

A woman with curly hair, wearing a blue and white checkered sleeveless shirt, red pants, and black rubber boots, is walking through a large barn. She is holding a long-handled pitchfork in her right hand and a metal bucket in her left. The barn has a high wooden ceiling with skylights, and rows of black and white cows are visible in the background.

# ALBERTA FarmSafe PLAN

– A SAFETY PLANNING WORKBOOK FOR FARMS –

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*Disclaimer – These documents have been designed to assist the farm with a quick introduction to safety at the farm gate. To comply with legislation, farm management will need to evaluate legislation in your local jurisdiction and seek the advice of a safety professional to help you meet regulatory requirements that apply to your specific farming operation.*

# HEALTH AND SAFETY POLICY

## My Commitment to You

- ☐ I am committed to providing a health and safe work environment, which means the protection and maintenance of health and safety, including physical, psychological, and social wellbeing, of everyone who lives, works on or visits the farm.
- ☐ I recognize the duties, rights and responsibilities of myself and all workers and am committed to ensure that all people on my farm are aware of these and other conditions necessary to protect their own and other's health and safety.
- ☐ Workers and at all levels will be familiar with the requirements of the Alberta Occupational Health and Safety legislation as it relates to their work.
- ☐ Workers at all levels are responsible and accountable for the company's health and safety. Active participation by everyone, at all times, and in every job is necessary for the health and safety excellence this company expects
- ☐ I am committed to establishing and maintaining a FarmSafe plan to ensure the protection of everyone on my farm.
- ☐ I am committed to supporting the practice of safe work procedures through the use of adequately guarded equipment, programs and training.

### ☐ I have adopted the following safety philosophies:

- All people have a right to work in a safe and healthy workplace without fear of injury or illness, or threats of violence or intimidation.
- All people have a right to refuse unsafe work they believe may be injurious to themselves or other workers.
- All people have a right to know what hazards are present in the materials or processes they have to work with.
- Health and safety is everyone's responsibility and can only be achieved through everyone's participation.
- Working in a safe and healthy way is a condition of employment.
- Performing any work while under the influence of prescription medications, over-the-counter drugs, alcohol or other substances is not permitted. Modified work options are available.
- All hazards will be identified and controlled through regular inspections.
- Health and safety education will be consistent and ongoing.
- Health and safety meetings will be held regularly with worker input required.
- All incidents and dangerous occurrences will be reported and investigated.
- All employers, supervisors, workers, volunteers, contractors, self-employed persons and suppliers must provide evidence of safe and healthy practices in their dealings with

[Farm Name]

- Health and safety practices must work with other programs, such as Food Safety, Environmental Farm Planning and Quality Assurance.

The health and safety of every person on \_\_\_\_\_ [Farm Name] is important. To help you better understand the principles of health and safety, you must on a yearly basis, read, sign and date the FarmSafe Plan binder and ask for clarification of any aspects of the binder or policy manual that you do not understand. \*The information in this policy does not take precedence over applicable legislation

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

# ROLES AND RESPONSIBILITIES

## Farm Owner

- Know and follow best practices for health and safety.
- Provide a safe, healthy workplace.
- Provide and maintain safe buildings, work spaces, tools, machines and equipment.
- Set up an effective health and safety management system, including the creation of a joint health and safety committee or appointment of a worker health and safety representative, depending on the number of workers present on the farm.
- Provide close supervision where needed.
- Ensure supervisors are competent in their role.
- Train and support supervisors to meet health and safety standards.
- Ensure workers have the appropriate training to carry out their work.
- Identify hazards and train workers to recognize potential hazards.
- Ensure proper steps are taken to control risks.
- Ensure family members are as trained and competent as all other workers.
- Provide necessary personal protective equipment.
- Ensure routes, entrances and exits to buildings and work areas are safe.
- Ensure hazardous products and chemicals are moved, handled and used safely.
- Provide adequate first aid equipment and training for your operation.
- Inspect work areas regularly and make immediate corrections or adjustments before there's an incident.
- Understand and use proper emergency processes when needed.
- Involve everyone who may work for you in jointly managing health and safety issues on the farm. Workers often have direct knowledge and experience of the workplace hazards present.
- Give serious consideration to the issues workers raise about safety and health. If they know you value their opinions and ideas, they're more likely to be involved in health and safety on the farm.
- Discuss the hazards before workers begin the task. To maximize risk reduction, make sure you and your workers agree on the safest way to perform all hazardous jobs before anyone starts working, and establish and follow standard operating procedures (SOPs).
- Ensure visitors and non-working family members understand safety rules of the farm.
- Investigate and follow up on all incidents
- Ensure workers are not subject to or participate in violence or harassment.
- Ensure workers are aware of their health and safety rights and duties.

I have reviewed and understand the above roles and responsibilities.

---

Name

---

Signature

---

Date Completed

# ROLES AND RESPONSIBILITIES

## Farm Supervisor

- Ensure that you are competent to supervise workers under your supervision.
- Develop and implement measures to reduce, eliminate or control the identified risks.
- Develop procedures to respond to an emergency for each hazardous situation.
- Train workers about these hazards and the implemented control strategies.
- Include hazard identification and control strategies as part of the new-worker orientation process.
- Ensure worker compliance with standard operating procedures.
- Ensure that other persons who may enter the workplace are aware of hazards and follow proper preventative procedures.
- Co-operate with and assist the health and safety committee to plan and conduct workplace inspections.
- Conduct ongoing informal inspections of the work site to identify unsafe acts or conditions.
- Ensure prompt correction of the unsafe conditions noted by the inspections.
- Keep workers informed of inspection results and follow-up actions.
- Encourage and require workers to report safety concerns and hazards.
- Encourage and require workers to inspect their tools, equipment and personal protective equipment (PPE) prior to each use.
- Review and follow up on all incident reports.
- Investigate all incidents to determine the cause.
- Participate in the safety program review by taking the opportunity to review safe work practices and safety processes in your area.
- Update and revise any new work procedures or safe work practices as required.
- Report any unsafe or harmful worksite conditions to the employer.
- Ensure workers under their supervision are not subjected to violence or harassment.

I have reviewed and understand the above roles and responsibilities.

---

Name

---

Signature

---

Date Completed

# ROLES AND RESPONSIBILITIES

## Farm Worker

- Comply with safe work practices as directed or identified on the particular operation.
- Inform your supervisor of health and safety hazards encountered in the workplace.
- Work with your supervisor to resolve hazardous situations.
- Co-operate and assist the health and safety committee by participating in the planned inspection process.
- Inspect all tools, equipment and PPE immediately prior to use to ensure good working order.
- Take care to protect your health and safety so as not to harm yourself or those around you.
- Report all incidents to your immediate supervisor, including incidents:
  - > Resulting in medical attention.
  - > Resulting in a minor injury that does not require medical attention.
  - > Where no injury occurred but could have (dangerous occurrence).
  - > Resulting in environmental or property damage.
- Complete the required incident reporting form.
- Learn and follow safe work practices.
- Report any concerns to your supervisor regarding the safety program in the workplace.
- Participate in the safety program review process.
- Refrain from causing or participating in harassment or violence.
- Understand your health and safety rights as a worker.

