

Forms and Documentation

1. Field Level Hazard Assessment
2. Employee warning report
3. On the job training form
4. Safety meeting minutes form
5. Employee orientation form
6. Shop inspection form
7. Site inspection form
8. Near miss form
9. Incident investigation form
10. Year end injury summary form
11. Contractor questionnaire form
12. Annual health and safety manual review form
13. Fall protection plan form
14. Formal hazard assessment annual review
15. Audit corrective action plan form
16. Health and safety activity summary



Employee Warning Report

Employee's Name: _____

Date of Warning: _____

Project: _____

Warning Issued by (print): _____

Type of Violation: Health and Safety Other

Company Statement (Supervisor's Report):

Signature: _____

Employee Statement (check the appropriate statement)

I agree with the company's statement.

I disagree with the company's statement for the following reasons. (State below)

I have entered my statement of the above matter.

Employee Signature: _____ Date: _____

I would like to receive a copy of this statement for my records.

All infractions will be documented and a copy retained on file.



E1 ELECTRICAL

On-The-Job Training Form

Worker

Name: _____ **Date:** _____

Supervisor: _____ **Location:** _____

**Supervisor
Initials**

Part A: Qualification and Pre-Use Inspection

Worker possesses current applicable training qualification (Confirmed) _____

Worker conducted pre use inspection of: _____

Part B: Demonstration and Observation

	Competent	Requires coaching	Demonstration Description:	Supervisor Initials
1	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		

**Supervisor
Initials**

Part C: Summary/Comments

Worker's performance was satisfactory. _____

Worker requires further training and observation. _____

Comments:

Worker Signature: _____

Supervisor Signature: _____



New Employee Orientation

Employee Name: _____ Signature: _____

Employee Phone Number: _____ Email: _____

Emergency Contact (Name / Phone number): _____

Date of hire: _____

Date of Orientation: _____

Supervisor: _____

Supervisor's Signature: _____

Notes: (required training, existing certification and expiry dates etc)

Areas to be Covered	Description	Completed	
		Y	N
Company Safety Rules	Explain safety rules and disciplinary procedure. Verbal warning, written warning, suspension from work activities, dismissal.		
Company Policies	Explain the health, safety and wellness policies of your company.		
Training	Determine any necessary safety, environmental, compliance or policy/procedural training required.		
Potential hazards	Tour the work areas and facility and discuss associated work area hazards and safe work practices.		
Emergency Procedures	Show and explain how to use emergency eyewashes and showers, first aid kits, fire blankets, fire extinguishers, fire exits and fire alarm pull boxes, as applicable.		
Emergency Evacuation	Company emergency evacuation plan has been reviewed.		
Personal Protective Equipment (PPE)	PPE program has been reviewed, employee is aware of PPE they are required to wear. Basic PPE was issued, hard hat, safety glasses, safety vest.		
Reporting	Workers are to report any condition that could cause a hazard, injury, accident or near miss. Workers have multiple avenues to report unsafe conditions. These include but are not limited to supervisors, safety meetings, co-workers.		
Roles and Responsibilities	Roles and responsibilities in the Safety Manual were reviewed. Worker roles as per the safety program specifically were reviewed.		
OH&S Rights and Responsibilities	Workers have the right to know, the right to participate and the right to refuse. (See OH&S changes June 1, 2018.)		
Relevant Legislation	List of applicable legislation is located in the safety manual and a full copy of the OH&S legislation is available to employees at the shop for review.		
Safety Manual	Safety manual is available at any time for employees to review. Copies are located in all company vehicles and at the shop.		

