**IEC Safety Management Assessment (SMA)**

**Contractor Health and Safety Profile**

* The Safety Management Assessment Program (SMA) follows a three-year cycle. The initial full assessment is a review of all profile items including a field visit.
* For the second and third years of the cycle, annual reviews, including an annual field visit interview with a worker, are required to maintain a valid status.
* An annual review consists of a subset of selected profile items (marked with an asterisk\*) that are time-sensitive, plus a review of any existing non-compliances, a review of profile items that were considered non-applicable at the time of the previous audit, and an annual field visit interview. These components all contribute to the overall annual score obtained on the profile.
* After three years a full assessment, including a complete review of all profile items and a field visit interview, is required to maintain a valid status. Then the annual review cycle is repeated.
* The field visit interview is valued at 96 points, which is approximately 22% of the total audit score. The field visit interview comprises Section 12 of the Health and Safety Profile and is factored directly into the overall audit score.
* For further information or to schedule an SMA audit please contact:

**Glenda Worsley** [gworsley@lambtonbases.ca](mailto:gworsley@lambtonbases.ca) **519-918-4241**

* For questions related to billing, please contact:

**Accounting Department** [accounting@lambtonbases.ca](mailto:accounting@lambtonbases.ca)  **519-704-0532**

Date:

COMPANY NAME:

CONTACT NAME:

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| SECTION 1: Leadership and Commitment | | **Score**  **Possible** | **Score**  **Achieved** |
| **1.0** | **Does management demonstrate their commitment to Health & Safety by:** |  |  |
| **1.0.1**  **R** | **Does the employer have a written policy statement that includes management’s commitment to providing a safe and healthy work environment?**  -*should include management’s commitment to prevent accidents, injuries, and illnesses in the workplace and responsibilities of the workplace parties* | 2 |  |
| **\*1.0.2**  **R** | **Is the policy statement signed by senior management?**  *-signed by the most senior person on site and/or the company president/CEO* | 1 |  |
| **\*1.0.3**  **R** | **Is the policy statement reviewed at least annually and revised as necessary?** [OHSA s.25(2) (j)]  *-reviewed by senior management and dated within one calendar year* | 1 |  |
| **\*1.0.4**  **R** | **Is the policy statement posted?** [OHSA s.25(2) (k)]  *-posted at a conspicuous place in workplace – specified safety bulletin board or posting area - not only in health and safety manual or pamphlet* | 1 |  |
| **1.0.5** | **Does your H&S policy include a statement on environmental protection?**  *-included in policy or*  *-a stand alone policy* | 1 |  |
| **\*1.0.6** | **Is the policy statement communicated to employees?**  *-part of employee orientation program*  *-minutes of a safety meeting*  *-policy signed or initialed by employees*  *-training checklist*  *-company handbook* | 2 |  |

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| **1.0.7** | **Have Health & Safety targets been established within the last 12 months?**  *-proactive/ process related targets*  *-training targets*  *-BBS/Near Miss/HCR targets*  *-monthly BSO plus topics*  *-BSO annual refresher test*  *-other* | 1-3 |  |
| **\*1.0.8** | **Are the H&S targets reviewed on a quarterly basis and revised as needed?**  *-reviewed by safety rep, JHSC, OBS coordinator* | 2 |  |
| **\*1.0.9** | **Are the targets communicated to all employees?**  *-posted on bulletin board*  *-safety meeting minutes*  *-quarterly updates* | 2 |  |
| **1.0.10** | **Is the actual safety performance relative to the targets communicated to the employees?**  *-posted on bulletin board*  *-safety meeting minutes*  *-newsletter* | 2 |  |
| **1.0.11** | **Have employees been acknowledged for meeting the targets?**  *-letter of recognition/company memo*  *-individual performance appraisal*  *-safety awards/incentive programs tied into safety*  *-minutes of safety meeting* | 2 |  |
| **1.0.12** | **Are there written disciplinary procedures to deal with health and safety infractions/violations?**  *-progressive discipline procedures (verbal, written, suspension, termination)* | 2 |  |
| **1.0.13** | **Are the disciplinary procedures followed?**  *- provide documentation of written warnings, suspension, or termination from employee file or supervisory logbook (name or other identifying information should be deleted or blacked out)* | 1 |  |
| **1.0.14** | **Do senior management personnel receive health and safety/leadership training?**  *-BBS Observation Training (Company or IEC)*  *-IEC Supervisory training*  *-IHSA Supervisory training*  *-leadership training/company training*  *-certification training*  *-Root Cause Analysis* | 1-5 |  |
| **1.0.15** | **Do supervisory personnel receive supervisory skills/leadership training?**  *-Introduction to Health and Safety in Ontario*  *-IEC / IHSA Supervisory training*  *-leadership/company training*  *-BBS Observation Training (Company or IEC)* | 1-4 |  |
| **\*1.0.16** | **Does management demonstrate commitment to health and safety regularly by:**  *-monitoring safety suggestions*  *-conducting informal site walkthroughs*  *-attending safety meetings monthly/quarterly*  *-attending toolbox meetings monthly/quarterly-hold*  *–revie -reviewing and analyzing injury/occupational illness causes*  *-other* | 2-10 |  |
| **1.0.17** | **Does corporate take part in your local safety program?**  *-yearly shop/site inspections*  *-employee contacts during inspections*  *-checklist/documentation*  *-share learnings from site observations/visits* | 2 |  |
| **1.0.18** | **Do supervisors conduct pre-job safety meetings?**  *-e.g., toolbox/tailgate talks*  *-supervisory log/safety topic list for documentation* | 2 |  |
| **\*1.0.19** | **What improvements, in workplace health and safety, has the company implemented in the past year?**  *-revised policies/procedures*  *-equipment/PPE upgrades*  *-increased compliance with procedures*  *-action plan based on last audit* | 1-4 |  |
| **\*1.0.20** | **Does the company encourage off-the-job health and safety for all workers?**  *-agenda item at safety meeting*  *-equipment loaning policy/program*  *-newsletters (including IEC newsletter)*  *-hazard alerts/other* | 3 |  |
|  | **TOTAL** | **52** |  |
|  | **LESS N/As** |  |  |
|  | **NET SCORE** |  |  |
|  | | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items R= Regulated Items