I have reviewed and understand the above roles and responsibilities.

---

Name

---

Signature

---

Date Completed

# ROLES AND RESPONSIBILITIES

## Contracted Employer

- Comply with all applicable legislation and standards and accepted best work practices and procedures specific to the work performed.
- Confirm to the farm owner that you have Workers' Compensation Board coverage, if required for your sector, or if compulsory coverage is not required, then have proof of disability and liability insurance.
- Provide competent and sufficient supervision for the work performed under the contracted employer's control.
- Co-operate with the employer to identify and control the hazards associated with the work being performed.
- Co-operate with the employer to develop and implement a safety orientation for workers of both parties geared toward the hazards specific to the workplace and the work being undertaken.
- Give notice of intent to perform work where municipal or provincial law requires, such as work in close proximity to overhead power lines.
- Refrain from causing or participating in harassment or violence.
- Report any incident or unsafe act or condition to the employer.

I have reviewed and understand the above roles and responsibilities.

---

Name

---

Signature

---

Date Completed



# DISCIPLINARY POLICY FOR HEALTH & SAFETY INFRACTIONS

The safety of everyone on this farm is very important. Therefore, to prevent incidents or unsafe conditions, it is our policy to follow all health and safety practices and policies. Failure to follow established health and safety practices will result in the following sequence for the re-occurrence of unsafe acts or behaviours:

- Verbal Warning
- Written Warning
- Suspension
- Dismissal/Termination — immediate termination may result if the actions were serious, intentional or without regard for the health and/or safety of the worker or other persons.

## Disciplinary Action Form

Employee name: \_\_\_\_\_, you have been observed working in the following unsafe manner, contrary to safety requirements described in The Farm's Standard Operating Practices:

### List of unsafe behavior resulting in disciplinary action:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**This is your:** ☐ First ☐ Second ☐ Third ☐ Fourth infraction

**Action taken is:** \_\_\_\_\_

Sign-off - I have reviewed and understand the above roles and responsibilities.

_____ Employee Name	_____ Signature	_____ Date Completed
_____ Manager Name	_____ Signature	_____ Date Completed

# MANAGEMENT LEADERSHIP & ORGANIZATIONAL COMMITMENT

## Self Evaluation Checklist

A written general health and safety policy has been developed and signed by senior management.

	YES	NO
The policy is posted so that all workers can see it.	<input type="checkbox"/>	<input type="checkbox"/>
The policy has been communicated and workers are aware of the policy's content.	<input type="checkbox"/>	<input type="checkbox"/>
Written specific health and safety responsibilities have been developed for each of the following (if applicable):		
> Managers/senior managers	<input type="checkbox"/>	<input type="checkbox"/>
> Supervisors	<input type="checkbox"/>	<input type="checkbox"/>
> Workers	<input type="checkbox"/>	<input type="checkbox"/>
> Contracted employers	<input type="checkbox"/>	<input type="checkbox"/>
> Visitors	<input type="checkbox"/>	<input type="checkbox"/>
Workers understand their:		
> Specific health and safety responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
> Individual OHS rights (right to know, refuse, participate)	<input type="checkbox"/>	<input type="checkbox"/>
> Legislated health and safety responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
Managers and supervisors understand their responsibility for the health and safety of workers under their supervision.	<input type="checkbox"/>	<input type="checkbox"/>
Workers are evaluated on their individual health and safety performance	<input type="checkbox"/>	<input type="checkbox"/>
The organizations commitment to health and safety is communicated at least annually.		
Senior management tours the work site to reinforce health and safety practices and behaviours:		
> Every 6 months	<input type="checkbox"/>	<input type="checkbox"/>
> Yearly	<input type="checkbox"/>	<input type="checkbox"/>
Senior management participates in meetings where health and safety is discussed.	<input type="checkbox"/>	<input type="checkbox"/>
The relevant and current health and safety best practices information and legislation is readily available at the farm or ranch site.	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety resources needed (workers, equipment methods, materials and money) to implement and improve health and safety is provided.	<input type="checkbox"/>	<input type="checkbox"/>

# HAZARD ASSESSMENT POLICY

The purpose of the hazard assessment policy is to minimize the risk of loss, including from injury illness or property damage.

## Overview

\_\_\_\_\_ [Farm Name] is committed to an on-going process of hazard identification that identifies existing and potential hazards related to each job tasks. Identified hazards are evaluated according to risk, and control measures are implemented based on this evaluation. The hierarchy of controls is used to determine what controls are appropriate for the identified potential or existing hazard.

Every worker employed by \_\_\_\_\_ [Farm Name] is responsible for being actively involved in the on-going process of hazard identification. If you identify a hazard that has not already been addressed, record it on the Hazard ID Card and report it to your supervisor immediately. Contracted employers and self-employed persons are also responsible for on-going hazard assessments and will be required to be involved in [Farm Name]'s hazard assessment processes or demonstrate their own processes that meet or exceed [Farm Name]'s expectations.

## Frequency

Formal Hazard Assessments will be completed for each task. Management and supervisors are responsible for leading the Formal Hazard Assessment. Workers will be involved in the development, and/or review where necessary.

Field Level Hazard Assessments will be completed by workers on a per shift basis in situations where work tasks exist are being performed and no Formal Hazard Assessment has been developed. Examples may include when a new activity has been temporarily introduced or work is being conducted at a temporary mobile work site. Field Level Hazard Assessments will be repeated if changes are introduced.

## Training

Any Manager, Supervisor or Worker involved in the hazard assessment process, whether it be Formal or Field Level, will receive training. Those who are responsible for leading the process may receive in-depth training where required.

