

Frontier School Division

Workplace Safety

and

Health Program

September 2006

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WORKPLACE SAFETY AND HEALTH PROGRAM POLICY STATEMENT

Please see the beginning of handbook for the Division's policy.

WORKPLACE SAFETY AND HEALTH COMMITTEES

Role of the Workplace Safety and Health Committees

Maintaining a safe and healthy workplace is a goal of Frontier School Division. This goal is a shared responsibility of employees and the employer.

The Workplace Safety and Health Committees will provide recommendations to the Division in view of making workplaces safer and healthier. Recommendations made by committees will identify risks, and develop and promote safety and health initiatives. Committees or employee representatives will accomplish this by:

- considering concerns and complaints,
- inspecting workplaces at regular intervals,
- reviewing accident summary reports and dangerous occurrences on Division property, and,
- complying with this Divisional Safety Program.

The Workplace Safety and Health Committee may function as the Safe School Advisory Committee as per *The Education Administration Act*.

1. Committee Structure

For communities with twenty staff members or more a committee shall consist of a minimum of four members and shall be comprised of:

- at least 1 employer representative (principal),
- at least 1 teacher representative,
- at least 1 non-teaching representative,
- at least 1 representative appointed by the school committee (if Workplace Safety and Health Committee is functioning as the Safe School Advisory Committee) and
- where the school includes Grades 9 to 12 and has a student council, the president or another student appointed by the student council shall sit on this committee (if Workplace Safety and Health Committee is functioning as the Safe School Advisory Committee).

The committee will have co-chairpersons: one representing the employees and the other representing the employer. Each co-chair will alternate in chairing meetings of the committee.

For communities with less than twenty staff members, one employee Workplace Safety and Health representative must be designated.

As per provincial regulations, please note that, regardless of school size, all schools must have a Safe School Advisory Committee in place.

a. Term

All employee representatives will serve a two-year term with appointments made in September. There is no limit on the number of years a representative can continuously serve.

b. **Selection of Representatives**

The employer should ensure the committee fairly represents workers from varied departments with significantly different concerns. Selection should be made through either nomination, election, or appointment.

c. **Representation (Communication)**

All employees will have easy access to a committee representative on their Workplace Safety and Health Committee. Each employee group representative has a responsibility to consult all employees in that group.

2. **Committee Meetings**

- a. The Workplace Safety and Health Committee shall meet a minimum of four times per year. Future meeting dates, times and locations are to be determined at each meeting.
- b. The minutes of the meeting shall be written under the direction of the Employer Co-Chair present and reviewed and signed by both an employee and employer representative. Signed minutes must be posted on all Safety Bulletin Boards and copies forwarded to the Area office, Division office and to the Manitoba Department of Labour. Agenda items at each meeting must include review of inspection forms, review of maintenance logs, and review of outstanding concern forms. (See Appendix A)
- c. Minutes along with completed safety and health inspection forms shall be retained for ten years at a location to be determined at the Area level.
- d. Committee members shall be reimbursed for out-of-pocket expenses and shall not incur any loss of pay while carrying out their duties of this committee.

3. **Employee Representative Responsibilities**

Duties and responsibilities of employee representatives include:

- a. Establish an effective means of communication between representatives and their employee groups.
- b. Ensure that Safety and Health Inspection forms are completed and collected prior to or at the next Workplace Safety and Health meeting. (See Appendix B)
- c. Ensure that Workplace Safety and Health Information is posted on the Safety Bulletin Board.
- d. Are available to hear workers' concerns.
- e. Report any unsafe conditions to the principal, supervisor, and senior management.
- f. Attend meetings involving all staff in the facility to report on safety and health initiatives and answer questions.
- g. Attend all Workplace Safety and Health Meetings.
- h. Aid in the development and promotion of safety and health programs.
- i. Aid in the investigation of dangerous incidents, accidents, and work refusals as directed by the Workplace Safety and Health Committee.

4. **Employer Representative (Principal and/or Representatives) Responsibilities**

Duties and responsibilities of employer representatives (principal and/or designate) include:

- a. Provide Division policy and procedure information to the committee.
- b. Provide information to the committee on operation, maintenance, and inspection of school property.
- c. Research complaints and conditions that have been requested by the committee.
- d. Aid in the investigation of dangerous incidents, accidents and work refusals as directed by the Workplace Safety and Health Committee.
- e. Aid in the development and promotion of safety and health programs.
- f. Ensure that Safety and Health Inspection forms are completed and collected prior to or at the next workplace safety and health meeting. (See Appendix B)
- g. Attend meetings involving all staff in the facility to report on safety and health initiatives and answer questions.

5. **Employer (Division) Responsibilities**

Duties and responsibilities of Division representatives (Facilities Coordinator, Assistant Facilities Manager and Area Administrative Officers) include:

- a. Provide the Area Administrative Officers with policy and procedure information.
- b. To ensure Workplace Safety and Health Act compliance.
- c. To ensure procedures are followed that complies to all regulations pertaining to schools under the Workplace Safety and Health Act including:
 - Committees from each workplace will report to the Area Administrative Officers,
 - Area Administrative Officers will report to the Facilities Coordinator who will report to the Secretary-Treasurer,
 - Administrative Officers and Facilities Coordinator will meet at least four times per year.
- d. The Division shall ensure the Workplace Safety and Health Program is complied.

DIVISION/SUPERVISOR/EMPLOYEE RESPONSIBILITIES

Safety and health in the workplace falls under three categories with specific responsibilities noted below.

1. **Division Responsibility**

The Workplace Safety and Health Act, Section 41.1 (2) states

If the Division receives written recommendations from a committee identifying anything that may pose a danger to the safety and health of any person, the Division shall respond in writing to the committee or representative no more than 30 days after receiving the recommendation.

It is the responsibility of the Division and senior management to establish and maintain an effective safety and health program. Resources are to be allocated to provide a safe and healthy workplace, maintain the safety program and support effective Workplace Safety and Health committees. Effective committees ensure supervisors and employees can participate in safety and health discussions.

