

Richard D. Steele Construction (1979) Ltd.

**Joint Health and Safety
Committee Policy**

Supported by



PENINSULA

Richard D. Steele Construction (1979) Ltd.

1.0 POLICY STATEMENT

Richard D. Steele Construction 1979 Ltd. (the “Business”) is committed to complying with all of the provisions contained in Ontario *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1, any successor legislation, and the regulations thereto, as they are amended from time to time (collectively, the “OHSA” or the “Act”), and in particular, section nine (9) of the OHSA (Joint health and safety committee). This policy is intended to supplement the Business’s Health and Safety Program and General Policies manual.

2.0 GENERAL

The Business shall have a joint health and safety committee (“JHSC”) in place at all times when it regularly employs more than 19 workers, as required by the OHSA.

3.0 DEFINITIONS

For the purposes of this policy, the Business adopts the following definitions contained in the OHSA and followed by the Ontario Ministry of Labour. More specifically:

“Regularly employed”	Means a worker who fills a position within the Business’s workplace for more than three (3) months, or a worker who is expected to fill a position within the Business’s workplace for more than three (3) months.
“Worker”	Includes any person who performs work or supplies services to the Business for monetary compensation.
“Workplace”	Means any land, premises, location or thing at, upon, in or near which a worker works.

4.0 COMPOSITION AND FUNCTION OF THE JHSC

4.1 NUMBER OF JHSC MEMBERS REQUIRED

A JHSC shall consist of:

1. At least two (2) persons if the Business regularly employs less than 50 workers (and more than 19 workers); and
2. At least four (4) persons (or such greater number of people as may be required by the OHSA) if the Business regularly employs 50 or more workers.

4.2 MANDATORY MEMBER DISTRIBUTION

At least half of the members of the JHSC must be workers within the Business’s workplace who **do not** exercise managerial functions.

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The members of the JHSC who represent workers shall be selected by the workers they are to represent in accordance with the election procedure set out in Section 6.0 below (Selecting Worker Members) (collectively, “worker members”). The Business shall select the remaining members of the JHSC from among persons who exercise managerial functions within the Business, and preferably, within the Business’s workplace (collectively, “employer members”).

4.3 MEMBERS MUST BE EMPLOYED BY THE BUSINESS

A person must be employed by the Business in order to be eligible to sit on the JHSC. Thus, a member shall cease to be a member of the JHSC as of the date he or she ceases to perform services for the Business for any reason whatsoever – i.e., whether voluntarily or involuntarily and regardless of whether the termination is with or without cause (“Date of Termination”). For example, if a sitting member is dismissed by the Company on a without cause basis, the Date of Termination shall not be the last date of the member’s notice period as defined in his or her contract of employment or at common law, but rather, the last day that the member performs services for the Business.

4.4 CO-CHAIRING REQUIREMENT

Two (2) members of the JHSC shall co-chair the committee, one (1) of whom must be a worker member and the other of whom must be an employer member.

4.5 CERTIFICATION REQUIREMENT

Unless otherwise required by the OHSA, the Business shall ensure that at least one (1) worker member and at least one (1) employer member are certified within the meaning of sections seven (7) and 9(12) of the OHSA.

If none of the JHSC worker members are certified, then the workers who selected the JHSC worker members shall select from among them one (1) or more members who are to become certified.

4.6 DESIGNATION OF CERTIFIED MEMBERS

If the JHSC has more than one (1) certified worker member, then the workers who selected the JHSC worker members shall designate one (1) or more certified worker member(s) to exclusively exercise the rights and carry out the duties required of certified worker members under the OHSA.

Similarly, if the JHSC has more than one (1) certified employer member, then the Business shall designate one (1) or more certified employer member(s) to exclusively exercise the rights and carry out the duties required of certified employer members under the OHSA.

If a certified member’s employment ceases for any reason – i.e., whether voluntarily or involuntarily and regardless of whether the termination is with or without cause – then the Business shall, as soon as reasonably possible, ensure that the certification requirement set out above (and specifically mandated by section 9(12) of the OHSA) is met, including, if necessary, appointing a new employer member if the departing certified member is an employer member, or alternatively, holding an election for the

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appointment of a replacement certified worker member in accordance with the procedure set out in Section 6.0 below (Selecting Worker Members) if the departing certified member is a worker member. If the newly appointed member is not certified, then the Business shall take immediate steps to ensure that the new member completes certified training as soon as reasonably possible. This process shall be repeated as necessary until the Business is fully compliant with the OHSA.

