

Form A

JHSC Worker Member Selection Form

AUTHORITY	
Date (dd/mm/yyyy)	Approved by:
ELECTION PROCESS	
<p>The Business must install a joint health and safety committee (“JHSC”) in accordance with the requirements set out in the Ontario <i>Occupational Health and Safety Act</i>, R.S.O. 1990, c. O.1. The JHSC must consist of at least one (1) worker member who does not exercise managerial functions. To be elected as a worker member, a worker must receive the majority of the votes cast. If more than one (1) worker member is required, then the leading vote getters will be appointed in descending order until the requisite number of worker members properly elected in accordance with our policies. For instance, if two (2) JHSC worker members are required, then the top two (2) vote getters shall be elected. If three (3) JHSC worker members are required, then the top three (3) vote getters shall be elected, and so on. Eligible workers must nominate the requisite number of nominees based on the number of open worker seats, as listed below – i.e., if there is a single open seat, then one (1) eligible worker must be nominated; if there are two (2) seats available, then two (2) eligible workers must be nominated, and so on.</p> <p>Only workers who do not exercise managerial functions are eligible to vote and to sit as a worker member on the JHSC. An eligible worker may nominate him or herself. If only one (1) person volunteers for a vacant seat, then they will nevertheless need to be formally elected by the remaining workers via a vote.</p> <p>The election date is (dd/mm/yyyy):</p> <p>Voting will close at (hh:mm):</p> <p>Total number of workers regularly employed as of the election date:</p> <p>Number of worker member seats that must be filled:</p>	
NOMINATION	
Name of eligible worker(s) nominated	Name of worker making the nomination(s)
1.	
2.	
3.	
4.	
Date (dd/mm/yyyy)	Signature

Form B

JHSC Member List Form

AUTHORITY	
Date (9/1/2019)	Approved by: Mike Bertiaume
JOINT HEALTH AND SAFETY COMMITTEE	
An election was held on (dd/mm/yyyy)	Location of the election:
The following workers have been elected as worker members:	The following individuals have been appointed as employer members
Full name: Patrick Ferguson Work location: Head Office Phone number: 613 342 3121 Email: Certified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification: 2011	Full name: Darrin Allport Work location: Head Office Phone number: 613 802 2668 Email: darrin@steeleconstruction.on.ca Certified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification: October 28, 2019
Full name: Work location: Phone number: Email: Certified: <input type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification:	Full name: Work location: Phone number: Email: Certified: <input type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification:
Full name: Work location: Phone number: Email: Certified: <input type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification:	Full name: Work location: Phone number: Email: Certified: <input type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification:
Full name: Work location: Phone number: Email: Certified: <input type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification:	Full name: Work location: Phone number: Email: Certified: <input type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification:

Form C

Certification Training Log

NAME (print clearly)	TRAINING TYPE (print clearly)	CERTIFICATE OR TICKET #	EXPIRY DATE: (dd/mm/yyyy)	WORKER SIGNATURE (initial)

Form D

JHSC Minutes Form

MEETING DETAILS	
Date (dd/mm/yyyy)	Location
Individuals present	Worker or employer member?
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Full name:	Employer <input type="checkbox"/> Worker <input type="checkbox"/>
Name of person keeping minutes	Signature
Worker member co-chair	Employer member co-chair

MINUTES

MINUTES

Empty area for minutes content.

Form D

MINUTES

Blank area for minutes.

Form D

MINUTES

Form E

JHSC Worker Member Inspection Schedule

Year:	Signature of Designated Worker Inspector:																														Date:	
	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
January																																
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October																																
November																																
December																																