2. **Supervisors' Responsibility**

For the purpose of Workplace Safety and Health committees, Principals, teachers in high safety risk areas, including science rooms, shops, phys-ed and home economics, maintenance/transportation supervisors, and head custodians are to be considered as "supervisors".

Supervisors are to understand and ensure compliance with the provincial *Workplace Safety and Health Act* and regulations and requirements outlined in this manual. Supervisors are to utilize other recognized safety documents and guidelines such as the support document for Industrial Arts teachers and "Safety Guidelines for Physical Activities in Schools". They will cooperate with the Workplace Safety and Health committee and site representatives by identifying hazards, inspecting their work areas, and correcting unsafe acts and conditions. Completion of the Safety and Health Inspection Forms, attached as Appendix B, will help ensure supervisors fulfill their responsibilities.

3. **Employee Responsibility**

Employees in high risk areas are to understand and follow legislation and the requirements outlined in this Workplace Safety and Health Program. Employees are to:

- follow safe work procedures by using safety equipment, safety devices, and personal protective equipment,
- report any unsafe acts, workplace hazards, incidents, near misses, injuries, and workplace illnesses immediately to their supervisor/school administration, and,
- cooperate with the Workplace Safety and Health Committee and site representative and with other employees helping them to work safely.

IDENTIFICATION AND CONTROL OF WORKPLACE HAZARDS

1. **Material Safety Data Sheets Binder and Chemical Inventories**

Worksite supervisors are expected to maintain an inventory of chemicals and other hazardous materials found at the job site. Each of the chemicals must have a corresponding MSDS (Material Safety Data Sheet) that is not older than three years. MSDS forms are to be evaluated to ensure adequate safety equipment is available for the safe use of the chemical or controlled products. Old MSDS forms must be maintained for 30 years. A master list of the MSDS sheets will be kept in the Division office. Copies of chemical inventories will be forwarded to the facility's central office and the Division Office. Inventories shall detail the maximum amount of chemical on site at any given time. New chemicals that arrive on site shall be added to the inventory list immediately and a current MSDS form obtained.

Please refer to Appendix F "Control of Chemical and Biological Hazards in the Workplace".

2. **Job Hazard Analysis**

The Division will maintain job hazard analyses for jobs in the Division. They will be available in the Facility Safety Program binder. Supervisors will review the job hazards associated with their worksites and ensure that the workers are aware of and follow safe working procedures. Job hazard analyses (JHA) will be reviewed every three years.

Please refer to Appendix E "Identification and Control of Hazards and Emergencies".

3. **Working Alone**

The Division has developed a procedure for employees. See Appendix C "Working Alone" for details regarding these procedures.

4. **Hearing Conservation**

In adherence with Manitoba Regulation 227/94, *The Hearing Conservation and Noise Control Regulation*, the Division will make hearing protection available to those staff who are exposed to an equivalent sound exposure level greater than 85 dBA.

REPORTING PROCEDURES FOR DANGEROUS CONDITIONS

1. Employees who have a safety or health concern should immediately notify their supervisor and/or school/building administrator.
2. The school/building administrator will examine, evaluate, and if possible, have the situation rectified.
3. If the situation is not satisfactorily resolved within a reasonable period of time, the employee should involve the local Workplace Safety and Health Committee representative who shall forward the concern in writing to the Workplace Safety and Health Committee. (See Appendix D “Workplace Safety and Health – Employee Concern Form”.)
4. The Workplace Safety and Health Committee will investigate and respond to the school/building administrator and employee with a description and time frame with action to be taken, if any.
5. Depending on the severity of the concerns, and action taken, a follow up inspection may occur.

EMPLOYEE SAFETY TRAINING AND COMMITTEE MEMBER DEVELOPMENT OPPORTUNITIES

The Division believes that training is important to the success of the Workplace Safety and Health committee. Members of the committee are entitled to take up to two days educational leave per year for the purpose of attending workplace health and training seminars. Training needs of the committee will be assessed and addressed on a yearly basis.

The Division will conduct the following training program for its employees:

- The committee representative will provide an update on the Divisional Safety Program at meetings of all staff in the facility.
- First aid training will be provided to staff as per Workplace Safety and Health Regulation 140/98 Schedule A.
- Staff involved with the use of hazardous chemicals will receive Workplace Hazardous Materials Information System (WHMIS) training during the first year of employment. Staff not handling hazardous chemicals shall receive an awareness session on WHMIS.

Appropriate supervisors will orientate new staff hired and make them aware of potential hazards and appropriate safety procedures. This will include a review of the emergency plan, fire exits, job hazard analyses, WHMIS, and employee responsibilities under Workplace Safety and Health.

Staff working with students in high risk areas such as Shop will provide safety instruction for the students.

The Division will retain records of staff participating in Divisional or Provincial Workplace Safety and Health training for thirty years.

EMERGENCY RESPONSE AND FACILITY PLANS

Annually, each school will review and submit a copy of its Emergency Response Plan (ERP) to the Division office. A crisis response team will be identified on a yearly basis. Schools will ensure that information in the yearly plan is communicated to the local Emergency Measures Organization and/or Fire department.

The plan shall designate an evacuation site and consist of procedures for dealing with:

- fire,
- chemicals and hazardous materials,
- severe weather environmental condition,
- bus accidents,
- security concerns,
- utility emergencies, and
- safe re-entry procedure

Article 47.1 (3) of *The Public Schools Act* outlines the content of a school's Emergency Response Plan:

- (a) *The role of the principal, staff, and counseling and crisis intervention personnel in the event of an emergency; and*
- (b) *Procedures for:*
 - (i) *controlling visitor access to the school site,*
 - (ii) *communicating inside and outside the school building in an emergency,*
 - (iii) *contacting pupils' parents or guardians in an emergency,*
 - (iv) *responding to the threat posed by a person having a weapon on the school site,*
 - (v) *dealing with bomb threats, fires, chemical spills, and weather-related emergencies, and*
 - (vi) *evacuating school buildings and carrying out practice drills.*

And meet any other requirements prescribed by regulation under The Education Administration Act.