5.0 SELECTING EMPLOYER MEMBERS

The Business shall select and appoint the necessary number of employer members to sit on the JHSC. The Business shall select the members from among persons who exercise managerial functions within the Business, and preferably, within the Business's workplace.

6.0 SELECTING WORKER MEMBERS

JHSC worker members shall be selected by the workers they are to represent. Worker members cannot exercise managerial functions within the Business. Worker members shall be appointed in accordance with the following process:

1. The Business shall notify its workers in writing that JHSC worker members must be selected by posting and distributing a copy of the JHSC Worker Member Selection **Form A** found at the end of this document. The posted form shall include the date on which the worker election shall close and the worker votes counted. All workers in the Business's workplace who do not exercise managerial functions are eligible to participate (but only employees are eligible to sit on the JHSC).
2. Every worker who does not exercise managerial functions must complete the JHSC Worker Member Selection Form by writing down the name(s) of the person(s) the worker wishes to elect to the JHSC based on the total number of worker member vacancies listed in the posted form. For example, if there are two (2) vacancies, then the worker must nominate two (2) eligible workers. The worker(s) nominated also must not exercise managerial functions. Once done, the worker must submit his or her completed Worker Member Selection Form to the Business for counting.
3. An eligible worker may nominate him or herself or nominate another eligible worker to sit as a JHSC worker member.
4. The Business's eligible workers shall elect the necessary number of worker members depending on the total worker headcount as of the election date, as required by the OHSA, and as specifically noted in the JHSC Worker Selection Form A posted by the Business. For instance, and as explained in paragraph two (2) above, if the Business is required to install a single worker member based on its current total worker headcount, then each eligible voting worker must nominate a single eligible worker. If the Business is required to install two (2) worker members, then each eligible voting worker must nominate two (2) eligible workers, and so on.

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5. A worker cannot nominate a person who has ceased to be employed at the Business's workplace. For the purposes of this section, a worker "ceases to be employed" as of the date he or she ceases to perform services for the Business for any reason whatsoever – i.e., whether voluntarily or involuntarily and regardless of whether the termination is with or without cause ("Date of Termination"). For example, if a worker is dismissed by the Company on a without cause basis, the Date of Termination shall not be the last date of the worker's notice period as defined in his or her contract of employment or at common law, but rather, the last day that the worker performs services for the Business.
6. Where a single worker member seat must be filled, the nominee with the highest number of votes shall be installed as the Business's JHSC worker member. If only one eligible (1) worker volunteers, then they will nevertheless need to be formally elected as the worker member by the remaining eligible workers via a vote.
7. Where multiple worker members must be appointed, the seats shall be filled based on the total nominee vote count in descending order – i.e., the top vote getters will be appointed in descending order. For example, if two (2) worker member seats must be filled, then the nominee with the highest number of votes shall be appointed to fill the first seat and the nominee with the second highest number of votes shall be appointed to fill the second seat.
8. In the event of a tie for any vacant or available JHSC worker member position, the Business shall first ensure that all eligible workers have submitted a properly completed Worker Member Selection Form. If any eligible workers have not participated, then they will be asked to do so.
9. Once all eligible workers have been accounted for and afforded an opportunity to vote, a recount of all of the submitted Worker Member Selection forms shall be completed. If a winner is not determined for each vacant or available seat, then this process shall be repeated as often and as promptly as possible until the requisite number of worker members are properly elected and appointed in accordance with this policy and the OHSA.
10. Where multiple JHSC worker member seats must be filled and only one eligible (1) worker is nominated to be a worker member, or if only one (1) eligible worker volunteers to be a worker member, then the foregoing election process shall be repeated until the requisite number of worker members are elected and appointed in accordance with this policy and the OHSA. Prior to doing so, the Business shall communicate to its workers the need for multiple worker members as set out in the OHSA.
11. Similarly, in the event that a non-eligible worker is elected to fill a JHSC worker member seat, the Business shall notify its workers that the candidate is ineligible; inform its workers of the eligibility requirements for a nominee; and then repeat the election process until an eligible worker is properly elected and appointed to fill the seat. In the event that non-eligible

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workers are elected to fill multiple worker member seats, the election process set out above shall be repeated as necessary until the requisite number of workers members are elected and appointed in accordance with this policy and the OHSA.

