



### 1.4 Project Information

PROJECT INFORMATION	
Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	Location:
	Project name:
	Project Manager:
Start Date of Project:	End Date of Project:

### 1.5 Site Contact Information

Project Manager (Name, Phone Number and Email):

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### 1.6 Site Safety Coordination

Site Supervisor (Name, Phone Number and Email):

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Site Safety Coordinator (Name, Phone Number and Email):

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### 3.6 Coordinating Multiple Employer Workplaces

Unless otherwise stated, Contractors are primarily responsible for workplace health and safety responsibilities for their workers and their sub-contractors. If there are multiple contractors, two or more, who use the same work area at the same time, then “Insert Company Name Here”, unless assigned to another qualified individual or organization, will assume the coordination responsibilities of the contractor. If any questions regarding this on a jobsite, please contact the building manager or site representative prior to starting work.

### 3.7 Contractors Responsibilities

Contractors must:

- a. Ensure workers are properly trained in and follow all aspects of workplace safety and health related to the services in your contract.
- b. Ensure any services provided under contract are carried out in accordance with the Manitoba Workers Compensation Act, provincial OHS regulations, and all applicable statutes and regulations.
- c. Provide immediate notice to “Insert Company Name Here” of any damage, injury, or threat of damage or injury to persons or property while working on “Insert Company Name Here” property.
- d. Provide “Insert Company Name Here” with a copy of your current safety program, exposure control plans, training records, due diligence records and safe work procedures, upon request.
- e. Train and educate workers in all aspects of workplace safety, in accordance with the Provincial Occupational Health and Safety Regulations.
- f. Ensure staff, residents and the public are kept safe at all times
- g. Provide all necessary tools, materials and equipment for workers to perform tasks safely.

### 3.8 SafeWork Manitoba Registration

Contractors under contract to “Insert Company Name Here” must:

- a. Be registered with SafeWork Manitoba and be in good standing.
- b. Ensure all overdue or outstanding assessments are paid.
- c. Provide “Insert Company Name Here” with your SafeWork Manitoba registration number or Certificate of Clearance.

If you are unsure of your registration status with SafeWork Manitoba, contact the Employer Service Centre at:

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### **Safety Bulletin Board**

1. The safety bulletin board will provide with information on our occupational health and safety program and emergency contact information.
2. The company safety bulletin board is located \_\_\_\_\_.

### **Yellow Caution Tape / Red Danger Tape**

1. Caution tape has yellow as the predominant background color with the words "CAUTION" all along the tape. This tape is used to warn against potential hazards inside the area that is barricaded off. Only after clearly understanding what the hazards are should anyone cross through or go into an area that has been caution tape barricaded off. Never remove any caution tape or tags without the permission from an authorized member of the crew who is responsible for work being done within the caution taped off area.
2. Danger tape has red as the predominant background color with the words "DANGER" all along the tape. This tape is to be used only where an immediate hazard exists inside the area that is barricaded off. Only with permission from an authorized member of the crew who is responsible for work being done within the danger taped off area, is anyone allowed to cross through or enter a danger taped off area. Never remove any danger tape or tags without the permission of an authorized member of the crew who is responsible for work being done within the danger taped off area. Never go into a danger taped off area without permission.

### **Lock-out**

1. Machinery could unexpectedly activate or if the unexpected release of an energy source could cause injury, the energy source must be isolated and controlled.
2. The following are the main steps to locking out if machinery or equipment is shut down for maintenance or any other purposes where work on machinery or equipment has to be conducted:
  - a. Identify the machinery or equipment that needs to be locked out.
  - b. Shut-off machinery or equipment.
  - c. Ensure all moving parts have come to a complete stop.
  - d. Ensure the act of shutting off equipment does not cause a hazard to other workers.
  - e. Identify the main energy-isolating device for each energy source.
3. The Supervisor must be informed prior to working on any system that requires lockout to ensure the system has been adequately locked out and that the personal lock (worker) has been applied to the correct primary source of energy.
4. Each worker is responsible for applying and removing their own lock. No contractor shall apply or remove any other workers lock.



## 12.0 EMERGENCY RESPONSE

### 12.1 Purpose

Emergencies and disasters can occur at any time without warning. An emergency response plan must be established and implemented at “Insert Company Name Here” in case such emergencies arise.

