# 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>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 - 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>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 - 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>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 - 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>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>
</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
- Hazard monitor
- Rescue system
- Competent person outside
- Use of S.C.B.A. required
- Explosive or flammable atmosphere is present or is likely to be present

DO NOT ENTER
### A. Worker Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (number, street, apt., suite, unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of time in this position while working for you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the worker covered by a Union/Collective Agreement?</th>
<th>Worker Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker's preferred language</th>
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</thead>
<tbody>
<tr>
<td>English</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd mm yy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd mm yy</td>
</tr>
</tbody>
</table>

### B. Employer Information

<table>
<thead>
<tr>
<th>Trade and Legal Name (if different provide both)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate Group Number</th>
<th>Classification Unit Code</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check one: Firm OR Account Number</th>
<th>Provide Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### C. Accident/Ilness Dates and Details

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

2. Who was the accident/Ilness reported to? (Name & Position)
   - Telephone
   - Ext.

3. Was the accident/Ilness:
   - Sudden Specific Event/Occurrence
   - Gradually Occuring Over Time
   - Occupational Disease
   - Fatality

4. Type of accident/Ilness:
   - Stuck/Caught
   - Overexertion
   - Repetition
   - Fire/Explosion
   - Slip/Trip
   - Fall
   - Harmful Substances/Environmental
   - Motor Vehicle Incident
   - Assault
   - Other

5. Area of Injury (Body Part) - (Please check all that apply)
   - Head
   - Face
   - Teeth
   - Neck
   - Chest
   - Shoulder
   - Arm
   - Elbow
   - Forearm
   - Wrist
   - Hand
   - Finger(s)
   - Hip
   - Thigh
   - Knee
   - Lower Leg
   - Ankle
   - Foot
   - Toe(s)

6. Describe what happened to cause the accident/Ilness 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.
APPENDIX 1

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

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?
   - Date:

3. Where was the worker treated for this injury? (Please check all that apply)
   - On-site health care
   - Ambulance
   - Emergency department
   - Admitted to hospital
   - Health professional office
   - Clinic
   - Other:

   Name, address and phone number of health professional or facility who treated this worker (if known):

E. Lost Time - No Lost Time

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

   Provide date worker first lost time
dd
mm
yy

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

regular work
modified work

2. This Lost Time - No Lost Time - Modified Work Information was confirmed by:
   - Myself
   - Other
   Name
   Telephone
   Ext.

F. Return To Work

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

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

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

4. Who is responsible for arranging worker's return to work?
   - Myself
   - Other
   Name
   Telephone
   Ext.
**APPENDIX 1**

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

Please PRINT in black ink

Worker Name ____________________________

Social Insurance Number __________________

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

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

2. Regular rate of pay $__________
   - [ ] per hour
   - [ ] day
   - [ ] week
   - [ ] other

H. Additional Wage Information

1. Net Claim Code or Amount
   - [ ] Federal
   - [ ] Provincial

2. Vacation pay - on each cheque?
   - [ ] yes
   - [ ] no

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

4. Normal working hours on last day worked
   - [ ] From AM
   - [ ] To AM

5. Actual earnings for last day worked
   - [ ] AM
   - [ ] PM

6. Normal earnings for last day worked
   - [ ] AM
   - [ ] PM

7. Advances on wages: Is the worker being paid while he/she recovers?
   - [ ] yes
   - [ ] no

8. Other Earnings (Not Regular Wages): Provide the total of additional earnings for each week for the 4 weeks before the accident/illness.

   Use these spaces for any other earnings (indicate Commission, Differences, Premiums, Bonus, Tips, In Lieu %, etc.).

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

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

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

  *Example: Monday to Friday, 40 hours

  
<table>
<thead>
<tr>
<th>S</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
</tbody>
</table>

- [ ] (B) Repeating Rotational Shift Worker - Provide

  NUMBER OF DAYS ON

  NUMBER OF DAYS OFF

  HOURS PER SHIFT(s)

  NUMBER OF 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).

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

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>From/To Dates (dd/mm/yy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours Worked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Shifts Worked</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 2

WSIB FUNCTIONAL ABILITIES FORM FOR TIMELY RETURN TO WORK

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

<table>
<thead>
<tr>
<th>Health No.</th>
<th>Claim No.</th>
</tr>
</thead>
</table>

Date of Accident day month year

Employer Telephone No. Area Code Telephone

Worker's Last Name First Name

Full Address (No., Street, Apt.)

City/Town Province

Postal Code Area Code Telephone No.

Social Insurance No. Date of Birth day month year

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

Type of Job at Time of Injury (Where available, attach description of job accidents) Area of Injury

The following information should be completed by the Health Professional:

1 Date of examination on which the report is based

<table>
<thead>
<tr>
<th>Area of Injury</th>
</tr>
</thead>
</table>

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.

Please complete where capabilities are known or limitations recommended. Note: "as tolerated" implies that restrictions are recommended but must be quantified in the workplace.