Following the successful completion of the applicable election process, the name(s), title(s), work location(s) and contact information of the elected JHSC worker member(s) and the appointed JHSC employer member(s) shall be listed in the JHSC Member List **Form B** found at the end of this document. The completed form shall then be posted in a conspicuous location in the workplace.

7.0 CERTIFIED TRAINING RECORDS

JHSC members who must be certified shall be provided with certified training as required by the OHSA. The Business shall record the dates on which all JHSC members requiring certified training completed their training in the Certified Training Log **Form C** found at the end of this document. The dates on which each certified JHSC member completed their certified training must also be listed in the JHSC Member List Form B that is posted in the workplace.

A JHSC member shall be deemed to be at work while fulfilling the requirements for becoming a certified JHSC member and the Business shall pay the member for the time spent at the member's regular rate of pay, subject to applicable employment standards legislation.

8.0 DUTIES AND RESPONSIBILITIES OF THE JHSC

The duties and responsibilities of the JHSC are specifically set out in the OHSA. It is the function of the JHSC and it has the power to:

1. Identify situations that may be a source of danger or hazard to workers;
2. Make recommendations to the Business and its workers for the improvement of the health and safety of the workers;
3. Recommend to the Business and its workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers;
4. Obtain information from the Business regarding the identification of potential or existing hazards of materials, processes or equipment and health and safety experience, work practices and standards in similar or other industries of which the Business has knowledge;
5. Obtain information from the Business concerning the conducting or taking of tests of any equipment, machine, device, article, thing, material or biological, chemical or physical agent in or about the Business's workplace for the purposes of occupational health and safety; and

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6. Be consulted about, and have a designated worker member present at the beginning of, testing referred to in paragraph five (5) above conducted in or about the workplace if the designated worker member believes his or her presence is required to ensure that valid testing procedures are used or to ensure that the test results are valid.

9.0 WORKER REPRESENTATION DURING WORKPLACE TESTING

The JHSC worker members shall designate one (1) of them who shall be entitled to be present at the beginning of any testing referred to in paragraphs five (5) and six (6) in Section 8.0 above (Duties and Responsibilities of the JHSC).

10.0 MANDATORY MEETINGS AND RECORDS OF PROCEEDINGS

The JHSC shall meet **at least** once every three (3) months at the Business's workplace, unless required to meet more frequently by order of the Ontario Ministry of Labour. The JHSC shall maintain and keep minutes of its proceedings and make those records available for examination and review by an Ontario Ministry of Labour inspector. **All** JHSC proceedings shall be recorded using the JHSC Minutes **Form D** found at the end of this document – i.e., a Form D must be completed and filed during and following **every** JHSC meeting.

11.0 REGULAR WORKPLACE INSPECTIONS

The JHSC worker members shall designate one (1) of them to conduct physical inspections of the Business's workplace. If possible, the designated worker member shall be certified. However, the JHSC members are not required to designate the same member to perform all inspections or to perform all of a particular inspection.

Unless otherwise required by the OHS Act or by an Ontario Ministry of Labour ("MOL") inspector, the designated worker member shall inspect the physical condition of the Business's workplace at least once a month, or if it is not practical to inspect the Business's workplace once a month, the designated worker member shall inspect the Business's workplace at least once a year, while inspecting at least a part of the workplace every month (collectively, "Inspections").

Inspections shall be carried out according to a schedule established by the JHSC. The schedule shall be listed in the JHSC Worker Member Inspection Schedule **Form E** found at the end of this document and post it in a conspicuous location in the workplace. The Business and its workers shall provide the designated worker with any information that he or she requires for the purposes of carrying out Inspections.

In completing his or her scheduled Inspections, the designated worker shall complete the Workplace Inspection Details **Form F** found at the end of this document and submit the completed Form to the JHSC. The designated worker shall inform the JHSC of any situations that may be a source of danger or hazard to workers by listing his or her concerns in the completed Form F. The JHSC shall consider such information within a reasonable period of time and make any necessary recommendations to the Business by following the procedure set out in Section 14.0 below (Procedure Regarding JHSC Recommendations).

12.0 PROCEDURE REGARDING CRITICAL WORKPLACE INJURIES

The JHSC worker members shall designate one or more of them to investigate cases where a worker is killed or critically injured at the Business's workplace from any cause. If there is only one (1) worker member, then that member will be responsible for completing the investigative and reporting requirements set out herein.