FACILITY INSPECTION SCHEDULE

Each committee representative, in cooperation with management, will conduct quarterly inspections of the facility or ensure quarterly inspections of the facility are being completed. As well, they will ensure that appropriate staff members are conducting inspections of their work areas. The completed Safety and Health Inspection forms (Appendix B) for work areas shall be completed prior to or at the meeting, and tabled at each Workplace Safety and Health Committee meeting. Areas of concern identified through the inspection forms will be addressed through the normal reporting procedure.

INVESTIGATING DANGEROUS OCCURRENCES AND WORK REFUSALS

DANGEROUS OCCURRENCES

Staff must report dangerous occurrences, serious incidents and work refusals to their supervisor. Divisional administration and an employee Workplace Safety and Health co-chair will investigate all serious incidents, and refusals to work. The incident investigation team will prepare a report outlining the direct, indirect and possible root cause of the incident. The report will outline the corrective action necessary to prevent repeat occurrences. Copies of the report will be made available to employees. The Workplace Safety and Health committee will audit the effectiveness of the corrective action taken by the Division. Workplace Safety and Health officials will be notified if the incident could have resulted in death, major injury, or disability.

Employees have the right to appeal the findings of the report to Manitoba Workplace Safety officials.

The Division will use the "Incident/Accident Investigation Form" (Appendix H).

All reports on incidents investigated within the Division shall be kept for thirty years.

The Workplace Safety and Health Division **MUST** be informed immediately when an incident occurs which results in any of the following:

- death,
- internal hemorrhage,
- loss of sight,
- poisoning,
- amputation,
- fracture of a major bone,
- third degree burns,
- any injury resulting in paralysis,
- cuts requiring hospitalization or time off from work (or school),
- any other injury likely to endanger life or cause permanent disability,
- unconsciousness resulting from concussion, electrical contact or asphyxiation.

WORK REFUSALS

A worker may refuse to work or undertake a particular task at work if he/she believes on reasonable grounds that the work constitutes a danger to his/her safety or health or to the safety or health of another worker or another person.

Employees are to adhere to the following steps when refusing dangerous work:

STEP 1 Employees refusing work must report immediately to their supervisor, or to any other person in charge at the workplace, giving their reasons for refusing to work. At this point, the refusing worker and supervisor must attempt to resolve the concern.

If the employer resolves the matter to the satisfaction of the employee, work will resume. If the employee still believes the work is dangerous, Steps 2 and/or 3 must be followed.

STEP 2 If the supervisor and worker cannot resolve the refusal, the worker co-chairperson of the Workplace Safety and Health committee, or a committee member who represents workers (or a worker representative, if there is no committee), must be asked to help for the purpose of inspecting the workplace.

If the dangerous condition is not remedied after the inspection, the supervisor and/or worker must contact the Area Administrative Officer, Area Maintenance Supervisor or Area Superintendent.

STEP 3 Any of the persons present during the inspection in STEP 2 may notify a provincial Workplace Safety and Health Officer of the refusal to work and the reasons for it. This Officer will investigate the matter and decide whether the job situation or task the worker has refused constitutes a danger to the safety or health of the worker or any other worker or person at the workplace.

The Officer will provide a written decision to the refusing worker, each co-chairperson, or the representative, and the employer. Anyone directly affected by an officer's decision may appeal it to the Director of the Workplace Safety and Health Division. The Director will make a decision regarding the appeal, and provide written reasons. The decision of the Director may be appealed to the Manitoba Labour Board.

OUTSIDE CONTRACTORS

Signed contracts between the Division and contractors will include adherence to all safety requirements as prescribed in *The Workplace Safety and Health* legislation.

When the Division is the prime contractor on a construction job, the Division's responsibilities includes ensuring:

- work on the job is coordinated, organized and monitored to ensure reasonable and practical precautions are in place to effectively control safety and health hazards,
- Coordinating the safety and health programs of contracted employers,
- everyone involved in work on the project meets legal safety and health obligations,
- site security during work and after hours, and,
- individuals on site are qualified and responsible for safety.

Outside contractors hired to do repairs that are not subject to a construction contract will consult with the appropriate Divisional personnel to review potential hazards in the facility, of the job, and any relevant safety policies. Contractors will be required to sign a release form stating they will comply with Workplace Safety and Health regulations. (Appendix I)

Contractors requiring use of controlled products and chemicals while on Division property are to have Material Safety Data Sheets available. (Appendix F)

SAFETY AND HEALTH PROGRAM EVALUATION

Every three years, a Divisional Workplace Safety and Health overview committee will formally review the Safety and Health program. The program will also be reviewed if there are changes in the workplace that may affect the health and safety of the employees. The following questions must be answered by the review:

- Do staff and committees understand their responsibilities for reviewing and evaluating the safety and health program to ensure legislation requirements are met?
- Is involvement of the local committees effective?
- Are the checklists and written procedures as outlined in this manual effective?

SAMPLE COMMITTEE MINUTES FORM



Manitoba
Labour and
Immigration
Workplace Safety
and Health Division



200-401 York Avenue
Winnipeg, Manitoba R3C 0P8

Home page: <http://www.gov.mb.ca/labour/safety> Click on Committee Minutes to enter your minutes interactively.

Phone: 1-800-282-8069 ext. 3446

FAX: (204) 945-4556

FAX for Committee Minutes: (204) 948-2209

Your committee must meet four or more times per year. Minutes of each meeting of the safety and health committee at your workplace must be faxed, mailed, e-mailed to cominutes@gov.mb.ca, or if you use the interactive form, once you have entered all the information, press "Send Committee Minutes" and they will be sent automatically to the Workplace Safety and Health Division. You can use the Workplace Safety and Health Committee Minute Form or set up your own format containing all the information in our form.

The minute form is intended for your use to record briefly and clearly the safety and health concerns at your workplace and steps taken by the committee or others to resolve them. They are designed to provide everyone at your workplace and the Workplace Safety and Health Division with information on your committee's activities and progress to date.

If you are unable to resolve an issue yourselves, phone or write your Safety and Health Officer for assistance in finding a solution. If you would like assistance with making your committee more effective, call the Safety and Health Committee Coordinator at 945-5718 or 1-800-282-8069 extension 5718.

