Residents put ewaste in container, get second person to help lift large/awkward objects, use loader to move items into container, training - lifting</td>
<td>Low (minor, low)</td>
</tr>
</tbody>
</table>
## Musculoskeletal Disorders Risk Assessments – Public Works

<table>
<thead>
<tr>
<th>Identified Hazard or Unsafe Work Activity</th>
<th>Risks Factors</th>
<th>Rating before controls</th>
<th>Corrective Options/Solutions to reduce the Risk</th>
<th>Rating after controls</th>
</tr>
</thead>
</table>
| Walking Municipal Drains – Bi weekly    | • Strain Muscles – Legs  
• Environment – Rough Terrain  
• Trip/fall             | Low (moderate/low) | • go in Better Conditions  
• footwear  
• let people know where you’re going  | Low (moderate/low) |
| Computer Work – Daily                   | • Strain Muscles – Back  
• Posture  
• Sitting for long periods without standing |                     | • Stretching |                     |
| Office Work                              | • Lighting – Eyes       |                       | • Natural Light |                       |
| Operating and Driving Grader            | • Posture – Neck, Lower Back, Legs, Shoulders  
• Causes Discomfort in Neck, Lower Back and Right hip/Thigh/Buttock  
• Muscles and Tendons – Swelling of Knee  
• Vibration  
• Repetition | High (moderate, high) | • Purchase High Quality Seats for All Equipment  
• Seating – easy to adjust (air ride)  
• Take time to adjust the seat  
• Stretch  
• Take more breaks  
• Get out of grader  
• Awareness training on MSD hazards of grading | Low (moderate, low) |
<table>
<thead>
<tr>
<th>Fuel Grader/trucks/loader</th>
<th>Medium (major, low)</th>
<th>New equipment with ground level fueling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Knock ice/snow off fenders before climbing (grader only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Footwear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPE – goggles, gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anti-slip strips on fenders (grader only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 point contact while on fender (grader only)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure snow and ice is cleared from fueling area</td>
</tr>
<tr>
<td>Enter/exit grader/truck/loader</td>
<td>High (major, medium)</td>
<td>3 point contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Awareness – 3 point contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enforcement/discipline if needed – 3 point contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New equipment with larger step surface</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Knock snow/ice off steps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No jumping policy</td>
</tr>
</tbody>
</table>

Medium (major, low – current equipment)
New Equipment Low (moderate, low)
| Working in Shop/equipment maintenance | • Heavy Lifting, push/pull, carry  
  • Awkward Positions  
    o Kneel/squat  
    o Bent back to sweep, workbench  
  • Stand on concrete floor  
  • Unsupported Objects  
  • Difficult/Tiring Squeezing to open/close (pliers, vice grips, grease gun, etc.)  
  • Pinch gripping unsupported objects weighting 1 kg or more per hand for more than 2 hours total per day | Medium (Major, low) | • Purchase Correct tools – weight, handle design, etc.  
  • 2 person lifting, equipment (tire lifter, overhead crane, carts, dolly, etc.)  
  • Training and awareness for manual material handling/lifting  
  • Preventative maintenance for carts (castor, bearing, etc)  
  • Set a limit for Amount of material on the cart at one time (grader edges)  
  • Evaluate storage heights (below knee, or above shoulder) and weights | Low (Moderate, low) |
| --- | --- | --- | --- |
| Tree cutting | • Back bent forward  
  • Kneel/squat  
  • Back twisted  
  • Shoulder/chest height to cut – awkward shoulder/arm postures  
  • Hand arm vibration  
  • Push/pull  
  • Heavy lifting  
  • Carrying  
  • Force to pull to start (use decompression button)  
  • Awkward wrist postures to use saw  
  • Index finger throttle  
  • Uneven ground | High (Major, high) | • Use decompression button  
  • Basic chainsaw training  
  • Training on material handling/lifting techniques  
  • Awareness of postures, taking breaks  
  • Assessment of site prior to cutting tree  
  • Summer – poor sight because of leaves on tree  
  • Preventative maintenance program  
  • Use appropriate saw for the job  
  • Consider vibration properties when purchasing new saws  
  • Tailgate meeting for hazardous jobs | Medium (Moderate, medium) |
<table>
<thead>
<tr>
<th>Chipper</th>
<th>Medium (Moderate, medium)</th>
<th>Low (Moderate, low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Back bent forward</td>
<td>● Basic chipper training</td>
<td></td>
</tr>
<tr>
<td>● Kneel/squat</td>
<td>● Training on material</td>
<td></td>
</tr>
<tr>
<td>● Back twisted</td>
<td>handling/lifting techniques</td>
<td></td>
</tr>
<tr>
<td>● Push/pull</td>
<td>● Awareness of postures,</td>
<td></td>
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<tr>
<td>● Heavy lifting</td>
<td>taking breaks</td>
<td></td>
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<tr>
<td>● Carrying</td>
<td>● Assessment of site</td>
<td></td>
</tr>
<tr>
<td>● Uneven ground</td>
<td>● Preventative maintenance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>program</td>
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<tr>
<td></td>
<td>● Tailgate meeting for</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>hazardous jobs</td>
</tr>
</tbody>
</table>
Program and Awareness:

Every employee will review a copy of the *Workplace Health & Safety Policy and Program*, and shall acknowledge by signing a confirmation from that he/she has 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 reviewed 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