## Review

Formal Hazard Assessments will be reviewed, at a minimum, on an annual basis. Outside of this annual review, some other triggers for review will include:

- > When changes are made to the operation or work-related process
- > When a new work process is introduced
- > When site-specific hazard assessments identify a new hazard
- > When an inspection identifies a new hazard
- > When an investigation identifies a new hazard

\*The information in this policy does not take precedence over applicable legislation

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

FARM NAME:

JOBS

JOBS		ROLE / POSITION					
		1	2	3	4	5	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

FARM NAME:

JOBS		ROLE / POSITION					
		7	8	9	10	11	12
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							



FARM NAME:

2.3

# FORMAL HAZARD ASSESSMENT

TASK:

DATE OF INITIAL ASSESSMENT:

ASSESSMENT PERFORMED BY:

REVIEW/REVISED BY:

DATE:

Likelihood	Severity		
	Low 1	Medium 2	High 3
Unlikely - 1	1	2	3
Might Happen - 2	2	4	6
Highly Likely - 3	3	6	9

STEPS (list the sequence of activities for this task)		HAZARDS (list all existing and potential health and safety hazards)		SEVERITY	LIKELIHOOD	RISK RATING	CONTROLS (list the controls for each hazard: Elimination, Engineering, Administrative, Personal Protective Equipment or Combination)	DATE (date control was put in place)
				S	X	L = R		
1		1						
		2						
		3						
		4						
		5						

FARM NAME:

STEPS		HAZARDS		S X L = R			CONTROLS		DATE
2		1							
		2							
		3							
		4							
		5							
3		1							
		2							
		3							
		4							
		5							
4		1							
		2							
		3							
		4							
		5							

FARM NAME:

STEPS		HAZARDS		S X L = R			CONTROLS		DATE
5		1							
		2							
		3							
		4							
		5							
6		1							
		2							
		3							
		4							
		5							
7		1							
		2							
		3							
		4							
		5							

FARM NAME:

2.3

STEPS		HAZARDS		S X L = R			CONTROLS		DATE
8		1							
		2							
		3							
		4							
		5							
9		1							
		2							
		3							
		4							
		5							
10		1							
		2							
		3							
		4							
		5							

FARM NAME:

ACTION ITEMS (list any action items necessary as a result of an assessment. Keep action items on the assessment for at least 3 years following completion)		PERSON RESPONSIBLE	TARGET DATE	DATE COMPLETED	INITIAL
1					
2					
3					

This is a: ☐ Initial Assessment ☐ Annual Review ☐ Post-incident Review

Completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed



# FIELD LEVEL HAZARD ASSESSMENT

Date of Assessment:
Worker or crew:
Work to be done:
Task location:
Emergency meeting location/contact or work alone details:

**Consider the following hazards:**

- |                          |   |                            |
|--------------------------|---|----------------------------|
| 1. Equipment movement    | 8. Fire or explosion                        | 14. Violence/harassment    |
| 2. Bio-security concerns | 9. Confined Spaces                          | 15. Water bodies/lagoons   |
| 3. Livestock/animals     | 10. Uneven/slippery work surfaces or slopes | 16. Travel/commute         |
| 4. Overhead power-lines  | 11. Human interactions                      | 17. Elevated work surfaces |
| 5. Rotating equipment    | 12. Weather                                 | 18. Children at play       |
| 6. Loud noises           | 13. Distraction                             | 19. Bacteria, mold, waste  |
| 7. Chemicals             |   | 20. Other                  |

**Other safety concerns or notes:**

--

FARM NAME:

ITEM #	HAZARDS (List both health and safety hazards, consider surrounding area)	ELIMINATE/CONTROL PLAN (List the controls for each hazard: Eliminate, Engineering, Administrative, Personal Protective Equipment)

Print and sign below (include all persons affected)

NAME)	SIGNATURE

Repeat as often as necessary to account for newly introduced or changing hazards.

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

# HAZARD ASSESSMENT

## Self Evaluation Checklist

	YES	NO
A list of all jobs carried out at the work site has been developed.	<input type="checkbox"/>	<input type="checkbox"/>
A list of all tasks associated with each job has been developed.	<input type="checkbox"/>	<input type="checkbox"/>
The health and safety hazards associated with all tasks have been identified.	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety hazards have been evaluated according to risk.	<input type="checkbox"/>	<input type="checkbox"/>
Senior management is knowledgeable about the high hazard tasks related to the operation?	<input type="checkbox"/>	<input type="checkbox"/>
Managers and supervisors participate in the formal hazard assessment process.	<input type="checkbox"/>	<input type="checkbox"/>
Workers are involved in the development, and/or review of formal hazard assessments.	<input type="checkbox"/>	<input type="checkbox"/>
Key workers are trained in hazard identification and assessment, especially those who lead the process.	<input type="checkbox"/>	<input type="checkbox"/>
A written policy or and/or process to review formal hazard assessments has been developed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>
A written policy or and/or process for conducting field-level hazard assessments has been developed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>
Field-level hazard assessments involve affected workers.	<input type="checkbox"/>	<input type="checkbox"/>
A system for workers to report newly identified hazards is in place.	<input type="checkbox"/>	<input type="checkbox"/>

# STANDARD OPERATING PROCEDURE

GENERAL INFORMATION	
SOP number:	Written by:
Date effective:	Last modified:
Job task:	
Location:	Number of workers performing job:
PROCEDURE	
(Use the information collected in your hazard assessment to outline how to perform the job task safely and effectively.)	
STEP	HOW TO PERFORM:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

# CONTRACTED EMPLOYER AGREEMENT

## POLICY OVERVIEW

All workers, while working at \_\_\_\_\_ [Farm Name] must accept safety as a personal responsibility. Everyone is expected to develop and maintain a safe working environment by recognizing unsafe acts and unsafe conditions and taking the necessary corrective action. It is the responsibility of each worker to be aware of and follow all provincial laws dealing with occupational health and safety, at all times, and comply with the general intent of the laws as a minimum.

### Workers' Primary Responsibilities:

**1) ABILITY** Before proceeding with any task, employees shall satisfy themselves that they can perform the work without injury. If they are assigned work they feel unable to perform, they will alert the supervisor of the work to be done.

**2) UNDERSTANDING** Before starting a job, employees shall thoroughly understand their role and the safety rules that apply to the task to be performed.

**3) TAKING CHANCES** Under no circumstances shall safety be sacrificed for speed. Employees should not be pressured by lack of time, authority or any other reason. "Cut corners" are too often short-cuts to possible incidents, accidents and injuries. Workers shall be aware of changing conditions and always be careful to place themselves in a safe and secure position. Each worker is responsible for his/her own safety.

### Contracted Employer Checklist

Use this checklist to ensure you have discussed key safety topics with your contracted employer.

I have discussed and understand the following health and safety issues and will fulfill my responsibilities as a service provider to \_\_\_\_\_ [Farm Name] .

- |  |   |
|--|---|
| <input type="checkbox"/> Safety Orientation      | <input type="checkbox"/> Incident Notification                      |
| <input type="checkbox"/> WCB coverage            | <input type="checkbox"/> Lockout/Tagout                             |
| <input type="checkbox"/> Safety Responsibilities | <input type="checkbox"/> Housekeeping Expectations                  |
| <input type="checkbox"/> Site Specific Hazards   | <input type="checkbox"/> Personal Protective Equipment Expectations |
| <input type="checkbox"/> First Aid Facilities    | <input type="checkbox"/> General Safety Rules                       |
| <input type="checkbox"/> Communication Method    | <input type="checkbox"/> Refusal of Unsafe Work                     |
| <input type="checkbox"/> Emergency Response Plan |   |

\_\_\_\_\_  
Name

\_\_\_\_\_  
On behalf of (Service Provider)

\_\_\_\_\_  
Date Completed



# PREVENTATIVE MAINTENANCE POLICY

It is the policy of \_\_\_\_\_ [Farm Name] \_\_\_\_\_ that all tools and equipment are properly maintained in a manner that provides the lowest practicable levels of hazards in order to reduce the risk of injury, incident or loss.