Capabilities

- Walking: short distance only [ ] as tolerated [ ] other (e.g. always ground) [ ]
- Standing: less than 15 min [ ] less than 30 min [ ] as tolerated [ ] other [ ]
- Siting: less than 30 min [ ] less than 1 hour [ ] as tolerated [ ] other [ ]
- Lifting floor to waist: less than 10 Kg [ ] less than 25 Kg [ ] as tolerated [ ] other [ ]
- Lifting waist to shoulder: less than 10 Kg [ ] less than 25 Kg [ ] as tolerated [ ] other [ ]
- Stair climbing: none [ ] 2-3 steps only [ ] short flight [ ] own pace [ ] as tolerated [ ]
- Ladder climbing: none [ ] 2-3 steps only [ ] 4-6 steps only [ ] own pace [ ] as tolerated [ ]

Limited ability to use hands to: hold objects [ ] grip [ ] type [ ] write [ ]

Limitations

- Bending or twirling of [ ] Repetitive movement of [ ]
- Chemical exposure to [ ] Environmental exposure to [ ]
- Operating motorized equipment [ ] Restrictions related to medications: (specify) [ ]
- Above-the-shoulder activity [ ] Below-shoulder activity [ ]
- Exposure to vibration: high frequency [ ] low frequency [ ]
- Limit physical exertion: mild [ ] moderate [ ] as tolerated [ ]

General Comments/Specific Limitations

Recommendations for Work Hours

<table>
<thead>
<tr>
<th>Full-time hours</th>
<th>Modified hours</th>
<th>Graduated hours</th>
</tr>
</thead>
</table>

Complete Recovery Expected? yes no

Estimated Duration of Limitations

Full Address

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

Date

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Telephone</th>
<th>Signature</th>
</tr>
</thead>
</table>

WSIB Agency Billing No.

<table>
<thead>
<tr>
<th>Your own Invoice No.</th>
<th>Service date d d m n y</th>
</tr>
</thead>
</table>

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

2647A (01/98)
APPENDIX 3

HEALTH AND SAFETY COMMITTEE MEMBERS:

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

WORKPLACE INSPECTION LOCATIONS:

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

### Municipality of Morris-Turnberry

**Hazard Identification & Risk Assessment Form – Municipal Office**

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

Completed by Nancy Michie, Steve Fortier, and Kim Johnston
May 13, 2010
Municipality of Morris-Turnberry  
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</td>
<td>S2</td>
</tr>
<tr>
<td>Dealing with the Public</td>
<td>F1</td>
<td>S1</td>
</tr>
<tr>
<td>Traffic in the Winter</td>
<td>F2</td>
<td>S3</td>
</tr>
<tr>
<td>Fueling Equipment</td>
<td>F1</td>
<td>S2</td>
</tr>
<tr>
<td>Biological Hazards</td>
<td>F1</td>
<td>S2</td>
</tr>
</tbody>
</table>

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

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

First Aid Kit Inspection Schedule

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

- April, July, October and December
APPENDIX 6

First Aid Certificates for the Municipality of Morris-Turnberry

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

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

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

Certified Building Staff:
Steve Fortier – 2009

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

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

Violence and Harassment Program

Dated November 2, 2010

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

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

A) Office:

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

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Verbal Abuse and Acts of Proposed Violence:</td>
<td>Have at least two 2 people in the office at all times. Ensure proper lighting in the building. Lock doors if after work hours. Training of the Harassment and Violence Policies are mandatory. Have telephones in the office programmed with the 911 number.</td>
</tr>
<tr>
<td>B) Public Works Department: Risk</td>
<td>Control</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two 2 people in the building at all times. Ensure proper lighting in the building. 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. Have a list of contact numbers – department head, supervisor easily assessable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C) Fire Personnel: Risk</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two 2 people in the building at all times. Ensure proper lighting in the building. 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. Have a list of contact numbers – department head, supervisor easily assessable.</td>
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</table>

<table>
<thead>
<tr>
<th>D) Landfill: Risk</th>
<th>Control</th>
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</thead>
<tbody>
<tr>
<td>1. Working alone</td>
<td>Attempt to have at least two 2 people on the site, at all times. Ensure proper lighting in the building. 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. Have a list of contact numbers – department head, supervisor easily assessable.</td>
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</tbody>
</table>
E) Building and Animal Control – On site:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control</th>
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</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: ____________________________ Inspected by: ____________________

<table>
<thead>
<tr>
<th>Item</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>
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Signature

APPENDIX 9

MUNICIPAL HEALTH AND SAFETY POLICY
POSTING LOCATIONS AND DATES

Policy Posted at the following locations:

Location

Municipal Office
Municipal Landfill
Works Garage – Morris
Works Garage – Turnberry
Bluevale Community Hall

Municipal Website
-added January 24, 2012
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 (eg. 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.