Date: _____ Signature: _____



E1 ELECTRICAL

Shop Inspection

Location being Inspected: _____ Date: _____

Inspected By (Print Name): _____

Additional Inspection Team Members: _____

Area/Item	Y	N	N/A	Comments
Floors				
Floors free of loose material, debris, or worn carpeting				
Are the floors dry with no spills?				
Lighting				
Are all bulbs in working order?				
Are all areas well illuminated?				
Emergency lighting in place and regularly tested?				
Exit signs in working order?				
Bulletin Boards and Signs				
Required communications posted?				
Company H&S Manual, OHS Leg available?				
Hazardous Products				
Are there Hazardous Products on site?				
If yes, are they properly labelled?				
If yes, are the SDSs on site?				
Storage				
Are material neatly and safety piled?				
Are there stepladders available for items place on higher shelves?				
Are large and heavy objects stored on lower shelves?				
Passageways and work areas clear of obstructions?				
Housekeeping				
Are all areas free of garbage?				
Are cords tucked away to prevent tripping?				
Are wall and ceiling fixtures fastened securely?				
Other hazards identified?				
Sanitation				
Are washrooms and food preparation areas clean?				
Emergency Preparedness				
Emergency Response Plan clearly identified?				
Emergency phone list posted?				
First Aid attendant identified?				
Muster point identified?				
Safe work procedures available?				
Emergency Equipment				
First Aid kits appropriate and available?				
First Aid kits replenished as needed?				
Fire Extinguishers appropriate for potential fire types?				
Fire Extinguishers maintained and inspected as required?				
Are workers trained in Fire Extinguisher use?				

FOLLOW UP

Location	Observations	Risk	Corrective Action	Target	Person	Initial (Upon
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				Date	Responsible	Completion)

Summary/Additional Comments:

Inspection Completed and Submitted to Supervisor/Management:

_____ Signature

Reviewed by Supervisor of Work Area:

_____ Print Name Signature Date

Reviewed by Manager:

_____ Print Name Signature Date



E1 ELECTRICAL

Site Inspection

Location:	Inspected by:
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Items to Watch For: <ul style="list-style-type: none"> ♦ Buildings and structures, windows, floors, doors, stairs ♦ Elevators, escalators, manlifts ♦ Aisles, work surfaces ♦ Lighting ♦ Electrical wiring, cords ♦ Exits, alarms, emergency lighting, drills ♦ Fire protection equipment 	<ul style="list-style-type: none"> ♦ Heating and cooling ♦ Sanitation ♦ Storage facilities, areas ♦ Atmosphere condition, ventilation ♦ Toxic material storage, labels ♦ Flammable liquid, gas, labels, storage containers ♦ Pressure vessel, inspection ♦ Materials handling equipment 	<ul style="list-style-type: none"> ♦ Production equipment, guarding controls ♦ Hand and power tools ♦ Ladders, scaffolds ♦ Vehicles ♦ First aid, contents, training ♦ Personal protective equipment ♦ Operator authorization 	<ul style="list-style-type: none"> ♦ Warning signs, labels ♦ Safe work practices ♦ Proper lifting ♦ Housekeeping ♦ Maintenance ♦ Safety training ♦ Smoking ♦ Job procedures
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Item #	Location	Hazard(s) Observed	Priority	Corrective Action(s)	Date/Time Action Completed	By Whom (Print Name)

*Priority Index 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N/A)

Reviewed (Date): _____

Comments: _____

Manager's Signature: _____



E1 ELECTRICAL

Near Miss Form

Date of Incident: _____

Time: _____ : _____ AM PM

Date Incident was Reported: _____

Time: _____ : _____ AM PM

Please check all that apply: Unsafe Act Unsafe Condition Hazard ID

Description of the Incident:

Location of the Incident: _____

Causes (direct and indirect):

Corrective Action(s):

Target Date for completion:			
Person Responsible:			
Initial Upon Completion:			
Employee Name:		Date:	
Employee Signature:			
Investigator Name:		Date:	
Investigator Signature:			
Manager/Supervisor Name:		Date:	
Manager/Supervisor Signature:			