Form F

Workplace Inspection Details

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Worker common area(s)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Ensure that the following information is posted in the Business’s common area(s):</p> <ol style="list-style-type: none"> 1. Copies of the OHSA, the Ontario Ministry of Labour’s current “Health & Safety at work: Prevention Starts Here” poster and of the Business’s Health and Safety Program and General Policies; 2. The name(s) and work location(s) of the Business’s JHSC members; 3. The names and work locations of all trained first aid providers and copies of their completed training certificates; and 4. Emergency contact numbers and a copy of the Business’s emergency response plan. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Work surfaces	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all work surfaces within the workplace and:</p> <ol style="list-style-type: none"> 1. Ensure that all work surfaces are clear and free of debris; 2. Ensure that all work surfaces are free of any dangerous items and materials, such as knives, sharp tools and dangerous chemicals; and 3. Ensure that there are no sharp edges or protrusions on any work surfaces that could pose a risk of harm to a worker. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Storage rooms	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all storage rooms in the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. Any and all shelves are securely fastened in place and properly anchored against the walls and/or the floors; 2. All chemicals, detergents and other poisonous or hazardous substances are stored separately from foodstuffs; 3. All heavy items and objects are stored between shoulder and knee height; 4. No shelves or any other storage units are overloaded; 5. That the floor space is free of obstructions; and that 6. Passages and entryways are not blocked. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Refrigeration units	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all refrigeration units in the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. There is no mould inside the unit(s); 2. The interior and exterior surfaces of the unit(s) are cleaned and wiped down; 3. There is no build-up of frost and that the unit(s) is/are functioning normally; and 4. If inspecting a walk-in unit, then, in addition to the foregoing, ensure that: <ol style="list-style-type: none"> a. There are no spills on the floor, and if so, wipe or mop them up immediately; b. The floorspace is free of any obstructions or obstacles; and that c. There is adequate lighting. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Washrooms	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect all washrooms in the workplace and ensure that: 1. All soap and/or hand sanitizer dispensers are fully stocked and working properly; 2. All toilets, urinals and door locks are functioning properly; 3. Toilet paper and paper towel dispensers are fully stocked and working properly; 4. Any hand drying machines are working properly; 5. Floor surfaces are mopped and dried, and if necessary, markers are being used to indicate any wet surface areas; and that 6. Floor surfaces are free of any obstructions or obstacles.		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
HVAC and ventilation systems	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect all HVAC, heating, air conditioning and ventilation systems in the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. There are no air quality issues; 2. That all filters are clean, and if not, that they are replaced in accordance with applicable manufacturers’ specifications, or alternatively, best practices; and that 3. All ventilation ducts are free and clear of any obstructions or obstacles. <p>If necessary, contact the applicable manufacturer or technician to ensure that proper maintenance is being performed by the Business.</p>		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Noise	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and interact with workers to ensure that:</p> <ol style="list-style-type: none"> 1. There are no noise control issues; 2. You are able to speak comfortably with co-workers without having to raise your voice; 3. There are no sources of eminently loud noises in the immediate vicinity of workers, and if so, ensure that all workers are using proper personal protective equipment; and 4. If any worker has a noise complaint (e.g., the need to yell to be heard, ringing ears, etc.), that it is properly documented and brought to the attention of management. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Equipment storage maintenance (e.g., machinery, ladders, PPE, batteries, dollies, straps, etc.)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. All workplace equipment, machinery and personal protective equipment is in proper working condition and is being stored properly, in the correct location(s) and in accordance with manufacturers’ specifications, if applicable, as well as any applicable workplace policies; 2. All equipment that is required to be locked and guarded is, in fact, locked and guarded according to applicable safety specifications and workplace policies; and that 3. All equipment, machinery and personal protective equipment is being maintained according to all applicable manufacturers’ specifications and workplace policies, and if necessary, ensure that proper maintenance is scheduled. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Vehicles and heavy machinery (e.g., trucks, cars, forklifts, etc.)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that all vehicles and items of heavy machinery:</p> <ol style="list-style-type: none"> 1. Are in proper working condition by, among other things, conducting walk-arounds and visual inspections of all surfaces, mechanisms, dials and gauges and looking for defects such as defective locks, defective steering mechanisms, damaged tires, significant dents or surface cracks, damaged mirrors, damaged windshields or damaged headlights or brake lights; 2. Are not leaking fluid of any kind, such as oil, gas or brake fluid; and 3. Have been serviced, inspected and maintained according to manufacturers’ specifications and all applicable workplace policies, and if not, immediately notify management. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Training logs	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect the workplace and ensure that: 1. All necessary training has been completed (e.g., basic awareness training, JHSC certified training, etc.); 2. All training logs have been properly completed and filled out; and that 3. All training logs are up to date.		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Material handling	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. Proper equipment is being used to move or carry material – e.g., that dollies or carts are being used to carry heavy, dangerous, cumbersome and/or awkward items; and that 2. Individuals moving heavy, dangerous, cumbersome and/or awkward items are using proper personal protective equipment and are receiving appropriate assistance. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Fire safety	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> (if you check “no”, please explain why the inspection was not done) <u>Guidelines:</u> Physically inspect the workplace and ensure that: 1. All portable fire extinguishers are secured, unobstructed and have proper maintenance and service tags attached to them; 2. All fire exits are clearly marked, illuminated and free of any obstructions or obstacles; and that 3. All sprinkler heads are clearly visible and free of any obstructions or obstacles, such as stacks of boxes or other equipment.		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Floors and walkways	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. All floorspaces are dry, clean and free of any dangerous obstructions, obstacles or obvious tripping hazards, such as boxes, drawers, trash or storage bins and wires; 2. All floor drains are exposed, clean and unobstructed; and that 3. Any unavoidable or temporary hazards, such as electrical wires, safety equipment or wet surfaces (such as recently mopped floorspaces) are clearly marked, such as through the use of orange hazard cones. 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
Chemicals and hazardous materials (e.g., chlorine bleach, needles, units of compressed gas, etc.)	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. All chemicals and other hazardous materials and dangerous substances are stored in a secure location in accordance with all applicable specifications, laws and workplace policies; 2. That all door locks and other safety features installed to secure chemicals and other hazardous materials and dangerous substances are working properly and have not been tampered with; and that 3. All chemicals and other hazardous materials and dangerous substances are properly labelled in accordance with the OHS Act and all of the regulations thereto, as amended from time to time (including R.R.O. 1990, Ontario Regulation 860, “Workplace Hazardous Materials Information System”). 		