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| **SECTION 2: Roles & Responsibilities and Control** | | **Score**  **Possible** | **Score Achieved** |
| **2.0** | **OHS Legislated duties & responsibilities:** |  |  |
| **2.0.1** | **Are health and safety roles, responsibilities, and duties identified, assigned and communicated in writing to Managers?**  *- legislated duties and responsibilities from the OHS Act documented and formally communicated.* | 2 |  |
| **2.0.2** | **Are health and safety roles, responsibilities, and duties identified, assigned and communicated in writing to Supervisors?**  *- legislated duties and responsibilities from the OHS Act documented and formally communicated.* | 2 |  |
| **2.0.3** | **Are health and safety roles, responsibilities, and duties identified, assigned and communicated in writing to Workers?**  *- legislated duties and responsibilities from the OHS Act documented and formally communicated.* | 2 |  |
| **2.0.4** | **Are health and safety roles, responsibilities, and duties identified, assigned and communicated in writing to Contractors and Subcontractors?**  *- legislated duties and responsibilities from the OHS Act documented and formally communicated.* | 2 |  |
| **2.0.5** | **How is individual performance evaluated to see how well the legislated duties and responsibilities are carried out?**  *-performance evaluation system*  *-performance checklist*  *-supervisor/employee self-check list* | 2 |  |
| **\*2.0.6** | **Have performance reviews of legislated health and safety duties and responsibilities been held and documented within the last 12 months?**  *-performance reviews dated within past 12 months*  *-performance checklists dated within past 12 months* | 2 |  |
| **2.1** | **OHS Advisor/Coordinator:** |  |  |
| **\*2.1.1** | **Is there a role within the organization with responsibility for OHS Program development and implementation?**  *-documentation; identified in a job description* | 2 |  |
| **\*2.1.2** | **Does the person with responsibility for OHS Program development and implementation have basic experience and knowledge in pre-job safety assessments, training, field monitoring/coaching, safety measures and reporting, incident response, investigation, and auditing?**  *-interview; responses confirm competencies*  *-documentation; training records* | 2 |  |
| **\*2.1.3** | **Does the person responsible for OHS Program development and implementation engage directly with the workforce and provide support that improves safety culture, knowledge, and improved performance?**  *-interview; confirmation from workers* | 2 |  |
|  | **TOTAL** | **18** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  |  | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items