E1 ELECTRICAL

Incident Investigation

Date/Time: _____

1. Incident Type: <input type="checkbox"/> Injury/Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Major Potential <input type="checkbox"/> Fire <input type="checkbox"/> Spill <input type="checkbox"/> Close Call <input type="checkbox"/> Vehicle Collision	
2. Incident Date (M/D/Y): ____/____/____	3. Time (24 Hour Clock):
4. Area:	5. Specific Location:
Injury/Illness	
6. <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Modified Work <input type="checkbox"/> Lost Time <input type="checkbox"/> Fatal	
7. Name of Worker:	8. Age: Gender:
9. Occupation:	10. Experience:
11. Nature of Injury:	
12. Object/Equipment/Substance Inflicting Injury/Damage:	
Property Damage	
13. Description of Property:	
14. Description of Damage:	
15. Estimated Loss/Damage Cost:	
Other Actual/Potential Loss	
16. Type:	
17. Description:	
18. Estimated Cost:	(Page 1 of 2)
19. Evaluation of Risk Potential if Not Corrected (circle selection):	
Severity: 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N\A)	
Probability: A. Probable B. Reasonably Probable C. Remote D. Extremely Remote	
20. Description of Incident:	

<p>Diagram of Scene:</p>	
<p>21. Witness(es):</p>	
<p>Witness(es) Statement(s) Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>22. Immediate Cause(s)</p>	
<p>Description:</p>	
<p>23. Underlying Cause(s)</p>	
<p>Description:</p>	
<p>24. Corrective Action(s) (Immediate, Interim, Final):</p>	
<p>Recommendations Completed by Whom: _____ Date/Time: _____</p>	
<p>25. Date Report Completed: (Y/M/D) ____/____/____</p>	
<p>Signatures</p>	
<p>Supervisor:</p>	<p>Worker:</p>
<p>(Page 2 of 2)</p>	



E1 ELECTRICAL

Contractor Questionnaire

This form can be used to determine how E 1 will fit into a contracting organization's H&S system. It can also be used to determine how a sub-contractor may fit within the E 1 H&S system. Each item is a requirement to be met ie) if you answer no to any question a system must be put into place to deal with it.

Project Name: _____ **Date:** _____

Contractor: _____

Contractor representative: _____

E 1 representative: _____

1. Do we have a contact person for H&S issues? (name, phone, email)

2. Will you be conducting safety inspections on the work that we do?

3. Are there specific procedures for reporting hazards on site?

4. Will we be notified when hazards have been corrected? How?

5. Are there any specific H&S hazards on your site we should be aware of?

6. Are there Specific job procedures that we are required to follow?

7. Is there any specific PPE requirements on this site?

8. What PPE, if any, do you provide?



E1 ELECTRICAL

Contractor Questionnaire

9. What is the emergency response plan for this site?

- Signaling, communications, drills etc...

10. Is there a medical aid station on this site? Location?

11. Do you require attendance of a H&S orientation?

12. Is any specific H&S training required to work on site? (WHIMIS, H2S, confined space)

13. Are we required to attend your safety meetings? (E 1 will be conducting our own and can provide copies of hazard assessments and site inspections)

14. Do you have specific procedures for accident/incident and near miss reporting?

15. Do you have specific procedures for investigations?



E1 ELECTRICAL

Year End Injury Summary

Year: _____

Month	Personal Injury Cases		Days Lost	Frequency	Severity
	Lost Time Cases	Medical Aids			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total					
Manager's Signature: _____			Average:		
Date: _____					



E1 ELECTRICAL

Fall Protection Plan

Job Site/Area: _____

Date of Fall Protection Plan: _____

Dates Valid: from _____ to _____

Existing Fall Hazards/ Work to be Completed:

Fall Protection System to be used:

Anchors to be used:

Procedure to assemble, maintain, inspect, use and disassemble Fall Protection System:

Rescue Procedure (personnel to be involved, equipment and method to be used):