\_\_\_\_\_ [Farm Name] \_\_\_\_\_ will maintain a program for regular inspection, maintenance and repair for tools, equipment, machinery and vehicles.

All workers, supervisors and managers are to follow the established preventative maintenance schedules. Any safety concerns regarding tools, equipment, machinery or vehicles needs to be reported as soon as possible. Workers are required to perform a visual inspection of all tools and equipment prior to use. Any tools or equipment found to be defective, broken or of a condition that will cause risk to the worker using it shall be taken out of service following established Lock Out Tag Out procedures.

All tools and equipment being used shall meet or exceed provincial and/or CSA or industry standards. The same preventative maintenance standards outlined in this policy will apply to tools or equipment provided by workers and contracted employers.

\*The information in this policy does not take precedence over applicable legislation.

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

FARM NAME:

3.4

## PREVENTATIVE MAINTENANCE SCHEDULE

	TOOL OR EQUIPMENT	INSPECTION OR MAINTENANCE REQUIRED?	SCHEDULE / MAINTENANCE INTERVAL / FREQUENCY	WHEN TO REPLACE / REPAIR	WHO IS RESPONSIBLE?	DATE COMPLETED / INITIALS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

# PREVENTION PLAN - WORKPLACE VIOLENCE & HARASSMENT

[Farm Name]

recognizes the potential for workplace violence, other aggressive behaviour, and harassment towards our employees. We are committed to providing a safe and healthy working environment, which includes measures to control threats of workplace violence and harassment. We do not tolerate behaviour that intimidates, threatens, harasses, abuses, injures, or otherwise victimizes our employees.

We will take appropriate steps to protect our employees from potential hazards associated with workplace violence and harassment. We are fully committed to providing employees with appropriate levels of protection from the hazards associated with workplace violence and harassment.

Acts of violence undermine these values and may also constitute offenses under Alberta OHS legislation or the Canadian Criminal Code.

Acts of violence and acts of harassment have the effect, or potential effect, of denying individual dignity and respect. This can detrimentally affect the working environment and interfere with or give disadvantages to employees of [Farm Name] in their participation in employment, education or other company related activities.

Acts of violence and acts of harassment by or against employees of [Farm Name] are considered serious offenses.

We are committed to investigating and following up on all reported acts of this nature. Such acts are strictly prohibited and will not be tolerated.

No employee will be subject to reprimand in any way when working within the scope of this policy or any of the company's procedures. This policy does not discourage an employee from exercising their rights, including the Alberta Human Rights Act.

## Purpose

The purpose of this policy is to express the commitment of [Farm Name] to provide a working environment free of violence and harassment and to promote understanding of the nature and effects of acts of violence and harassment in an effort to prevent such incidents.

This policy will provide a process for investigating and acting quickly, effectively, and appropriately on any instances of violence or instances of harassment that occur.

Individuals who engage in acts of violence or acts of harassment will be subject to discipline up to and including dismissal.

## Application

This policy applies to all employees of

[Farm Name]

including, but not limited to students, staff, visitors, volunteers, consultants and service and supply contracted employers and their employees, while engaged in activities related to their contracts with the company.

This policy applies to conduct in the working and learning environment, at company-related functions and during company-related work, or training sessions, conferences, and during travel.

[Farm Name]

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Emergency Response Plan outlines procedures for the appropriate response to specific emergencies. This policy is not intended to affect any other legal rights that individuals or the company might have related to acts of violence or acts of harassment.

## Principles

We will maintain a working and learning environment that is free from acts of violence or acts of harassment. Those subjected to acts of violence or acts of harassment are encouraged to seek any assistance they may require in order to pursue a complaint.

Management is expected to take prompt steps to act on their responsibility where instances of this nature may have occurred, whether or not a formal complaint has been made.

Victims and individuals exposed to acts of this nature will be encouraged to seek the assistance of a health care professional of their choice for treatment or referral.

First Aid will be provided, as required and when it is safe to do so. Workers' Compensation claim forms must be completed if there is an injury that requires the individual to seek medical attention.

All employees of \_\_\_\_\_ [Farm Name] have the right to make a complaint or enforce their rights under this policy. All employees have a right to make a complaint or enforce their rights under this policy without being penalized and without retaliation. Acts of retaliation against individuals making a complaint or against witnesses to a complaint are prohibited.

Individuals, who make bad faith allegations of violence or harassment, which are knowingly false, fraudulent or malicious, will be subject to discipline up to and including termination.

This policy is not intended to interfere with ordinary social or personal relationships or infringe upon the freedom of any employees.

#### **Definition - Violence**

Violence, whether at a work site or work related, means the threatened, attempted or actual conduct of a person that causes or is likely to cause physical or psychological injury or harm and includes domestic or sexual violence. Violence occurs when a person is abused, threatened, intimidated or assaulted in their working or learning environment. Violence takes many forms. It may be expressed verbally, through written or electronic communications (such as email), over the telephone, or through actual or threatened physical contact or gestures.

Workplace violence can be either internal (between two employees) or external (from a source outside of the organization). Examples of different types of workplace violence include:

*Examples include:*

- Shaking fists, throwing objects, or other threatening behaviours
- Bullying, making inappropriate gestures, or intimidating behaviour
- Verbally abusing in a manner that demeans, humiliates, or annoys, including swearing, insults, or condescending language
- Hitting, shoving, kicking, pushing, physical assault, or other physical attacks
- Vandalizing, committing theft, sexual assault, murdering or other criminal activities
- Physical altercations including attacks or any physical attempt to injure or harm a person (including punching, pushing, tripping or kicking)
- Aggression (insults, belittling, yelling)
- Threatening behaviours such as shaking a fist or acts of intimidation (shaking a fist or showing a weapon)
- Verbal or written threats which may indicate an intent to harm (can be written on paper, emailed, etc)
- Domestic violence
- Sexual violence

#### **Definition - Harassment**

Workplace harassment means any single incident or repeated incidents of objectionable or unwelcome conduct, comment, bullying or action by a person that the person knows, or ought reasonably to know, will or would cause offence or humiliation to a worker, or adversely affects the worker's health and safety. It includes conduct, comment, bullying or action because of race, religious beliefs, colour, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status, gender, gender identity, gender expression and sexual orientation, and a sexual solicitation or advance but excludes reasonable action taken by the employer or supervisor relating to the management and direction of workers or a work site is not workplace harassment.

*Examples include:*

- Name calling, spreading rumors, isolating an employee
- Deliberate mis-gendering (calling someone by a gender that they do not identify with as to imply that gender)

- All types of bullying (in person, print or electronic/'cyber'), both physical or psychological which ridicules or devalues the individual.
- Various types of intimidation

#### **Resolution - Direct Action**

Any person who believes they have been subject to an act of violence or harassment should inform the individual responsible that their behaviour is offensive and request that it cease. This should be done directly and may be with the assistance of a third party.