Instructions For Completion Of Minute Forms

1 You must complete all information in top boxes:

Full Name & Full Address of Workplace - must include Department & Branch, where applicable.

Which Committee - needs to be completed only if you have more than one committee at the same address.

Number of Employees at the Workplace - the number at the workplace, not the number on the committee.

- 2** In the first column "**Origin**" indicate the date an issue is first raised at a safety and health committee meeting. Continue to note this date in future minutes until the committee agrees the issue is resolved.
- 3** In the second column "**Concern or Problem**" list the details of items discussed. Draw a line across the page to separate each issue.
- 4** In the third column "**Recommendation or Action Taken**" indicate what has been done or the steps being taken or the committee's recommendation as to what should be done to resolve the issue.
- 5** In the last column "**Action By**" fill in who will be responsible for carrying out each interim step or action and the date it will be completed or, if the issue is resolved, fill in the date it was resolved.

- ⑥ In the bottom section "**Other Business**" record any points not covered such as upcoming elections or date of next meeting.
- ⑦ **Both** management and worker co-chairs must sign each page of the minutes when they are satisfied that the record is complete and accurate. Please indicate by an (X) in the brackets who chaired that particular meeting.
- ⑧ Distribution of copies must be done within one week following the committee meeting:
 - a) Distribute copies to committee members, alternates, and relevant managers.
 - b) Keep one copy for permanent committee files.
 - c) Send one copy to Workplace Safety and Health Division - by mail to the address above, fax minutes to (204) 948-2209, e-mail to the above address **or** electronically.
 - d) Post one copy on the safety and health committee bulletin board(s).

SETTING AGENDAS: It is recommended that the co-chairs get together to set the agenda for each meeting. This must be posted on the safety and health committee bulletin board **prior** to each meeting and distributed to committee members **at least 3** clear days ahead of the meeting. Following is a generic agenda outline that could be used in creating your own agendas.

- ① **Review minutes of last meeting.** You will need to determine if all issues have been resolved or if actions have been taken as indicated and next steps agreed to and noted.
- ② **Review issues resolved by individual committee members or supervisors.**
- ③ **Review illness, injuries and accidents since last meeting.** This could also include a brief review of working procedures, rules and policies related to the illness, injuries or accidents and recommendations for changes to same.
- ④ **Consider new concerns or problems.** These may arise out of inspection tours, surveys, investigations by committee or concerns brought to the committee's attention by employees or management.
- ⑤ **Review of educational material and availability of safety and health training programs.**

Revised March 27, 2001

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COMMITTEE MINUTE FORM

PAGE ___ OF ___

See instructions

Complete all sections - type or print clearly

Phone (204) 945-3446

FAX (204) 948-2209



Complete Name and Address of Workplace Phone: Fax: Which Committee (if more than one): Meeting date: Date of next meeting: Number of employees at the workplace:	Employer Members (list all)	Occupation	Present	Absent
	Worker Members (list all)			
	Guests (list any)			

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)

Other Business:

Co-Chairpersons' Signatures Please indicate by (X) in the brackets below who chaired this meeting.

BOTH management and worker co-chairs must sign each page of the minutes when they agree that the minutes are complete and accurate.

If one, or both co-chairs do not agree with the minute record, please attach concerns on a separate page.

In my opinion, the above is an accurate record of this meeting.

() Print name of Employer Co-Chair _____ () Print Name of Worker Co-Chair _____

Signature _____ Signature _____

COMMITTEE MINUTE FORM

PAGE ___ OF ___

See instructions

Complete all sections - type or print clearly

Phone (204) 945-3446

FAX (204) 948-2209

Date of Origin	Concern or Problem (See reverse for completion instructions)	Recommendation or Action To Be Taken	Action By (who & when)

Other Business:

APPENDIX B

SAFETY AND HEALTH INSPECTION FORM

School Administration

DATE: (Day / Month / Year)

SCHOOL:

INSPECTION PERFORMED BY:

(Supervisor)

	YES	NO	N/A
	(Please Check <input type="checkbox"/>)		
Fire & Emergency			
1. Are monthly fire drills being conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are exits and emergency escape routes posted in all areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are exits, hallway and corridors free of clutter or blockage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do paper displays in hallways, foyer, and entrance walls meet fire code standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the emergency plan been updated and reviewed with all staff and local emergency personnel at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are classrooms uncluttered and materials kept away from electrical/heating appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is extension cord use kept to a minimum and are no portable heaters being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Hazardous Materials Information System			
1. Are WHMIS labels and/or supplier labels on all chemical containers in the custodial, science, art room, shops, home economics, and life skills areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Material Safety Data Sheets (MSDS) (not older than 3 years) available and up to date in custodial, science, art room, shops, home economics, and life skills areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a master MSDS Binder kept in a central location <u>and</u> available at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is a current up-to-date inventory of chemicals from all areas kept in a central location and available at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the most recent copy of the inventory of chemicals been provided to the Division Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are chemicals and flammables safely stored (flammable cabinets or locked) in custodial, science, art room, shops, home economics and life skills areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has there been the annual WHMIS awareness session with all staff of the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copies: School files, Area Office

SAFETY AND HEALTH INSPECTION FORM

Science & Laboratories

DATE: (Day / Month / Year)

SCHOOL:

INSPECTION PERFORMED BY:

(Supervisor)

	YES	NO	N/A
	(Please Check <input checked="" type="checkbox"/>)		
1. Are Material Safety Data Sheets for all chemicals accessible in the space and has a copy been provided to the facility central office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Material Safety Data Sheets up to date? (not older than three years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all chemical containers properly labelled with WHMIS information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the chemical inventory been updated for any new purchases or product deletions and has a copy been provided to facility central office and the Division office for their records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the fume hood operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the eyewash station operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are chemical storage rooms and cupboards locked while not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the fire extinguisher(s) in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are gas lines and valves in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are master gas cut-off valves and electrical (if available) in properly working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have students received instruction and WHMIS orientation on safe use of equipment and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there an adequate supply of safety equipment and is it being worn when warranted? (safety glasses, goggles, gloves, first aid kits, shields, helmets, hearing protection, respirators, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the space clean, organized and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are weight and space capacities of shelving and cupboards being respected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & DEFICIENCIES: _____

Have unsafe conditions been reported?