The following are some examples of emergency situations that can occur at “Insert Company Name Here”:

- Fire
- Explosion
- Accidental Release of Toxic Substances
- Major Structural Failure
- Major Chemical Spill
- Earthquake
- Floods
- Serious Injury

### 12.2 Policy

“Insert Company Name Here”:

- a. Develop plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- b. Locate, copy, and post building and site maps.
- c. Ensure that exits are clearly marked.
- d. Practice evacuation procedures once per year.

### 12.3 Emergency Response Coordinator (ERC)

The emergency response coordinators (ERC) are the people who serve as the main contact people for the company in an emergency. The ERC is responsible for making decisions and following the steps described in this emergency response plan. In the event of an emergency occurring within or affecting the worksite, the primary contact will serve as the ERC. If the primary contact is unable to fulfill the ERC duties, the secondary contact will take on this role.

### 12.4 Emergency Contact Numbers

- **Fire Station: 911**
- **Police: 911**
- **Emergency: 911**
- **Ambulance: 911**
- **Poison Control Center: 1-855-776-4766**

### 12.5 Potential Emergencies

The following potential emergencies have been identified in hazard assessments:



- |   |                         |
|---|-------------------------|
| 1. Fire                                   | 2. Major Chemical Spill |
| 3. Explosion                              | 4. Earthquake           |
| 5. Accidental Release of Toxic Substances | 6. Floods               |
| 7. Major Structural Failure               | 8. Serious Injury       |

### 12.6 Muster Station (Assembly Point)

1. In case of emergency evacuation, all employees and contractors will safely exit the building(s) through the nearest exit point and assemble at the nearest muster station.
  2. The location of muster stations will vary depending on the worksite.
  3. It will be the responsibility of the site Supervisor to ensure employees and contractors are educated on the location of each muster station on each different work site.
  4. The muster station is located:
- 

[Insert Image Here]

### 12.7 Communication

In the event of an emergency within or affecting the worksite, the Emergency Response Coordinator (ERC) will communicate and make the following decisions to ensure that appropriate key steps are taken:

- a. Pull the fire alarm to alert all employees and contractors of an emergency.



**1.12 Route to Hospital**

[Insert Image Here]

**1.13 Medical Clinic Contact Information**

Name of Clinic:	
Address of Clinic:	
Phone Number:	











**1.14 Hospital Contact Information**

Name of Hospital:	
Address of Hospital:	
Phone Number:	



## Workplace Hazardous Materials Information System 2015 (WHMIS) & GHS

Do not use or work in the near vicinity of any chemicals (hazardous products) on site, unless you have been trained in WHMIS 2015/GHS.

	<b>Exploding bomb</b> (for explosion or reactivity hazards)		<b>Flame</b> (for fire hazards)		<b>Flame over circle</b> (for oxidizing hazards)
	<b>Gas cylinder</b> (for gases under pressure)		<b>Corrosion</b> (for corrosive damage to metals, as well as skin, eyes)		<b>Skull and Crossbones</b> (can cause death or toxicity with short exposure to small amounts)
	<b>Health hazard</b> (may cause or suspected of causing serious health effects)		<b>Exclamation mark</b> (may cause less serious health effects or damage the ozone layer*)		<b>Environment*</b> (may cause damage to the aquatic environment)
	<b>Biohazardous Infectious Materials</b> (for organisms or toxins that can cause diseases in people or animals)				

\*The GHS system also defines an "Environmental Hazard" group. This group of symbols was introduced in WHMIS 2015. However, you may see the environmental hazard symbol (Skull and Crossbones) including in some literature and material labels as allowed by WHMIS 2015.

### Safety Data Sheets

1. The Safety Data Sheets binder is located: \_\_\_\_\_.
2. Please ask your Supervisor for assistance if not sure on how to find the correct SDS for your assigned task or the chemical you will be working with (ensuring you have already been trained in WHMIS 2015).

### First Aid Procedures

1. All contractors must report all work-related injuries, regardless of their severity, immediately to their Supervisor and/or first aid attendant.



### 16.3 NEW AND YOUNG EMPLOYEE SAFETY ORIENTATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Position as hired: \_\_\_\_\_

Do you have First Aid Certification? Yes  No  If **yes**, what level: \_\_\_\_\_

Do you or are you required to wear Prescription Glasses or Contact Lenses?  
Yes  No  If **yes**, what kind: \_\_\_\_\_

Do you have any Allergies? Yes  No  If **yes**, what: \_\_\_\_\_  
(Please include any special medication you must take for your allergies)

Do you take any Special Medications? Yes  No  If **yes**, what: \_\_\_\_\_  
(Health condition, where medication is prescribed by your doctor i.e. heart condition) – the answer to this question is 'optional'

Do you have any physical/health related disablement(s) that may be aggravated, and/or that may prevent you from performing certain job tasks or duties while employed with "Insert Company Name Here"?  
Yes  No  If **yes**, what: \_\_\_\_\_

Please **initial inside each check box** for each applicable safety policy/procedure discussed during the safety orientation. By initialing each box, you verify that you understand and comprehend "Insert Company Name Here"'s Occupational Health and Safety policies and safe work procedures.