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| **SECTION 3: Documents, Procedures, Reports & Communication** | | | **Score**  **Possible** | **Score**  **Achieved** |
| **3.0** | **Are the following documents available and posted in the workplace?** | |  |  |
| **\*3.0.1**  **R** | **Occupational Health and Safety Act and Relevant Regulations [OHSA s.25(2) (I)]**  *-readily accessible in a common area, lunchroom, shop, where employees can find it easily* | | 1 |  |
| **\*3.0.2**  **R** | | **Health and Safety at Work Poster**  *-posted in a readily accessible common area*  *-effective October 1, 2012, the poster must be displayed in English and the majority language of the workplace* | 1 |  |
| **\*3.0.3**  **R** | | **W.S.I.B. Form 82 [Reg. 1101 s.1,3]**  *-must be displayed at the first aid station*  *-posted in conspicuous place in the workplace* | 1 |  |
| **\*3.0.4**  **R** | | **W.S.I.B. First Aid Regulation 1101**  *-near first aid box* | 1 |  |
| **3.0.5** | | **Emergency telephone list**  *-emergency numbers*  *-after hours company contacts*  *-MOL/MOE*  *-posted by primary telephones*  *-posted by main entrances* | 1 |  |
| **\*3.0.6**  **R** | | **MOL orders and inspection report**  *-posted in a prominent place for 14 days after issuance* | 1 |  |
| **\*3.0.7** | | **Safety performance information updated & posted regularly?**  *-e.g., injury rates, OBS graphs, or similar graphs/safety statistics to indicate to the employee’s progress toward enhanced safety performance* | 2 |  |
| **3.0.8** | | **“Hazard Alerts” posted or communicated to increase awareness?**  *-e.g., recalls, notices, warnings posted and/or communicated via safety mtgs., toolbox talks, newsletter*  *-posters and safety literature current and well maintained* | 2 |  |
| **3.0.9** | | **Do you audit employee’s knowledge of posted/circulated safety information?**  *-e.g., initialing of posted or circulated document*  *-safety meeting agenda item w/ signed attendance* | 1 |  |
| **3.1** | **Does the employer have written procedures and/or rules for:** | |  |  |
| **3.1.1**  **R** | | **Reporting injury/occupational illness? [OHSA s.52(1) (2), Reg. 213/91 s.9(1) (2)]**  *--use Reg. 1101 and Form 82 as guidelines* | 1 |  |
| **3.1.2**  **R** | | **Reporting hazardous conditions?**  *-use OHSA 28(1) (c,d) as guidelines (worker duties)*  *-can be Near Miss or Hazardous Condition Reporting Program/Procedure*  *-orientation/training on Near Miss/Hazardous Condition reporting* | 2 |  |
| **3.1.3**  **R** | | **Joint Health and Safety committee activities?**  *-OHSA section 9* | 1 |  |
| **3.1.4** | | **Fire/Emergency plan?**  *-evacuation routes*  *-designated assembly point*  *-headcount procedure*  *-defined responsibilities*  *-training requirements* | 2 |  |
| **3.1.5**  **R** | | **Location and use of emergency equipment**  *building or plot plan to identify the location of:*  *- fire extinguishers* [Reg. 213/91, s.52-55]  *- safety showers, first aid kits*  *- emergency exits*  *- electrical panel* | 2 |  |
| **3.1.6**  **R** | | **Tagging/Lockout? [Reg. 213/91, s.190-191]**  *-company policy/procedures, and/or*  *-policy to follow client’s procedures* | 1 |  |
| **3.1.7**  **R** | | **Confined space entry? [Reg. 632/05]**  *Program and Plan* | 1 |  |
| **3.1.8**  **R** | | **Hot Work? [Reg. 213/91, s. 123/s.189]**  *-electrical hot work (section 189)*  *-welding grinding or other work that involves open flames or sources of ignition*  *-vehicles in hydrocarbon areas*  *-company policy and/or policy to follow client procedures* | 1 |  |
| **3.1.9** | | **Industrial Hygiene?**  *-policy where workplace hazards are identified, assessed, and controlled or eliminated by a competent person.*  *Ex. Dust, noise, vibration. (in house or 3rd party)* | 1 |  |
| **3.1.10**  **R** | | **Medical Surveillance Program [OHSA s.26(1)(h)(i)]**  *-program for assessment and monitoring of workers exposed to workplace toxins (e.g. Asbestos, Lead, Benzene) (in house or 3rd party)* | 1 |  |
| **3.1.11**  **R** | | **Designated substances? [Reg. 490/09, 278/05]**  *-policy where hazards related to designated substances are identified, assessed & controlled by a competent person (in house or 3rd party)* | 1 |  |
| **3.1.12** | | **Heat stress?**  *-company heat stress policy*  *-exposure chart*  *-signs and symptoms/the effects of overexposure*  *-treatment/response procedures for overexposure* | 1 |  |
| **3.1.13** | | **Cold Stress?**  *-company hypothermia policy*  *-exposure chart*  *-signs and symptoms/the effects of overexposure*  *-treatment/response procedures for overexposure* | 1 |  |
| **\*3.1.14** | | **Work-related Mental Stress Policy?**  *-reference documents; WSIB Operational Policy/Bill 127*  *-company policy/program to identify/manage stressors that originate in the workplace*  *-promoting work-life balance, reducing ineffective/unnecessary tasks* | 1 |  |
| **\*3.1.15** | | **Fit for Duty Policy/A & D Policy?**  *-establish an employer’s position regarding impairment, ensure qualified and objective fit for duty evaluations and appropriate training for signs of impairment.*  *-a service provider and procedure for testing* | 1 |  |
| **\*3.1.16**  **R** | | **Disconnect from the Workplace Policy?**  *-part of Employment Standards Act. 2000 (ESA)/Working for Workers Act 2022, Bill 88*  *-required for employers that employ 25 or more employees in the province of Ontario (whether at 1 or several locations added together)* | 1 |  |
| **\*3.1.17** | | **Lone Worker Policy or Procedure?**  *-risk assessment/controls in place for lone worker hazards (better practice)* | 1 |  |
|  | | **TOTAL** | **31** |  |
|  | | **LESS N/A’s** |  |  |
|  | | **NET SCORE** |  |  |
|  | |  | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items R=Regulated Items