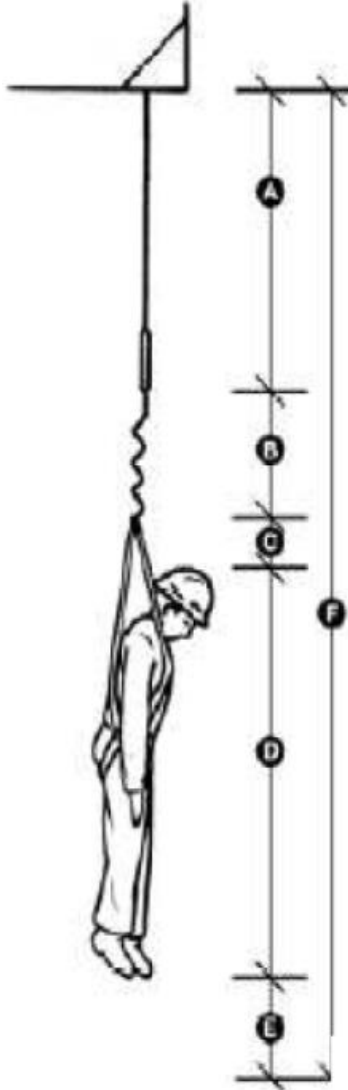
Clearance Calculations:

The maximum distance a worker could fall must be less than the distance to the nearest object/surface below. Use the following to perform the calculation.



E1 ELECTRICAL

Fall Protection Plan



Calculating Clearance Requirements

Clearance req = A+B+C+D+E

A=length of lanyard (_____)

B=extension of shock absorber (_____)

C=d-ring slippage (_____)

D=height of worker (_____)

E=safety factor (always 2' or 0.6m)

Clearance req= _____

Distance to surface below= _____

If you clearance requirement is greater than distance to surface below you will need to change anchor point or equipment being used.

Calculating Free Fall Distance

This must not be greater than 1.2m (4') if there is no shock absorber. This distance must never be greater than permitted by fall protection equipment manufacturer.

Free fall distance = (A+B+C+D) – (distance from anchor point to unguarded edge)

If your free fall distance is greater than noted above you will have to change you anchor point or your type of equipment used

Worker Name: _____ Signature: _____

Worker Name: _____ Signature: _____

Worker Name: _____ Signature: _____



Formal Hazard Assessment - Annual review

Date: _____

Reviewer: _____

Since the last review have there been any new work processes introduced? _____

If yes, explain: _____

Since the last review has any work process changed? (Materials, equipment) _____

If yes, explain: _____

Since the last review have any new hazards been introduced? _____

If yes, has a hazard assessment for this task, procedure or process been completed? _____

****all new tasks, procedures or processes must be included in the formal hazard assessment found in the safety manual. They must be ranked based on potential and severity of hazard and if applicable have a Safe Work Practice and/or Safe Job Procedure created.**

Reviewer signature: _____

Date: _____

AUDIT CORRECTIVE ACTION PLAN

YEAR:

COMPLETED BY:

PAGE __ OF __

SECTION	PROBLEM OR RECOMMENDATION	SOLUTION	ASSIGNED TO	TARGET COMPLETION	DATE COMPLETED	REVIEWED BY
1						
2						
3						
4						
5						
6						
7						

8						
9						
10						
11						
12						
13						

ADDITIONAL NOTES:



Health and Safety Activity Summary

For the Period Ending: _____
Month/Year

Monthly

Quarterly

Yearly

Number of workers hired: _____
Number of completed orientations: _____

Number of tool box meetings scheduled: _____
Number conducted: _____
Percentage attendance: _____

Number of formal inspections scheduled: _____
Number completed: _____
Total unsafe acts/conditions identified: _____
Number corrected: _____
Number outstanding: _____

Number of reported incidents _____
Damage only: _____
Injury only: _____
Injury and damage: _____
Vehicle accident: _____
No-loss: _____

Number of investigations _____
Completed: _____
Outstanding: _____
Number of recommendations made: _____
Completed: _____
Outstanding: _____

Comments: _____

Manager Signature:	Date:
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