After the incident, the individual affected by the act should record (for their personal records) details of the incident, including date and time, nature of the behaviour, and names of any person(s) who may have witnessed the behaviour.

As soon as it is safe to do so, the act of violence or harassment should be reported to a supervisor.

#### **Confidentiality**

We will ensure that any inquiry made or informal or formal process taken pursuant to this policy is kept in confidence except as necessary to the investigation or to respond to any legal and/or administrative proceedings arising under this policy or otherwise. The policy is subject to the Freedom of Information and Protection of Privacy (FOIP) Act.

It is essential that the complainant, respondent, and all those involved in the informal or formal processes conducted under this policy also maintain confidentiality. Breaches of confidentiality will be subject to discipline.

#### **Education**

[Farm Name]

will provide training with regard to how to recognize acts of workplace violence and harassment, the policy and procedures in place to prevent and address those acts, and the appropriate response to incidents, and the procedures for reporting, investigating and documenting incidents of workplace violence and harassment.

This may include articles in employee handbooks, employee orientation sessions, presentations to employees, and with print material distributed.

#### **Reporting**

The Farm Manager is responsible for maintaining detailed reports of incidents of this type for a period of two years.

These reports will provide information on the nature of complaints, problem solving, mediation activities, investigations, and decisions involving remedies or discipline.

#### **Management Responsibilities**

- inform employees if they are working in an area with potential for violence or harassment to occur and identify any risks specific to that work area
- ensure appropriate procedures are in place to identify and eliminate or minimize the risk of these acts to our employees
- ensure employees are properly trained in recognizing and responding to workplace violence and harassment
- ensure that every reported incident of workplace violence or workplace harassment is properly investigated and analyzed, potential areas for improvement are identified, and corrective measures are implemented

#### **Employee Responsibilities**

- be informed on and follow workplace policies and procedures that are in place
- participate in prevention training programs
- immediately report all incidents to their direct supervisor or manager (\*Identify if incidents can be reported to someone other than the employee's direct supervisor)
- participate in work-site hazard assessments and the implementation of controls and procedures to eliminate or control workplace hazards

No employee shall be penalized, reprimanded, or in any way criticized when acting in good faith while following our policies and procedures when addressing workplace violence or workplace harassment situations.

\*The information in this policy does not take precedence over applicable legislation



**Procedures - Elimination or control**

Workplace violence and harassment hazards will be identified as part of the regular task based hazard assessment and analysis program.

Completed hazard assessment results will be communicated to new employees during the health & safety orientation and to all employees at regular staff and health & safety training meetings.

Employees will be involved in the regular review and revision of hazard assessments. Any incident of violence or harassment will prompt the review of a hazard assessment.

**How to Respond**

Addressing job-specific workplace hazards (handling cash, dealing with customers, handling collections, working alone).

Employees shall not put themselves at personal risk when responding to or assisting with an incident of workplace violence.

Employees will call for immediate assistance from co-workers or call 911 for assistance from police services.

**Reporting and Investigation**

All reported incidents of workplace violence or harassment shall be documented on the company Incident Investigation Report form. Investigations shall be strictly confidential.

All workplace violence or harassment shall be investigated and analyzed in accordance with the company Incident Investigation procedures.

The investigator/investigation team shall be responsible for determining of the underlying causes of the incident and recommending potential areas for improvement.

Employees shall not put themselves at personal risk when responding to or assisting with an incident of workplace violence.

All employees shall immediately report any and all incidents of workplace violence or harassment to their direct supervisor or manager.

Incidents can also be reported to someone other than the employee's direct supervisor.

**Employee Assistance**

All employees exposed to workplace violence or harassment shall be advised to consult with a health care professional for counseling.

**Employee Training**

All new employees will be trained in the company workplace violence and harassment policy and procedures during their initial health & safety orientation.

Attendance shall be mandatory for all employees including senior management and contracted employers as applicable.

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Name and Title of Most Senior Manager

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Signature

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Date Completed

# SUBSTANCE ABUSE & FITNESS FOR DUTY POLICY

*This policy should be adapted for use at a specific workplace by confirming the contents and editing as necessary to apply. Source: ohsinsider.com/wp-content/uploads/2017/11/Fitness-For-Duty-Substance-Abuse-Policy-ALBERTA-VERSION.pdf*

## Policy Statement

\_\_\_\_\_  
[Farm Name]  
recognizes that workers who use or are impaired by drugs or alcohol while performing work endanger not only themselves but their co-workers and others affected by the work. \_\_\_\_\_'s [Farm Name] policy with regard to such conduct is one of zero tolerance and workers must be aware that any violations they commit may result in disciplinary action up to and including termination.

However, \_\_\_\_\_ [Farm Name] also recognizes that addiction to drugs or alcohol is a serious health problem. The intent of this Policy is to accomplish the health and safety goal in a manner that is fair, humane and consistent with workers' accommodation rights under discrimination laws. The ultimate goal is not to punish but help workers identify and get help for their substance abuse issues so that they can return to work healthy, safe, happy and productive.

## Purpose

The objective of this substance abuse policy is to ensure that all workers report to work fit for duty. Adopting this Policy is a reasonably necessary measure that

\_\_\_\_\_  
[Farm Name]  
is required to take to ensure the health and safety of workers under Section 2(1) of the Alberta Occupational Health and Safety Act (OHS Act).

## Scope

This Policy applies to all individuals that work for \_\_\_\_\_ [Farm Name] including but not limited to full-time, part-time, temporary and contract workers, independent contractors, volunteers and workers of third party contractors or subcontractors that \_\_\_\_\_ [Farm Name] engages to perform work at its facilities.

## Contracted Employers/Workers

This Policy applies to individuals employed by contractors and subcontractors that perform work at \_\_\_\_\_ [Farm Name] location/s but is not intended to supersede or circumvent the provisions of any current collective agreements that those contractors or subcontractors have negotiated with their own workers and their unions. In the event of a conflict between this Policy and a contractor employment agreement or collective agreement covering the worker, the latter shall control.

## Definitions

For the purposes of this Policy:

"Drugs" includes:

- > Narcotics and illegal drugs;
- > Marijuana whether used or obtained legally or illegally; and
- > Legal prescription and over-the-counter medications and drugs that cause or have the potential to cause impairment and render a worker not fit for duty.

"Fit for duty" means a state of physical and mental that allows an individual to perform his or her job duties safely and effectively without impairment due to the use of or after-effects of alcohol, illegal drugs, legal medications or other health conditions.

"On duty" includes reporting for and performing work, at \_\_\_\_\_ [Farm Name] including:

- > Scheduled work;
- > Unscheduled call-in work;
- > Work performed on their facilities;
- > Work performed for this farm away from Company facilities, including but not limited to driving or traveling to and from work.