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| **SECTION 4: Project/Worksite Management**  **NOTE: This section applies to industrial, construction, commercial, or civil projects.** | | **Score**  **Possible** | | **Score**  **Achieved** |
| **4.0** | **Does the employer’s project/site planning include:** | |  |  |
| **4.0.1** | **Site access and routing?** | 2 | |  |
| **4.0.2** | **Size, type, design and capacity of cranes, hoists and manual material handling equipment** | 2 | |  |
| **4.0.3** | **Locations for cranes, hoists, job trailers, setup areas, storage areas, sanitary facilities, unloading zones, and parking areas?** | 2 | |  |
| **4.0.4**  **R** | **Traffic control? [Reg. 213/91, s.69]**  -*procedures for traffic control to protect workers on or near a public way* | 2 | |  |
| **4.0.5**  **R** | **Location and type of public way protection? [Reg. 213/91, s.64/s. 67]**  *-barricades, cones, taped off areas, traffic signaler/ fencing/ walking path* | 2 | |  |
| **4.0.6**  **R** | **Pre-start up inspection checklist? [Reg. 851 s. 7]**  *-final equipment inspection before new or repaired equipment is turned over to the client for start-up* | 2 | |  |
| **4.0.7** | **Do project planning documents include safe job plans (job task analysis)?**  *-developed with H&S personnel* | 2 | |  |
|  | **TOTAL** | **14** | |  |
|  | **LESS N/A’s** |  | |  |
|  | **NET SCORE** |  | |  |
|  | | POSSIBLE | | ACHIEVED |

\*Annual Review Items

R=Regulated Items

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| **SECTION 5: Training** | | **Score**  **Possible** | **Score**  **Achieved** |
| **5.0** | **Does the employer document employee training:** |  |  |
| **\*5.0.1**  **R** | **Have company personnel received WHMIS 2015 training?** [OHSA s.42(1) – (4); Reg. 860]  *-training and instruction provided in accordance with WHMIS 2015; please provide certificates* | 2 |  |
| **\*5.0.2**  **R** | **Does the company review WHMIS training needs annually?** [OHSA s.42(3)(4)]  *-training and instruction provided to workers must be reviewed at least annually by the company*  *- and reviewed with employees; provide documentation to show this has been completed* | 2 |  |
| **5.0.3** | **Do new workers receive an orientation?**  *-job description*  *-company policies/procedures*  *-employee rules and responsibilities*  *-Health and Safety Program and Policy*  *-Health and Safety Committee/rep*  *-Emergency Procedures*  *-checklist/matrix and sign off*  *-short service workers included?*  *- Provide documentation; training matrix or completed orientation checklist* | 1-5 |  |
| **5.0.4** | **Have appropriate people received training in accident investigation and reporting?**  *-Certification part 1 (JHSC)*  *-RCA/LPSA*  *-IHSA Supervisory training* | 2 |  |
| **5.0.5** | **Have appropriate people received training in identification of workplace hazards?**  -*hazard identification course/training*  *-certification training part 1 (JHSC)*  *-asbestos awareness (BSO plus/ company)*  *-H2S Awareness (BSO plus/ company)*  *-gas testing*  *-Other: e.g., mold, blood borne pathogens, noise measurement* | 1-4 |  |
| **\*5.0.6** | **Does the employer have a New/Young Worker Mentorship Program in place to manage new/young workers exposed to industry hazards for the first time?**  *- points awarded for initial assessment document, Mentor program components, visible identifier, graduation procedure/documents.*  *(1 point for each item verified)* | 1-4 |  |
| **\*5.0.7** | **Documentation of New/Young Mentorship program being followed?**  *-list of New/Young workers currently employed by contractor*  *-list of approved/trained Mentors for the program*  *-written evaluation/mentorship plan for the New/Young worker*  *-graduation from New/Young worker status to mature worker documented/signed-off (mentor & supervisor endorsement)*  *(1 point for each item verified)* | 1-4 |  |
| **5.0.8** | **Are all employees aware of Personal Protective Equipment Standards and trained in their use?**  *-list of required PPE*  *-respirator fit test/fresh air training* | 2 |  |
| **5.0.9** | **Other employee training?**  *-TDG*  *-confined space entry training*  *-safety watch training*  *-fire extinguisher training or simulation*  *-fork lift training*  *-man lift training*  *-apprenticeship training*  *-other “recognized” courses*  *(2 points each, to a maximum of 10 points)*  *-provide training records/matrix* | 2-10 |  |
| **\*5.0.10**  **R** | **The Accessibility for Ontarians with Disabilities Act 2005 Training?**  *-includes all disabilities: physical, visible, non-visible such as learning and mental health disabilities. Employees trained/certified?* | 1 |  |
|  | **TOTAL** | **36** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  | | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items R=Regulated Items