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____

Copies: School files, Area Office

SAFETY AND HEALTH INSPECTION FORM

**Industrial Arts/Vocational Shops
School Bus Garage**

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

	YES	NO	N/A
	(Please Check <input type="checkbox"/>)		
1. Are Material Safety Data Sheets for all chemicals easily accessible in the space and has a copy been provided to the facility central office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are MSDS forms up to date? (not older than three years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all chemical containers properly labelled with WHMIS information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the chemical inventory been updated for any new purchases or product deletions and has a copy been provided to the facility central office and Division Office for their records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the ventilation /dust collector system operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the eyewash station operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the fire extinguisher(s) available and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are master electrical switches operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are gas lines and valves in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have students received safety instruction and WHMIS orientation prior to use of equipment and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the space clean, organized, and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are storage areas organized and not overloaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are flammables and chemicals stored in a proper location? (flammable cabinets or locked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are danger zones properly indicated and guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are all guards on equipment in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is equipment shut off while unattended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all equipment, tools, and hoisting devices checked periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are mandatory six month school bus safety inspections being completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

	YES	NO	N/A
	(Please Check <input checked="" type="checkbox"/>)		
21. Are school bus drivers performing pre and post trip bus inspections and reporting defects to the bus garage and /or noting in log books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are school bus drivers completing semi-annual school bus evacuation drills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & DEFICIENCIES: _____

Have unsafe conditions been reported?

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____

Copies: School files, Area Office

SAFETY AND HEALTH INSPECTION FORM

Home Economics/Life Skills

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

	YES	NO	N/A
	(Please Check <input checked="" type="checkbox"/>)		
1. Are Material Safety Data Sheets for all chemical cleaners easily accessible in the space and has a copy been provided to the facility central office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Material Safety Data Sheets up to date? (not older than three years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all chemical containers properly labelled with WHMIS information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the chemical /cleaners inventory been updated for any new purchases or product deletions and has a copy been provided to facility central office and Division Office for their records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the space clean, organized, and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have students received safety instruction and WHMIS orientation prior to the use of equipment and chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there an adequate supply of safety equipment and is it being worn when warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the condition of appliances including electrical cords checked regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the fire extinguisher(s) available and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are combustible materials kept away from electrical/heating appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & DEFICIENCIES: _____

Have unsafe conditions been reported?

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____

Copies: School files, Area Office

SAFETY AND HEALTH INSPECTION FORM

Custodial

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

YES **NO** **N/A**
(Please Check)

Fire Safety

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is fire alarm fully operational? (censors, detectors, fire doors, fire dampers, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have fire extinguishers been inspected and in operating condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all fire exit doors operational and unobstructed? (winter clean of snow and ice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are exits, foyers, and hallways unobstructed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all exit and emergency lighting operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all boiler/furnace/mechanical/electrical rooms free of litter and free of combustibles if applicable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Workplace Hazardous Materials Information System

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are all WHMIS labels and/or supplier labels on all chemical containers? (cleaning supplies, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are Material Safety Data Sheets (MSDS) up to date (not older than three years) and easily accessible and has a copy been provided to the facility central office? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is a current up-to-date inventory of chemicals on hand and has a copy been provided to the facility central office and the Division Office for their records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are chemicals safely stored (flammable cabinets or locked) in storage areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are MSDS forms being reviewed prior to use of controlled products or chemicals to ensure proper safety equipment is available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are doors to the furnace and custodial rooms closed and locked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are electrical wires, fuse boxes, light and plug-in cover plates, and light fixtures in proper condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the intrusion alarm operative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX B

	YES	NO	N/A
	(Please Check <input type="checkbox"/>)		
4. Has the school been regularly inspected for potentially dangerous conditions? (broken windows, floor and stair conditions, equipment and fixtures properly supported, grounds, mould, furniture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are ladders and scaffolds in safe condition and properly used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has well water been checked for micro-organisms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are washrooms, water fountains, and shower/change facilities being properly sanitized and cleaned daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have new casual and regular employees been provided with orientation, review of job hazard analysis (if available), and applicable safety program policies and procedures, (working alone, hearing conservation, WHMIS orientation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are weekly inspections of playgrounds and play structures being completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are sidewalk conditions and cleaning logs being maintained? (winter months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have the building and mechanical equipment condition and operation monthly inspection checklists been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there an adequate supply of safety equipment and is it being worn when warranted? (safety glasses, respirators, goggles, gloves, safety boots, first aid kits, shields, helmets, hearing protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have accidents and dangerous incidents been reported to school administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & DEFICIENCIES: _____

Have unsafe conditions been reported?

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____

Copies: School files, Area Office

SAFETY AND HEALTH INSPECTION FORM

Physical Education

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

	YES	NO	N/A
	(Please Check ✓)		
1. Has the gymnasium equipment been inspected regularly and a gymnasium inspection checklist completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is gymnasium equipment set up by or checked by authorized personnel who have been adequately instructed in proper procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are wall pads and floor mats in place and in good physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are exits unobstructed and storage areas organized and uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are students provided with proper instruction prior to introduction of new activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are students wearing protective equipment when activities so warrant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have the outdoor physical education facilities and equipment been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & DEFICIENCIES: _____

Have unsafe conditions been reported?

Signature: _____
Supervisor

Date: _____

Signature: _____
School Administrator/Supervisor

Date: _____

Copies: School files, Area Office

SAFETY AND HEALTH INSPECTION FORM

Gymnasium Inspection Checklist

DATE: (Day / Month / Year) _____

SCHOOL: _____

INSPECTION PERFORMED BY: _____
(Supervisor)

Equipment	Good	Needs Repair	Action Taken
Basketball			
backboards			
hoops			
cables/pulleys			
motors/mounts			
anchors/mounting			
raising apparatus			
Badminton & Volleyball			
pole condition			
pole mounting			
nets/rackets			
padding			
winches			
Balance Beam			
splinter free			
stable			
Box Horse (vaulting box)			
splinter/tear free			
stable			
Climbing Ropes/Rings/Frames			
condition of ropes			
and pulleys			
check pins/uprights/cables/hardware			
trapeze/cargo nets/ladders/slides/bars			
Mats			
tears/rips			
handles/velcro/foam			
cleanliness			
High Bar			
cables/chains/hooks			
turnbuckles/stability			
Emergency Equipment			
check emergency lights			
check exits and lighting			
Floor Condition			
Additional Items in Gym			

Copies: School files, Area Office

APPENDIX C

WORKING ALONE

Division employees who are required to work alone will implement the following procedures.