Form F

AREA INSPECTED Date completed (dd/mm/yyyy):	DETAILS OF INSPECTION	RECOMMENDATIONS
First aid and emergency plans	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
<p>Completed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(if you check “no”, please explain why the inspection was not done)</p> <p><u>Guidelines:</u> Physically inspect the workplace and ensure that:</p> <ol style="list-style-type: none"> 1. Trained first aid personnel are in place; 2. All trained first aid personnel have up-to-date certification; 3. All first aid stations are in proper working order and that all first aid kits are properly stocked in accordance with all legal requirements and all applicable workplace policies; 4. Any and all workplace incidents that required first aid have been properly recorded and logged; 5. All emergency showers and wash stations are in proper working order; and that 6. The Business’s emergency response plan is up to date and posted in the correct location. 		

Form F

AREA INSPECTED	DETAILS OF INSPECTION	RECOMMENDATIONS
Date completed (dd/mm/yyyy):		
Other (please specify):	Provide the details of your inspection(s) and list all of your concerns, if any	Recommended corrective action(s), if any, based on your inspection(s)
First name of designated worker member	Last name of designated worker member	
Date (dd/mm/yyyy)	Signature	
By signing above, I confirm that the contents of this report are true and accurate to the best of my knowledge.		

Form G

JHSC Recommendation/Report

RECOMMENDATION/REPORT DETAILS		
No.	Recommendation	Reasons, Explanation and Facts

Form G

RECOMMENDATION/REPORT DETAILS		
No.	Recommendation	Reasons, Explanation and Facts

Form G

RECOMMENDATION/REPORT DETAILS			
No.	Recommendation	Reasons, Explanation and Facts	
First name of member		Last name of member	
Date (dd/mm/yyyy)	Co-chair?	Unanimous?	Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Form H

21-Day Recommendation Response Form

RECOMMENDATION/REPORT DETAILS					
No.	Recommendation	Date Received (dd/mm/yyyy)	Agree	Disagree	Explanation for Disagreement
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Form H

RECOMMENDATION/REPORT DETAILS					
No.	Recommendation	Date Received (dd/mm/yyyy)	Agree	Disagree	Explanation for Disagreement
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Form H

RECOMMENDATION/REPORT DETAILS					
No.	Recommendation	Date Received (dd/mm/yyyy)	Agree	Disagree	Explanation for Disagreement
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
First Name of the Business's representative			Last name of the Business's representative		
Date (dd/mm/yyyy)			Signature		

Form H