If a person is killed or critically injured in the Business's workplace from any cause, the designated worker member(s) will, subject to section 51(2) of the OHS Act (preserving the accident scene for investigation by the authorities, including the MOL), inspect the place where the accident occurred, as well as any machine, device or thing, and shall report their findings directly to the MOL and to the JHSC.

13.0 PROCEDURE REGARDING WORK REFUSALS

The JHSC worker members shall designate one (1) or more of them to be present for an investigation of a work refusal. If there is only one (1) worker member, then that member will be responsible for completing the investigative and reporting requirements set out herein.

If the Business is required to investigate a worker's refusal to perform work on the basis that the worker believes it is unsafe, the designated worker member(s) must be present for the investigation and shall attend without delay.

14.0 PROCEDURE REGARDING JHSC RECOMMENDATIONS

The JHSC shall submit any and all recommendations or reports to the Business using the JHSC Recommendation/Report **Form G** found at the end of this document. The completed form must include a detailed explanation of the JHSC's recommendation(s) or report(s), the reason(s) for the recommendation(s) or report(s) and a summary of the relevant facts underlying the JHSC's recommendation(s) or report(s).

If the members of the JHSC fail to reach a consensus about making recommendations or reports to the Business after attempting in good faith to do so, either co-chair of the committee has the power to make written recommendations directly to the Business by submitting a completed Form G.

Upon receiving a completed JHSC Recommendation/Report Form G from the JHSC, or from a JHSC co-chair, as the case may be, the Business shall immediately date stamp the form. The Business must then respond to the JHSC ***within 21 calendar days***. The Business's response ***must be in writing and must:***

1. Contain a timetable for implementing the recommendations of the JHSC that the Business agrees with; ***and***
2. If the Business does not accept any of the recommendations made by the JHSC, provide reasons explaining why the Business disagrees with those recommendations.

The Business's response must be delivered to the JHSC using the 21-Day Recommendation Response **Form H** found at the end of this document.

15.0 ENTITLEMENT TO TIME FROM WORK AND PAY

A JHSC member is entitled to one (1) hour or such longer period of time as the JHSC determines is necessary to prepare for each JHSC meeting. A JHSC member is also entitled to such time as is necessary to attend JHSC meetings and to perform any other duties required under this policy and under the OHSA.

A JHSC member shall be deemed to be at work during the time(s) that he or she is performing JHSC related tasks, as described above, and as expressly set out in this policy and in the OHSA. The Business shall pay a JHSC member for all JHSC related work at the member's regular rate of pay, subject to applicable employment standards legislation.

16.0 PROCEDURE WHEN A MEMBER IS ABSENT FROM WORK

In the event that a JHSC member is absent from work such that he or she is unable to carry out their duties in accordance with this policy and the OHSA – e.g., due to an illness, personal emergency, a leave of absence, etc. – then the Business shall select an interim replacement member if the absent member is an employer member. If the absent member is a worker member, then an interim replacement worker member shall be elected by following the election procedure set out in Section 6.0 above (Selecting Worker Members). The interim replacement member shall assume all of the duties, powers and responsibilities set out in this policy and the OHSA until the incumbent member returns to the workplace. However, if the incumbent member does not return to work, then the interim member shall permanently replace him or her on the JHSC. This process shall be repeated as necessary.

17.0 PROCEDURE WHEN A MEMBER'S EMPLOYMENT ENDS

If a JHSC member ceases to be employed by the Business for any reason whatsoever – i.e., whether voluntarily or involuntarily and regardless of whether the termination is with or without cause – then the Business shall select a replacement member if the departed member was an employer member. If the departed JHSC member was a worker member, then a replacement worker member shall be elected by following the election procedure set out in Section 6.0 above (Selecting Worker Members). This process shall be repeated as necessary.

For the purposes of this section, a worker “ceases to be employed” as of the date he or she ceases to perform services for the Business for any reason whatsoever – i.e., whether voluntarily or involuntarily and regardless of whether the termination is with or without cause (“Date of Termination”). For example, if a worker is dismissed by the Company on a without cause basis, the Date of Termination shall not be the last date of the worker's notice period as defined in his or her contract of employment or at common law, but rather, the last day that the worker performs services for the Business.

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 (dd/mm/yyyy)	Approved by:
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: Main Office Phone number: 613 342 3121 Email: Certified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not required Date of certification: 2014	Full name: Darrin Allport Work location: Main 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:

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

MINUTES

Empty area for minutes content.

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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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)
<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 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		