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| **SECTION 6: Health and Safety Representative/Joint**  **Health and Safety Committee** | | Score **Possible** | Score **Achieved** |
| **6.0** | **Joint Health & Safety Committee:** |  |  |
| **\*6.0.1**  **R** | **Where a worksite health and safety committee is required, is it structured and functioning in accordance with legal requirements with regard to composition and recordkeeping?**  *[OHSA s.9(6) – (9), 22]*  *-maintain and keep minutes* | 2 |  |
| **6.0.2**  **R** | **Are JHSC posting requirements met?**  *[OHSA s.9(32)] Name and location* | 1 |  |
| **\*6.0.3**  **R** | **Does the JHSC meet the legal requirements for meeting frequency (at least every three months)?***[OHSA s.9(33)] – provide 3 meeting minutes examples from the past year* | 2 |  |
| **\*6.0.4**  **R** | **Does the JSHC meet the legal requirements for monthly workplace inspections?**  *-provide examples of 3 consecutive monthly inspections [OHSA s.9(23) -(29)]* | 2 |  |
| **6.0.5**  **R** | **Are legal requirements being met with regards to JHSC recommendations to employer?** *[OHSA s.9(18) (a-f)]* | 1 |  |
| **6.0.6**  **R** | **Has the employer acted on the recommendations of the JHSC?** | 2 |  |
| **6.0.7**  **R** | **Does the JHSC meet the legislated requirements to carry out their roles?**  *-Part 1 Training - Refresher Training*  *-Part 2 Training [OHSA s.9(12)]* | 2-4 |  |
| **6.0.8** | **Has the JHSC been trained in any other H&S course?**  *- Bill 127, AODA, other* | 1-2 |  |
| **\*6.0.9** | **Does the JHSC distribute/communicate health and safety information at least quarterly?**  *-posted minutes, hazard alerts*  *-review of any outstanding items* | 2 |  |
| **6.1** | **Health & Safety Representative:** |  |  |
| **\*6.1.1**  **R** | **Where no health and safety committee is required but a health and safety representative is required, are legal requirements being met with regard to selection/appointment/training?**  *[OHSA s.8(1) – (5)]* | 1 |  |
| **\*6.1.2**  **R** | **Does the H&S representative meet the legal requirements for workplace inspections?**  *[OHSA s.8(6) – (8)]*  *- provide examples of 3 consecutive monthly workplace inspections* | 2 |  |
| **6.1.3**  **R** | **Are legal requirements being meet with regards to the H&S representative’s recommendations to employer?** *[OHSA s.8(12), (13)]* | 1 |  |
| **6.1.4**  **R** | **Has the employer acted on the recommendations of the H&S representative?** | 2 |  |
| **6.2** | **JHSC and/or H&S Representative:** |  |  |
| **6.2.1** | **Have written mandates & expectations been set for the JHSC or H&S representative?**  *(TOR or procedure)* | 2 |  |
| **6.2.2** | **Are JHSC members or H&S Representatives trained as OBS/LPO observers?** | 2 |  |
| **6.2.3** | **Is the effectiveness of the JHSC or H&S representative evaluated?**  *-closure of action items, workers informed on issues and status of follow-up items*  *-do workers provide input to the JHSC or H&S representative?* | 2 |  |
| **\*6.2.4** | **Have the JHSC members/H&S representative been acknowledged, thanked for their participation?**  *-documented recognition or acknowledgement by the company management* | 2 |  |
|  | **TOTAL** | **32** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  | | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items, R=Regulated Items