1. Health & Safety Policy	2. Housekeeping
3. Safety Representative	4. Tools Machinery & Equipment
5. Supervisor Contact Information	6. Right to Refuse Unsafe Work
7. Emergency Contact Information	8. Right to Participate
9. WHMIS	10. Right to Know
11. Safety Data Sheets	12. Safe Sharps Disposal
13. First Aid Procedures	14. No Smoking
15. Eye Wash Stations	16. Drug & Alcohol Use
17. Emergency Evacuation Procedures	18. Workplace Violence
19. Personal Protective Equipment (PPE)	20. Working Alone
21. Respiratory Protection	22. Horseplay
23. Hearing Protection	24. MSI's
25. Hazard Reporting	26. Back Safety
27. Harassment and Bullying	28. Yellow & Red Caution Tape
29. Warning Signs	30. Ladder Safety

I, \_\_\_\_\_, understand and will adhere to all applicable "Insert Company Name Here" safety policies and safe work procedures as outlined and discussed in this new and young employee safety orientation session.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager and/or Supervisor (please print name and sign): \_\_\_\_\_





### 16.4 SUB-CONTRACTOR SAFETY ORIENTATION FORM

**Contractor Company Name:** \_\_\_\_\_

Enclosed is the “Insert Company Name Here” health and safety program. This program addresses Occupational Health & Safety requirements for all sub-contractor and/or contractors hired for any particular project(s). During the performance of any contracted work the SafeWork Manitoba Occupational Health and Safety Act, Regulations & the requirements of the “Insert Company Name Here” health and safety program must be strictly adhered and observed. There are no exceptions.

Failure to follow all company health and safety rules, safe work procedures and safety policies and any violation of these rules, procedures and policies:

**MAY RESULT IN DISCIPLINARY ACTION BY “Insert Company Name Here”**

Please **initial inside each check box** for each applicable safety policy/procedure discussed during the sub-contractor orientation. By initialing each box, you verify that you understand and comprehend “Insert Company Name Here” health and safety policies and safe work procedures.

1. Health & Safety Policy	2. Housekeeping
3. Safety Representative	4. Tools Machinery & Equipment
5. Supervisor Contact Information	6. Right to Refuse Unsafe Work
7. Emergency Contact Information	8. Right to Participate
9. WHMIS	10. Right to Know
11. Safety Data Sheets	12. Safe Sharps Disposal
13. First Aid Procedures	14. No Smoking
15. Eye Wash Stations	16. Drug & Alcohol Use
17. Emergency Evacuation Procedures	18. Workplace Violence
19. Personal Protective Equipment (PPE)	20. Working Alone
21. Respiratory Protection	22. Horseplay
23. Hearing Protection	24. MSI’s
25. Hazard Reporting	26. Back Safety
27. Harassment and Bullying	28. Yellow & Red Caution Tape
29. Warning Signs	30. Ladder Safety
31. Health & Safety Policy	32. Housekeeping
33. Safety Representative	34. Tools Machinery & Equipment

I, \_\_\_\_\_, understand and will adhere to all applicable “Insert Company Name Here” written safety policies and safe work procedures as outlined and discussed in this sub-contractor safety orientation session.

Sub-Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager and/or Supervisor: \_\_\_\_\_



### 16.5 CREW TOOL BOX TALK FORM

Date : \_\_\_\_\_ Location: \_\_\_\_\_

**Topics Covered (Please Print Clearly):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Was a safety video(s) used for the tool box talk?  Yes  No

Name of Video(s): \_\_\_\_\_ Length (min): \_\_\_\_\_

Were any handout(s) given to the employees during this tool box talk?  Yes  No

Handout(s): \_\_\_\_\_

**\* Please attach any handouts or any other material used in the toolbox talk with this form \***

**Employees Present at Crew Toolbox Talk:**

Print Name:	Signature:	Print Name:	Signature:

Crew Talk Conducted By: \_\_\_\_\_ Signature: \_\_\_\_\_