Periodic Contact

Employees who are required to work alone will have periodic contact with supervisor or other designated personnel through the use of telephone, radio, or personal contact.

Employees who choose or are required to work alone outside of regular office hours shall ensure that a personal designate (co-worker, spouse, friend etc.) knows that they are working or have a personal communication device. Each employee in this situation will complete the Division's Working Alone After Normal Working Hours: Personal Contact Declaration Form and implement the contact as required.

In the event the employee does not contact as scheduled his or her personal contact, the personal contact will attempt to contact the employee. If the employee cannot be reached, or located, the personal contact will contact the following in the order listed, until someone is notified:

- The employee's immediate supervisor and/or designate (e.g. School Principal or Vice Principal).
- The local designated authority.
- The employee's Divisional Supervisor (e.g. Maintenance Supervisor).

General Precautions for Non-Divisional Personnel:

- Reporting to building office personnel (school secretary, principal etc.) upon arrival and departure. Indicate your work plan when you are working in a building.
- Be familiar with the location of the telephone(s) in the school/office.
- Be aware of posted emergency numbers such as police, fire, ambulance, hazardous materials information line, and the school's address and phone number.

General Procedures for Divisional Personnel:

- Be knowledgeable about co-workers' duties and routines, and plan a set time to meet for breaks.
- Ensure that all exterior doors are secure when scheduled activities have concluded.
- Walk in well-lit areas when entering or exiting the building.
- If possible, exit the building with other workers after completing your shift.
- Implement a personal contact routine.

SAMPLE WORKING ALONE PROCEDURES

Maintenance Staff & Computer Technicians	Working Alone Situation	Minimum Procedure
Low Risk Tasks	Travelling alone in a vehicle	Prearranged personal contact or the ability to make contact by phone or two way radio
High Risk Tasks:	Working in confined spaces (e.g.: crawl spaces etc.)	Buddy system, frequent scheduled personal contact or two way radio
	Working with hazardous materials; high pressure systems; moving equipment or machinery	Buddy system, scheduled personal contact or two way radio
	Working at heights or on scaffolding (e.g.: painting, roofing, etc.)	Buddy system, frequent scheduled personal contact or two way radio
	Working outside in extreme weather conditions (e.g.: snow clearance, outside maintenance work)	Buddy system, scheduled personal contact or two way radio

Bus Drivers	Working Alone Situation	Minimum Procedure
Low Risk	Travelling alone in a vehicle	Prearranged personal contact or the ability to make contact by phone or two way radio
	Travelling after hours	Prearranged personal contact or the ability to make contact by phone or two way radio
	Extreme weather conditions	Prearranged personal contact or the ability to make contact by phone or two way radio

Custodial Staff	Working Alone Situation	Minimum Procedure
Low Risk	Working alone after normal work hours	Scheduled personal contact by phone
High Risk	Working in confined spaces (crawl spaces etc.)	Buddy system, frequent scheduled personal contact cell phone, or two way radio
	Working with hazardous materials; high pressure systems; moving equipment or machinery (e.g.: working with cleaning products, working on boiler operations / tests)	Buddy system, scheduled personal contact cell phone or two way radio
	Working at heights or on scaffolding (e.g.: replacing light ballasts / light bulbs)	Buddy system, frequent scheduled personal contact cell phone or two way radio
	Working outside in extreme weather conditions (e.g.: snow clearance, outside maintenance work)	Buddy system, scheduled personal contact cell phone or two way radio

Staff Assigned to Call Outs	Intrusion alarm call-out	Buddy system or contact local police
------------------------------------	--------------------------	--------------------------------------

Instructional/Administrative Staff	Working Alone Situation	Minimum Procedure
Low Risk	Travelling alone in a vehicle	Prearranged personal contact or the ability to make contact by phone or two way radio
	Travelling after hours	Prearranged personal contact or the ability to make contact by phone or two way radio
	Working alone after normal work hours	Prearranged personal contact or the ability to make contact by phone or two way radio

If a staff feels that a particular work situation is not safe they have the right to refuse the task and notify their supervisor to investigate the situation.

**WORKING ALONE AFTER NORMAL WORKING HOURS:
PERSONAL CONTACT DECLARATION**

Employee Name: _____

Job Title: _____

Primary Personal Contact:

Name: _____ Phone Number: _____

Relationship: _____

Alternate Personal Contact:

Name: _____ Phone Number: _____

Relationship: _____

I declare that I will inform my personal contact when I choose or am required to work alone and do not have a personal communication device with me. If in the case of concerns due to no communication with the personal contact he/she will call my supervisor or designate and in his/her absence will contact the appropriate local authorities.

I will provide the necessary information to my Personal Contact and Alternate to ensure he/she can contact my supervisor if required.

I understand that I must update this information sheet in the event my Personal Contact or Alternate changes.

Signed: _____ Date: _____
Employee Signature

This Document is Confidential

Copies: School files, Area Office

APPENDIX D
WORKPLACE SAFETY AND HEALTH
EMPLOYEE CONCERN FORM

Name: _____ Date: _____

Location of Concern: _____

Concern:

Action Taken:

Employer, Co-Chair

Employee, Co-Chair

Completed forms are to be forwarded to your supervisor.
Copy to be provided to complainant when complaint has been resolved.