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| **SECTION 7: Hazard Recognition, Assessment and Control** | | **Score Possible** | **Score**  **Achieved** |
| **7.0** | **Does the employer have hazard recognition/assessment programs:** |  |  |
| **7.0.1** | **Are there programs & procedures for recognizing, assessing and controlling hazards?**  *-inspection checklists*  *-TASC/JSA/FLHA/JHA*  *-safety audits, other* | 1-3 |  |
| **7.0.2** | **Are these programs and procedures communicated to employees?**  *-safety orientations; show example*  *-safety meetings/toolbox talks; show example* | 1 |  |
| **7.0.3** | **Does the employer have a documented procedure or method to identify its high-risk tasks?** *(risk matrix/classification system)* | 2 |  |
| **7.0.4** | **Have hazards and mitigating measures been identified, documented, and communicated for each of the employer’s high-risk tasks?**  *- procedures and/or rules for all high-risk tasks* | 2 |  |
| **7.0.5** | **Do you have a policy by which unsafe work can be stopped due to poor tolerance for safety?**  *- third party intervention policy*  *- “Stop Work Authority” policy*  *-this is not the “right to refuse” policy, but works in conjunction with it* | 3 |  |
| **\*7.0.6** | **Do you have a Dropped Objects Prevention Program that includes:**  *- Stop the Drop Checklists*  *- Dropped Objects Prevention Plan*  *- Hazards and Mitigations identified and documented for Tiered Work*  *-Training on Prevention of Dropped Objects*  *-Tools/equipment available for preventing dropped objects; tool lanyards, netting, fire blanket, hard hat lanyards/straps*  *(1 pt per indicator to a max. 4 pts.)* | 1-4 |  |
| **\*7.0.7** | **Are you evaluating if the hazard recognition programs and procedures are being followed?**  *-results of OBS observations*  *-TASC or HCR review*  *-workplace inspections*  *- site audits*  *-site walkthroughs*  *- provide documentation for above during audit* | 1-3 |  |
| **\*7.0.8** | **Are you monitoring “leading” indicators to measure safety performance?**  *-TASC/JSA*  *-OBS observations*  *-Site audits*  *-Near Miss/Hazardous Condition/unsafe acts*  *-Safety suggestions*  *-provide completed examples of these programs*  *(2 pts. per indicator to a max. 10 pts.)* | 2-10 |  |
| **7.0.9** | **Are you monitoring “lagging” indicators to measure safety performance?**  -*TRIR for last 3 yrs*  - *LTIR for last 3 yr.*  -*# of First Aids in past year*  -*# of near miss incidents in past year*  *-provided lagging indicators charts/stats*  *(1 pt. per indicator to a max. 4 pts.)* | 1-4 |  |
| **7.0.10** | **Does the company have a written housekeeping standard or policy?**  *-written standards/procedures* | 2 |  |
| **7.0.11** | **Do you have a policy/procedure in place for the use of TASC or other Job Safety Analysis system?** | 2 |  |
| **\*7.0.12** | **If you are using TASC cards, are TASC cards audited for quality?**  *-audited in the field by Foreman/Safety Advisor; signature on card for verification*  *-turned in to Foreman/Safety Advisor/Safety Admin for post-task audit/review* | 2 |  |
| **7.0.13** | **Are Tasks, Hazards, and Hazard Elimination/Control text sections being completed adequately by the workers?**  *-please provide 4 completed TASC cards for review; points given for*   * *3-5 tasks listed on card* * *3-5 task associated hazards* * *hazard control listed for each identified hazard* * *supervisor review for quality and sign off* | 1-4 |  |
| **\*7.0.14**  **R** | **Do you have a policy and procedure to address workplace harassment?** *(Bill 168)*  *-reviewed within one year*  *-posted at conspicuous place in the workplace*  *-****OHSA s.32.0.7*** | 2 |  |
| **\*7.0.15**  **R** | **Do you have a policy and procedure to address workplace violence?** *(Bill 168)*  *-reviewed within one year*  *-posted at conspicuous place in the workplace*  ***OHSA s. 32.0.1*** | 2 |  |
| **\*7.0.16**  **R** | **Do supervisors conduct weekly workplace inspections? [O. Reg. 213/91, S.14(3), (4)]**  *-machinery and equipment including fire extinguishers, sanitation, electrical installations…means of access and egress…* | 2 |  |
|  | **TOTAL** | **48** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  |  | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items

R=Regulated Items

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 8: Tools, Equipment, and Vehicle Maintenance** | | **Score**  **Possible** | **Score**  **Achieved** |
| **8.0** | **Is there a program for the inspection, calibration and maintenance of tools, equipment, and vehicles which includes:** |  |  |
| **8.0.1** | **A list of items to be inspected, maintained, or calibrated?**  *-inspection list or matrix*  *(e.g., chain falls, gas monitors, gauges, instruments, etc.)* | 2 |  |
| **8.0.2**  **R** | **Frequency of inspections? [Reg. 213/91 s.94]**  *-inspection schedule or matrix* | 2 |  |
| **8.0.3** | **Standards to be met?**  *-applicable inspection standards should be listed* | 2 |  |
| **8.0.4** | **Maintenance records (logbooks where required)?**  *-documentation to show maintenance was performed* | 2 |  |
| **8.0.5** | **Corrective action taken?**  *-documentation to show what repairs were performed* | 2 |  |
| **8.0.6** | **Tagging of defective equipment?**  *-a system or procedure for tagging defective equipment* | 2 |  |
| **\*8.0.7**  **R** | **Are the frequency and documentation being met [Reg. 213/91, s.94]**  *-documentation to show compliance for pre-use inspections for tools/equipment/vehicles* | 2 |  |
| **8.0.8**  **R** | **Is a competent person/worker performing the inspection and maintenance? [Reg. 213/91, s.94)]**  *-done in house or third party* | 2 |  |
|  | **TOTAL** | **16** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  |  | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items

