**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 **519-918-4241**

* For questions related to billing, please contact:

**Accounting Department** accounting@lambtonbases.ca  **519-704-0532**

Date:

COMPANY NAME:

CONTACT NAME:

|  |  |  |
| --- | --- | --- |
| 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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

|  |  |  |
| --- | --- | --- |
| **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.**  |