APPENDIX E

IDENTIFICATION AND CONTROL OF HAZARDS AND EMERGENCIES

The Division will ensure that measures are employed to identify, reduce, eliminate, and control risks in the workplace, including the procedures to follow in an emergency. Supervisors and School Administrators are responsible for the co-ordination of the Division's Workplace Safety and Health Program by ensuring the implementation of the system for the identification of existing and potential safety and health risks to staff and students in their respective workplaces and learning environments. The system will:

1. Identify known and potential hazards.
2. Assess the associated risks.
3. Implement measures to eliminate or control the hazards.

Supervisors and School Administrators as well as the WSH Committees, staff, and students all have a responsibility to continually monitor and assess the workplace and learning environment for known or potential hazards and emergencies.

Identification of Hazards

This will be done through a variety of methods including but not limited to the following:

1. Regular facility inspections.
2. Seeking staff input and receiving and considering concerns raised by staff and students.
3. Reporting of safety and health concerns to Senior Administration.
4. Investigating serious incidents and dangerous occurrences as well as "right to refuse" situations.
5. Reviewing incident statistics and reports (WCB and others).
6. Review of past Workplace Safety and Health Committee minutes.
7. Review of best practices of other school divisions.
8. General literature and product information from suppliers and manufacturers.

Types of Workplace Hazards

A workplace safety and health hazard is anything in the workplace that has the potential to cause harm to a person's well-being. Health and safety hazards vary greatly depending on the type of work involved. We usually associate work hazards with mines, construction sites and other industrial workplaces. But workplaces like schools and offices have their own particular hazards. Hazards can be considered in a number of different categories. Thinking about the hazards this way helps to consider all the possibilities when evaluating a task for the existence of potential hazards.

Workplace hazards are arranged into, but not limited to, the following broad categories:

Physical Hazards:

These include conditions produced by the environment and processes such as:

- noise (hearing conservation)
- temperature (e.g. heat or cold)
- lighting
- vibration
- radiation, sunlight
- unguarded machinery
- cluttered areas
- slip and fall (footing)

Chemical Hazards:

Chemical hazards can be in the form of solids, liquids, mists, vapours or gases. Some examples include:

- acids, caustic materials, metal (e.g. lab chemicals)
- solvents, cleaners, gasoline
- paints
- pesticides or herbicides
- asbestos
- dusts (wood or chemical dust)

Biological Hazards:

Biological hazards can include animals and insects as well as micro-organisms in plant, animal or human tissue. These include materials such as:

- bacteria , viruses (e.g. hepatitis, HIV, hantavirus)
- plants (e.g. poison ivy, pollen)
- animal bites, parasites, and dander
- bee stings
- food allergies
- mould (all forms)
- unsanitary conditions

Psycho-Social Hazards:

These are factors, which have an affect on the behavioural patterns of people. Capabilities and limitations vary among people. What is stressful for some is not stressful for others and vice versa. This group of hazards that people commonly refer to as causing “stress” can be caused by such psychological and sociological factors as:

- shift work
- work/life pressures (balancing work and family life)
- harassment
- potential for violence (e.g. physical or weapons threat)

Ergonomics Hazards:

Ergonomics involves fitting the physical aspects of the job to the person. Ergonomic factors include:

- repetitive movements
- work and work stations layout, poor posture due to layout or design
- heavy or awkward bending or lifting

Site Specific Hazards:

The specific areas and their site specific hazards will be identified with a Job Hazard Analysis.

Job Hazard Analysis:

- Supervisors or school administrators will identify critical tasks at their workplaces and conduct Job Hazard Analysis (JHA) for these tasks. The Job Hazard Analysis will be utilized to develop safe work procedures for these tasks and will ensure they are available in the facility safety program binder as well as in the location where the task is performed.
- Supervisors or school administrators will review the job hazards associated with their workplaces and learning environments, and will also ensure that the staff and students are aware of and practice safe work procedures and behaviours. Each Job Hazard Analysis (JHA) and safe work procedure will be reviewed every three years. A JHA will be conducted and used to develop safe work procedures any time a new process or piece of equipment is introduced into the worksite.
- Frontier School Division will use Manitoba Association of School Trustees WHAM software to maintain and update JHA and safe work procedures.

APPENDIX F

CONTROL OF CHEMICAL AND BIOLOGICAL HAZARDS IN THE WORKPLACE

Frontier School Division is committed to the proper control of biological and chemical substances. These controls will include staff and student instruction on the proper use, production, storage, and disposal of chemical and biological substances in the workplace and learning environment.

- Supervisors and School Administrators at each worksite and learning environment will identify controlled products that are present in their workplace.
- Supervisors and School Administrators at each worksite and learning environment will maintain a current inventory of controlled products that may harm workers when handled, used, stored, produced, or disposed of at the worksite and learning environment.
- Supervisors and School Administrators at each worksite and learning environment will maintain a Material Safety Data Sheet (MSDS) control system according to the guidelines in the Workplace Safety and Health Act. Frontier School Division will use Wellnet software to maintain and update MSDS sheets.
- The MSDS binders will be kept in a highly visible area and will be readily available for staff (and student use as required).
- The material safety data sheets will be updated every three years. This is the responsibility of the School Administrators and Supervisors.
- As new controlled products are introduced into the worksite or learning environment the Supervisor or School Administrator will ensure that a new MSDS accompanies each controlled product. These sheets will be placed in the proper MSDS binders. Copies will be forwarded to the Division Office where they will be kept on file for 30 years.

Specific plans will be developed and approved by the workplace supervisor for the use of hazardous chemicals and the presence of biological hazards in the workplace. These plans will include the following:

Training:

- The School Division will ensure that staff and students receive WHMIS training on a regular basis so as to develop an understanding of how to use the MSDS resource for the workplace and learning environment.
- Proper protective equipment use, storage, cleaning and maintenance training must be provided to staff and students.
- Staff who use “controlled products” in the course of their work will receive certified WHMIS training through certified WHMIS instructors.
- The Division will maintain records of WHMIS training.