"Safety-sensitive job" means positions that have a direct and substantial impact on the health and safety of the worker, other workers, customers, visitors, the public, property and/or the environment, including but not limited to those involving driving, operation of machinery or equipment, handling of toxic substances and others determined by \_\_\_\_\_ [Farm Name].

"Substance abuse" means the use of alcohol, illegal drugs, legal marijuana and medications and other substances that can impair a person's judgment, clarity and functioning and render him/her not fit for duty.

### Requirements for Workers

All workers and covered by this Policy are required to:

- i. Come to work fit for duty;
- ii. Take reasonable care to protect the health and safety of themselves and others at all times while on duty as required by the OHS Act;
- iii. Refrain from using or being impaired by alcohol or drugs while they are on duty;
- iv. Refrain from possessing, purchasing, selling, distributing or engaging in any other conduct involving alcohol or illegal substances or paraphernalia while they are on duty;
- v. Refrain from misusing or being impaired by prescription or non-prescription drugs while they are on duty;
- vi. Notify their supervisor if they suspect that a co-worker is unfit for duty; and
- vii. Submit for drug and alcohol testing in accordance with the \_\_\_\_\_ [Farm Name] Testing Policy.

### Legal Marijuana

#### a) No Exemption for Legal Marijuana Use

All workers must understand that marijuana is an impairing drug and that using it at work or coming to work high renders them unfit for duty in violation of this Policy. This is true regardless of whether their use of marijuana is legal under federal drug laws. *Legal marijuana use is not a justification for being unfit for work!*

#### b) Worker Duty to Notify

Workers must notify their supervisor if they are using legally prescribed medical marijuana or other legal prescription and non-prescription drugs that may cause impairment for the treatment of a medical condition. Off-duty and legal use of such drugs does not violate this Policy as long as workers are fit for duty at all times when they are on duty.

#### Support for Workers with Substance Abuse Issues

Although \_\_\_\_\_ [Farm Name] reserves the right to discipline, it also recognizes that addiction and substance abuse is a health problem.

\_\_\_\_\_ [Farm Name] is prepared to help workers get the counseling, treatment, rehabilitation and support they need to overcome those problems.

*Describe your organization's Employee Assistance Program or other resources or programs for helping workers with substance abuse issues.*

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### Self-Reporting

\_\_\_\_\_ [Farm Name] strongly encourages workers with substance abuse problems to step forward and request help voluntarily.

*Describe your organization's procedures for responding to self-report requests for help.*

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Workers who do self-report will not be subject to discipline as long as they have complied with their obligation to be fit for duty under this Policy.

### Fitness for Duty Medical Assessments

Workers must undergo medical assessments to ensure they are fit for duty before being placed in a safety-sensitive job. Assessments will address substance abuse and be performed:

- > Prior to employment when individuals are applying for safety-sensitive jobs;
- > Before current workers are transferred from non-safety-sensitive to safety-sensitive jobs; and
- > Periodically for as long as the worker remains in a safety-sensitive job.

Medical assessments will be performed by qualified healthcare professionals following appropriate medical practices and results will be kept confidential to the extent required by personal privacy laws.

### Disciplinary Investigations

[Farm Name]

may open a disciplinary investigation to check whether an worker is engaged in substance abuse or otherwise in violation of his/her fitness for duty obligations under this Policy in response to:

- > Complaints or concerns by co-workers, supervisors, etc.;
- > Declining performance;
- > Erratic behaviour;
- > Involvement in safety incidents including near misses;
- > Arrests for impaired driving, drug offenses and similar violations; and
- > Other indications that the worker has substance abuse issues or is otherwise not fit for duty.

Investigations will be carried out in accordance with [Farm Name]'s Disciplinary Investigation Procedures.

### Drug & Alcohol Testing

Workers may be tested for alcohol and drugs in accordance with [Farm Name]'s testing policies.

*List the conditions for testing under your organization's own testing policies. Be sure to address: i. Alcohol and drug testing; ii. Safety-sensitive and non-safety-sensitive workers; and iii. Random and for-cause/post-incident testing.*

Supervisors will escort workers to the screening site for testing. Refusal to submit to testing will be grounds for immediate termination under this Policy.

### Privacy

[Farm Name]

recognizes that test results and related information is protected personal information under privacy laws and will keep it confidential and secure and refrain from using or disclosing it except as permitted or required by law.

### Consequences of Violations

Violation of this Policy is grounds for discipline up to and including termination in accordance with the

[Farm Name]

Progressive Discipline Policy. Workers with substance abuse issues on administrative leave may also be referred for counseling or assistance through the

[Farm Name]

Employee Assistance Program or outside agencies.

Assistance & Reinstatement

[Farm Name]

reserves the right to place workers with substance abuse issues on administrative leave and enter into Last Chance Agreements offering them the opportunity to return to work if they successfully complete the terms of their treatment and rehabilitation program, pass drug and alcohol tests and meet other conditions of reinstatement.

Employee Right to Accommodations

[Farm Name]

recognizes that drug and alcohol addiction is deemed a disability under the Alberta Human Rights Act. Accordingly, in administering the disciplinary and other provisions of this Policy, addictions and other substance abuse related to disabilities, such as use of medical marijuana or prescription drugs for chronic pain and debilitating conditions, will be treated as non-culpable violations and workers will be offered reasonable accommodations based on their individual circumstances and capabilities to the point of undue hardship.

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

# HAZARD CONTROL

## Self Evaluation Checklist

	YES	NO
Workers have been included in establishing the control measures of health and safety hazards.	<input type="checkbox"/>	<input type="checkbox"/>
The following controls have been identified and implemented:		
> Engineered	<input type="checkbox"/>	<input type="checkbox"/>
> Administrative	<input type="checkbox"/>	<input type="checkbox"/>
> Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>
> Combination of controls	<input type="checkbox"/>	<input type="checkbox"/>
Any changes to hazard controls to affected workers have been communicated.	<input type="checkbox"/>	<input type="checkbox"/>
A preventative maintenance program for equipment and machinery that includes a process for maintaining equipment and preventing the use of defective equipment has been developed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>
Managers and supervisors enforce the use of hazard controls.	<input type="checkbox"/>	<input type="checkbox"/>
Where personal protective equipment (PPE) is used as a method of control, workers are trained in the use, care and maintenance of the personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>
A plan for contracted employers to ensure the safety of themselves and others has been developed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>
A written violence and harassment prevention plan/s, inclusive of policies and procedures has been developed and implemented. The prevention plans meet or exceed legislated requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Training to workers on the prevention plan/s has been provided.	<input type="checkbox"/>	<input type="checkbox"/>
The violence and harassment policies and procedures are reviewed at least every 3 years.	<input type="checkbox"/>	<input type="checkbox"/>

# ROLES AND RESPONSIBILITIES HEALTH AND SAFETY COMMITTEE MEMBERS AND REPRESENTATIVE

- > Work with the employer to identify and assess hazards. Assist in the establishment of controls and monitor for effectiveness.
- > In cooperation with the employer, participate in the inspection process. Activities may include the development of inspection documentation, planning, scheduling, and completion of inspections.
- > Recommend general types of corrective action that will prevent hazards from causing harm. Discuss concerns with workers, supervisors and the employer.
- > Review and respond to health and safety concerns and complaints from workers. Work with employer to resolve issues brought forth.
- > Assist and co-operate with the employer to identify and control risks from conditions and circumstances associated with contracted work.
- > Review and investigate all incident reports in accordance with legislation and internal policy.
- > Ensure all incidents are investigated and that recommendations are put forward to management for corrective action, and then ensure the corrective action has been taken.
- > Cooperate with OHS officers conducting inspections or investigations.
- > Advise and assist with programs and information regarding health and safety at work.
- > Assist in the maintenance of committee records.