R=Regulated Items

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 9: Accident/Incident Investigation and Follow- up** | | **Score**  **Possible** | **Score**  **Achieved** |
| **9.0** | **Does the constructor/employer maintain an accident/investigation program that includes:** |  |  |
| **9.0.1** | **Participation of the supervisors?** | 2 |  |
| **9.0.2** | **Interviewing workers involved?** | 2 |  |
| **9.0.3** | **Interviewing witnesses?** | 2 |  |
| **9.0.4** | **On-site assessment of the scene?** | 2 |  |
| **9.0.5** | **Identifying primary and secondary causes?** | 2 |  |
| **9.0.6** | **Use of standard investigation form?** | 2 |  |
| **9.0.7** | **Use of Root Cause Analysis or similar system for investigating recordable injuries (other incidents?)** | 3 |  |
| **9.0.8** | **Recommended prevention/remedial action?** | 2 |  |
| **9.0.9** | **Action plans to ensure recommendations are acted upon?** | 3 |  |
| **\*9.0.10** | **Communication of recommendations to all workers?** | 3 |  |
| **9.0.11**  **R** | **Does the constructor/employer investigate and meet the reporting criteria for critical injuries? [OHSA s.51(1)]**  *-critical injury should be defined along with the reporting requirements* | 1 |  |
| **9.0.12**  **R** | **Does the constructor/employer investigate and meet the reporting criteria for lost-time injuries? [OHSA s.52(1)]**  *-lost-time injury should be defined along with the reporting requirements* | 1 |  |
| **9.0.13**  **R** | **Does the constructor/employer investigate and meet the reporting criteria for medical aid injuries [OHSA s.52(1);**  **O. Reg. 213/91, section 10(1), (2)]**  *-medical aid injury should be defined along with the reporting requirements* | 1 |  |
| **9.0.14**  **R** | **Does the constructor/employer investigate first aid injuries? [O. Reg. 1101, s.5]**  *-first aid injury should be defined* | 1 |  |
| **9.0.15**  **R** | **Does the constructor/employer meet the reporting criteria for acute/chronic occupational illness? [OHSA s.52(2)]** | 1 |  |
| **9.0.16** | **Does the constructor/employer investigate incidents with potential for serious loss or injury?**  *-classification matrix/system for loss potential and injury severity*  *-identification of who will be involved in the investigation (e.g., senior management, supervisor) based on the classification system results* | 4 |  |
| **9.0.17**  **R** | **Does the constructor/employer investigate and meet the reporting criteria for fire/explosion? [OHSA s.53;**  **O. Reg. 213/91 s.10]** | 1 |  |
| **9.0.18** | **Does the constructor/employer investigate and meet the reporting criteria for chemical spills?** | 2 |  |
| **9.0.19** | **Does the company policy state that workers are required to report all injuries to the supervisors?** | 2 |  |
|  | **TOTAL** | **37** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  | | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items

R=Regulated Items

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| --- | --- | --- | --- |
| **SECTION 10: First Aid, Medical Aid, and Return to Work** | | **Score**  **Possible** | **Score Achieved** |
| **10.0** | **Does the employer comply with the WSIB first aid requirements in Reg 1101?** |  |  |
| **10.0.1**  **R** | **The availability of one or more first aid stations?** | 2 |  |
| **\*10.0.2**  **R** | **Do the first aid stations comply with the required components based on the number of employees? (s.8, 9, 10, 11)** *-stretcher, 2 blankets, and basin for more than 15 and fewer than 200 workers [s.10]* | 3 |  |
| **\*10.0.3**  **R** | **Does the employer maintain at least a quarterly inspection of all first aid boxes and their contents? (s.6)**  *-insp. card, insp. date, signature of the inspector; card/sticker must be on/with the kit* | 2 |  |
| **10.0.4**  **R** | **Is there a qualified first aider that is at all times in charge of the first aid station; working in the immediate vicinity of the box during any one shift at the place of employment? (s.8(2)(a)(b) & s.9(2)(a), (b))** | 2 |  |
| **\*10.0.5** | **Does the employer ensure that a re-certification program for qualified first aiders is maintained?***-training matrix/records* | 2 |  |
| **\*10.0.6**  **R** | **Are first aid certificates posted?**  *-required by WSIB First Aid Regulation 1101* | 2 |  |
| **10.0.7**  **R** | **First aid room compliance? (s.11)**  *-only required if there are 200 or more employees working on any one shift* | 2 |  |
| **\*10.0.8**  **R** | **Is all first aid treatment/advice recorded?**  **(s.5)** | 2 |  |
| **10.0.9**  **R** | **Is there a procedure/policy to transport an injured worker to the doctor’s office, hospital, or home as necessary?** | 2 |  |
| **10.10** | **Does the employer maintain a return to work program/procedure?** | 3 |  |
|  | **TOTAL** | **22** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  |  | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items R=Regulated Items