Control of Hazardous Chemicals in the Workplace:

- Each worksite and learning environment shall identify hazardous chemicals/materials.
- Each workplace will maintain a current inventory of chemical substances that may harm staff or students when handled, used, stored, produced, or disposed of at the workplace.
- The MSDS resource shall be referred to before use of a particular hazardous chemical.
- Staff and students handling chemicals must follow the recommended handling procedures as referred to in the MSDS.
- Hazardous chemicals must be stored at the worksite or learning environment in accordance with the requirements stated in the MSDS and local and provincial regulations.
- Hazardous chemicals must be disposed of in accordance with the MSDS and/or municipal bylaws and/or Manitoba Environment legislation. Disposal of hazardous chemicals will be coordinated through the Division Office.

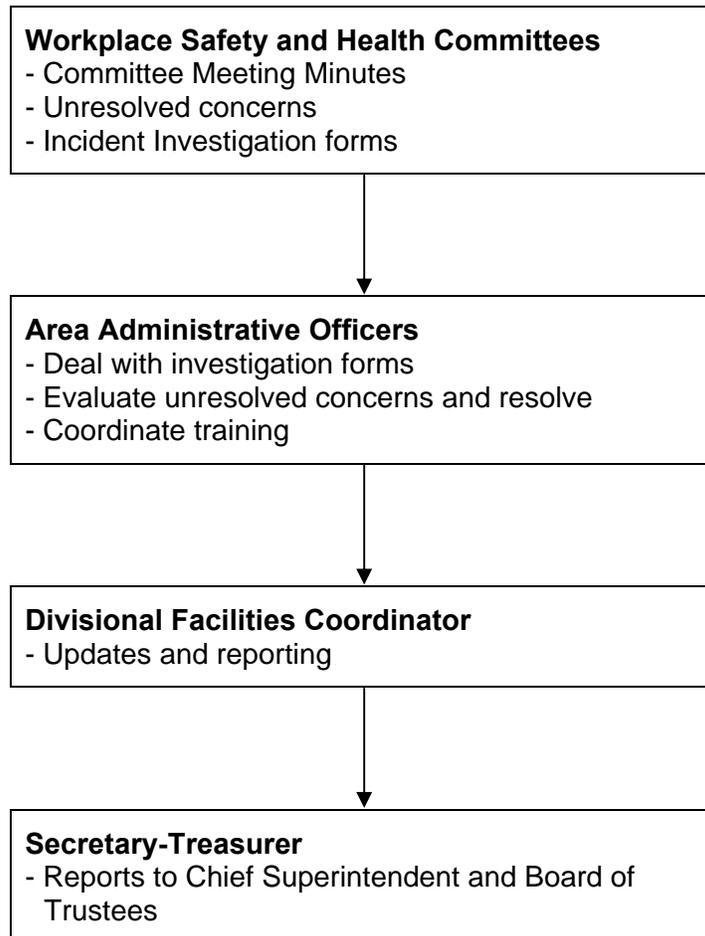
Control of Biological Hazards in the Workplace:

- Worksites and learning environments will be monitored to assess and remediate any potential risks and/or hazards. When working with biological hazards, appropriate protective equipment will be used. This may include but is not limited to; hepa-filter breathing apparatus, non-latex disposable gloves, and eye protection.
- Examples of monitoring process **may** include:
 - Inventory of asbestos locations
 - Water Quality
 - Indoor Air Quality
 - Mould Remediation
 - Patterns of illness
- Records of environmental monitoring (i.e. water quality, indoor air quality) will be reviewed and possible action taken. Copies of such records will also be kept at the worksite and the Division Office.

APPENDIX G

FLOW CHART FOR WORKPLACE SAFETY AND HEALTH PROGRAM

DIVISIONAL STRUCTURE



APPENDIX H

INCIDENT/ACCIDENT INVESTIGATION FORM

1. Accident/Incident Name: _____

2. Date and Time of Accident: _____

3. Location of Accident: _____

4. Description of Accident: _____

What happened? _____

What was the injured person doing? _____

What caused the accident? _____

Name of Person(s) Injured? _____

Name(s) of Witness(es)? _____

Map or Diagram of the Area where the Accident occurred: _____

INVESTIGATION CHECK LIST

Write YES, NO, or N/A beside each question on the line provided.

Safe Work Practices and Procedures:

1. Were safety devices functioning properly? _____
2. Has the individual(s) received training in workplace health and safety? _____
3. Was there adequate supervision? _____
4. Were safe work procedures being followed? _____
5. Was the individual experienced in the procedure being done? _____
6. Were any concerns verbalized or written to the Site Supervisor or the School Administrator previous to the accident? _____
7. Were hazardous substances involved? _____
8. Were containers clearly labelled? _____
9. Were MSDS's available? _____
10. Was the MSDS consulted before using and handling of the material? _____
11. Was personal protective equipment used? _____
12. Is there a Frontier School Division Workplace Safety and Health Program on site? _____
13. Is the Workplace Safety and Health Program enforced? _____

Machinery and Equipment:

14. Was there equipment failure? _____
15. Was the equipment maintained regularly? _____
16. Was the equipment functioning properly? _____

Environment:

17. Were weather conditions a contributing factor? _____
18. Was heat a factor? _____
19. Was cold a factor? _____
20. Was noise level a contributing factor? _____
21. Was there adequate lighting? _____
22. Were toxic fumes, dust, mists, or gases present? _____
23. Were ventilation systems used (fume hoods, etc.)? _____
24. Was there adequate work space? _____
25. Was aggression by another individual a factor? _____

Corrective action to be taken:

26. Does more training need to be in place? _____
27. Is more supervision necessary? _____
28. Are the safety inspections adequate and timely enough? _____
29. Is there a procedure in place to identify hazards? _____

RECOMMENDED CORRECTIVE ACTIONS:

OTHER NOTES:

WSH Committee Representative Signature

Date and Time

Copies to:

1. Provincial Workplace Safety and Health
2. Area Administrative Officer
3. Divisional Facilities Coordinator
4. Workplace Safety and Health Committee
5. School Administrator or Site Supervisor

APPENDIX I

CONTRACTOR RELEASE FORM

I _____ of _____
(name) (company)

confirm that all safety regulations of the provincial Workplace Safety and Health legislation will be adhered to while completing construction projects for Frontier School Division.

Signature: _____

Date: _____

Copies: School files, Area Office