I have reviewed and understand the above roles and responsibilities.

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Name

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Signature

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Date Completed

# HSC MEETING MINUTES

Work Site/Location:		
Date:	Time:	
Location:		
In attendance:	Absent:	
Chairs:	Guests:	
ITEM	FOLLOW UP	
	Assigned to	Target date:
<b>Acceptance of Previous Meeting minutes</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Adjustment Required <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments:		
<b>Outstanding items from previous meeting:</b>		
First outstanding item:		
Comments:		
<b>Review of inspection report(s)</b>		
Date Reviewed:		
Comments:		



FARM NAME:

4.2

ITEM	FOLLOW UP	
	Assigned to	Target date:
Review of incident report(s)		
Near miss report - Date Reviewed:		
Comments:		
Near miss report - Date Reviewed:		
Comments:		
New Items		
First new item:		
Comments:		
Second new item		
Comments:		
Recommendations to employer		
First Recommendation:		
Comments:		

ITEM	FOLLOW UP	
	Assigned to	Target date:
Second Recommendation		
Comments:		
Training and communication		
HSC Member training		
Comments:		
Other Training		
Comments:		
Other items		
First other item		
Comments:		
Second other item		
Comments:		

FARM NAME:

ITEM	FOLLOW UP	
	Assigned to	Target date:
Adjourn		
Meeting was adjourned on:	DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
Next meeting scheduled for:	DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
Minutes Prepared By:		

# COMMITTEE MEMBERS

<b>Worker - Co-Chair Name:</b>		
Phone number:		email:
<b>Employer - Co-Chair Name:</b>		
Phone number:		email:
1	<b>Worker Representative Name:</b>	
	Phone number:	email:
2	<b>Worker Representative Name:</b>	
	Phone number:	email:
3	<b>Worker Representative Name:</b>	
	Phone number:	email:
4	<b>Worker Representative Name:</b>	
	Phone number:	email:
1	<b>Employer Representative Name:</b>	
	Phone number:	email:
2	<b>Employer Representative Name:</b>	
	Phone number:	email:
3	<b>Employer Representative Name:</b>	
	Phone number:	email:
4	<b>Employer Representative Name:</b>	
	Phone number:	email:

**\*\*Post in a visible and accessible location at worksite.**

# HEALTH AND SAFETY REPRESENTATIVE TERMS OF REFERENCE

Alberta's Occupational Health and Safety (OHS) Act requires that under certain circumstances an employer designates a Health and Safety Representative in the workplace. In order to work effectively, the representatives role must be clearly defined, understood and accepted. This policy will identify the designating process and functions of the Health and Safety representative to ensure that their important work can be done.

The Health and Safety Representative will become the tool that allows workers and management to work together on health and safety issues, and act as a medium to help workers participate in OHS and support the three basic rights of workers:

- the right to know
- the right to participate
- the right to refuse dangerous work.

Vital to developing and maintaining healthy and safe workplaces is an effective internal responsibility system (IRS). An IRS functions best when it recognizes the roles and responsibilities of all work site parties and encourages joint participation in recommending solutions to health and safety issues. The Health and Safety Representative is an important part of the IRS in a workplace, representing the collective contributions of workers and employers.

\_\_\_\_\_ [Farm Name] \_\_\_\_\_ is committed to health and safety and will appoint a Health and Safety Representative who is representative of the workforce. A worker member who ceases to be employed at the workplace ceases to be a member of the HSC and shall be replaced as soon as practicable.

## Term of Office

The term of office for the Health and Safety Representative is not less than one year and they may continue to hold office until their successors are selected or appointed, unless a union exists, and other terms are specified in the union's constitution.

## Functions

The Health and Safety Representative is an advisory role and its main function is to identify, evaluate and make recommendations concerning health and safety hazards and issues in the workplace.

The Health and Safety Representative will encourage workers to discuss any OHS concern with their manager/supervisor before bringing it to the attention of the Health and Safety Representative. The Health and Safety Representative will strive to fulfill their roles and responsibilities by working cooperatively and communicating with management and workers and make every effort to reach consensus on issues.

## Training

The Health and Safety Representative will receive training with respect to the duties and functions of the Health and Safety Representative. The Health and Safety Representative is permitted time away from regular duties to attend training. The amount of time allowed annually for training is 16 hours or the number of hours the worker normally works during two shifts.

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

# HEALTH AND SAFETY COMMITTEE TERMS OF REFERENCE

## 1 Introduction

Alberta's Occupational Health and Safety (OHS) Act requires that under certain circumstances an employer establish an HSC in the workplace. In order to work effectively, the HSC's role must be clearly defined, understood and accepted. Detailed terms of reference that set out the mandate, structure and functions of the HSC ensure that its important work can be done.

HSCs are important forums for workers to participate in OHS. They ensure supervisors and workers discuss health and safety issues in the workplace and work collaboratively to find ways to address them. Committees allow workers to participate in OHS and support the three basic rights of workers:

- the right to know
- the right to participate
- the right to refuse dangerous work.

Vital to developing and maintaining healthy and safe workplaces is an effective internal responsibility system (IRS). An IRS functions best when it recognizes the roles and responsibilities of all work site parties and encourages joint participation in recommending solutions to health and safety issues. The HSC is an important part of the IRS in a workplace, representing the collective contributions of workers and employers.

### Purpose

- The HSC identifies opportunities and recommends initiatives to promote physical and psychological health and safety and continuous improvement in the operation and effectiveness of the Insert Employer Name health and safety system.
- The HSC helps the company to fulfill their obligation to address employee concerns related to hazardous activities or conditions that affect employee health and safety across operations.
- The HSC promotes and encourages employees to participate in health and safety initiatives and events at the workplace.

Any amendments to the OHS Act or collective agreement provisions will be incorporated into the terms of reference, as applicable.