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| --- | --- | --- | --- |
| **SECTION 11: Proactive Safety Systems** | | **Score Possible** | **Score**  **Achieved** |
| **11.0** | **Does the employer have programs to identify & correct unsafe conditions/behaviors:** |  |  |
| **11.0.1** | **Are written expectations established for your Behavioral Observation Program which include;**  *-where observations will be conducted*  *- who will perform the observations*  *-frequency of observations*  *-Ride along/site audit with observation documentation*  *(1 point per expectation -maximum 3 points)* | 1-3 |  |
| **11.0.2** | **Are there at least 10% of regular staff trained as observers?**  *-please provide training records* | 1 |  |
| **11.0.3** | **Is there a designated committee/person mandated to review observation data, observation sheets, near miss/hazardous condition reports and action plans on a regular basis?**  *-job description*  *-organizational chart* | 1 |  |
| **\*11.0.4** | **Are trained observers meeting their weekly or monthly goals for frequency of observations?** *-refer to item 11.0.1* | 1 |  |
| **11.0.5** | **Is positive reinforcement included with comments on the behavioral observation sheet?** | 1 |  |
| **11.0.6** | **Are observation program results and goals communicated to employees through the use of;**  *-bulletin boards, toolbox talks, safety meetings*  *-other means (e.g., emails, tweets)*  *(1 point for each action – maximum 3 points)* | 1-3 |  |
| **\*11.0.7** | **Have you taken action to address improvement opportunities arising from your Behavior Based Observation program?**  *-provide 3 examples of completed observations*  *(1 point for each action – maximum 3 points)* | 1-3 |  |
| **11.0.8** | **Do you have a Near Miss/Hazardous Condition Reporting policy/procedure in place to identify potential injuries or incidents?** | 2 |  |
| **\*11.0.9** | **Has Near Miss Reporting/Hazardous Condition Reporting resulted in positive changes to job procedures, processes or equipment/PPE?**  *-provide 3 examples of completed near miss reports*  *(1 point per example to a maximum of 3 points)* | 1-3 |  |
| **\*11.0.10** | **Are the recommended BSO Plus safety topics/company safety topics completed monthly?**  - providedocumentation/examples of completed tests – 3 topics/3 employees | 3 |  |
| **\*11.0.11** | **Are the recommended BSO Plus annual refresher tests completed, annually?**  - provide documentation/examples of completed tests for 3 employees | 3 |  |
| **11.0.12** | **Does the contractor have an evaluation system to assess/screen subcontractors?** | 1 |  |
|  | **TOTAL** | **25** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  |  | **POSSIBLE** | **ACHIEVED** |

\*Annual Review Items

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| --- | --- | --- | --- |
| **SECTION 12: Field Visit** | | **Score**  **Possible** | **Score**  **Achieved** |
| **\*12** | **Scores for this section are entered from the questions on the field visit form**  *\* field visit date must occur within 12 months of audit/re-audit date to remain valid\** | 96 |  |
|  |  |  |  |
|  | **TOTAL** | **96** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  | | POSSIBLE | ACHIEVED |

**HEALTH AND SAFETY PROFILE EVALUATION SUMMARY – 2023 Version**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Score**  **Possible** | **Score**  **Achieved** | **%** | **Prev.**  **%** |
| **Section 1** | **Leadership and Commitment** | **52** |  |  |  |
| **Section 2** | **Roles & Responsibilities and Control** | **18** |  |  |  |
| **Section 3** | **Documents, Procedures, Reports and Communication** | **31** |  |  |  |
| **Section 4** | **Project/Site Planning** | **14** |  |  |  |
| **Section 5** | **Training** | **36** |  |  |  |
| **Section 6** | **Health & Safety Representative/Joint Health and Safety Committee** | **32** |  |  |  |
| **Section 7** | **Hazard Recognition, Assessment and Control** | **48** |  |  |  |
| **Section 8** | **Tools, Equipment and Vehicle Maintenance** | **16** |  |  |  |
| **Section 9** | **Accident/Incident Investigation and Follow-up** | **37** |  |  |  |
| **Section 10** | **First Aid, Medical Aid, and Return to Work** | **22** |  |  |  |
| **Section 11** | **Pro-active Safety Systems** | **25** |  |  |  |
| **Section 12** | **Field Visit (~22%)** | **96** |  |  |  |
|  | **TOTAL**  **LESS N/A’S**  **NET SCORE** | **427**  **(- XX)**  **427-XX** |  |  |  |
|  |  | **Possible** | **Achieved** | **%** | **Prev.** |