## 2 Membership

The committee will consist of a minimum of four members in total with half of the members representing workers and half of the members representing management. The employer shall select the employer member(s) of the HSC. A worker member who ceases to be employed at the workplace ceases to be a member of the HSC and shall be replaced as soon as practicable.

### Co-Chairs

- Each HSC must have two co-chairs; one chosen by the employer members on the committees and the other chosen by the worker members on the committee. The co-chairs shall alternate in serving as chair at meetings of the HSC and shall participate in all decisions of the committee.

## 3 Posting of Names

The names and contact information of the HSC members are posted conspicuously at the work site.

## 4 Term of office

The term of office for the HSC members is not less than one year and they may continue to hold office until their successors are selected or appointed, unless a union exists and other terms are specified in the union's constitution.

## 5 Functions

The HSC is an advisory body and its main function is to identify, evaluate and make recommendations concerning health and safety hazards and issues in the workplace.

The HSC will encourage workers to discuss any OHS concern with their manager/supervisor before bringing it to the attention of the HSC. All HSC members will strive to fulfill their roles and responsibilities by working cooperatively, following the processes in these terms of reference, and make every effort to reach consensus on issues for the effective operation of the committee.

## 6 Member responsibilities

### Co-chairs

Co-facilitate HSC meetings by:

- taking a leadership role in guiding Committee discussions towards definite conclusions;
- ensuring meeting start and end on time and are conducted in accordance with the established agenda and process;
- strive to achieve consensus;
- reviewing previous minutes and materials prior to each meeting;
- prepare and distribute meeting agenda and materials; and
- posts meeting materials to the designated location(s).
- Complete and maintain the HSC minutes

### Committee members

- Attend all HSC meetings and, when unable to attend ensure all relevant correspondence and documents are reviewed and any assigned tasks are acknowledged.
- Participate and contribute to the team by representing employees in their respective area of the organization.
- Prior to the meetings review meeting materials.
- Seek input from staff regarding the programs, gaps issues and questions.

### Workplace inspections

- A worker member designated by the worker member(s) on the HSC shall inspect the physical condition of the entire workplace every three months.
- A different worker member may conduct each inspection. Where practical, the worker conducting the inspection should be accompanied by a management person for the work area being inspected, or a management member of the HSC.
- The inspections should be undertaken in accordance with a schedule developed by the HSC.
- The schedule should be distributed to all HSC members, the manager(s) of the area(s) being inspected and posted as appropriate.
- All OHS concerns raised during the physical inspection should be recorded on an appropriate workplace inspection report form.
- The workplace inspection form should be forwarded to all HSC members within one week of the workplace inspection.

### Recommendations to the employer

The HSC will make recommendations to the employer (senior manager or management designee) to improve the health and safety of workers and follow up on the status of the recommendations.

### Recommendations could include but are not limited to:

- improvements pertaining to health and safety in the workplace;
- improvements in response to incidents/accidents in the workplace; and
- improvements pertaining to workplace inspections or review of local workplace programs

### The HSC will review responses to their written recommendations.

a) Note: The employer (senior manager or management designee) must provide a written response within thirty (30) days. The response shall contain a timetable for implementation of acceptable recommendations or give reasons for not accepting recommendations.

## 7 Entitlements of HSC members

### Time to fulfill HSC duties

In each workplace, one worker member of the HSC, and not necessarily the same member on each occasion, shall be afforded time from work to inspect the workplace as per the inspection schedule. Members of an HSC are entitled to:

- pre-meeting preparation time;
- such time as is necessary to attend meetings of the HSC; and
- such time as is necessary to carry out the members' functions and entitlements as outlined in these terms of reference.

HSC members shall be deemed at work when carrying out HSC functions and entitlements and shall be paid at the regular or premium rate as appropriate.

### Accompany OHS officer

A worker member of the HSC shall be afforded the opportunity to accompany an OHS officer during an inspection of the workplace.

**Investigations and work refusals**

- A worker member, designated by the worker members of HSC, shall be afforded the opportunity to investigate the circumstances where a worker from the workplace has been killed or seriously injured, and will report his or her findings to the HSC and to the Ministry of Labour.
- A worker member shall be made available to be present at any inspection into a work refusal by a worker from the workplace and shall attend such inspection without delay.

**8 Administrative processes****Meetings**

- HSC meetings shall be held at least once every three months. A schedule of meetings will be developed by the HSC.
- The HSC shall have a quorum of at least one half of the members if a) both worker and employer members are present and b) at least one half of those present are worker members.

**Agenda**

- The co-chairs will jointly prepare an agenda and forward a copy of the agenda to all HSC members in advance of scheduled meetings.
- Unresolved items raised from the agenda in meetings will be placed on the agenda for the next meeting.

**Guest(s)**

- With the consent of the co-chairs, guest(s) may be invited to attend a HSC meeting, as a resource, to provide advice or expertise on specific items.

**Minutes**

- The HSC will designate a member to take minutes for the meeting.
- All items raised in meetings will be reported in the minutes, along with information as to whether they were resolved or follow-up is required.
- Names of HSC members will not be used in the minutes except to record attendance, or to record the name of the HSC member responsible for completing an identified action.

- Minutes of meetings will be reviewed, edited where necessary and signed by the co-chairs, and circulated within a few days of the meeting to all HSC members with a copy forwarded to the senior manager or management designee of the workplace.
- Minutes should be posted in the workplace within seven days of the meeting and remain posted until the next meeting.

**Record keeping**

- The HSC shall maintain and keep all agenda and meeting minutes, completed workplace inspection reports, and workplace inspection schedule for review by an OHS officer.
- The HSC shall maintain and keep these terms of reference.

**Dispute resolution**

- If the HSC fails after trying in good faith to reach consensus about making recommendations to the employer, either co-chair of the HSC has the power to make unilateral written recommendations to the employer.

**9 Training**

An employer or prime contractor as applicable shall ensure that HSC co-chairs and HS representatives receive training with respect to the duties and functions of a HSC. HSC members, co-chairs and health and safety representatives are to be permitted time away from regular duties to attend training.

The amount of time allowed annually for training is 16 hours or the number of hours the worker normally works during two shifts.

**10 Review and approval of the terms of reference**

These terms of reference should be reviewed annually and will remain in force and in effect until new terms of reference are entered.

*These terms of references were last amended on*

*< date > and approved by:*

\_\_\_\_\_  
Worker Co-Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Co-Chair

\_\_\_\_\_  
Date



# HEALTH AND SAFETY COMMITTEE/ HEALTH & SAFETY REPRESENTATIVE

Self Evaluation Checklist

	YES	NO
There is a designated or appointed health and safety committee members or a health and safety representative.	<input type="checkbox"/>	<input type="checkbox"/>
<i>For Committee's: A terms or reference that outlines the following has been developed:</i>		
> Membership structure requirements	<input type="checkbox"/>	<input type="checkbox"/>
> Membership succession strategy	<input type="checkbox"/>	<input type="checkbox"/>
> Committee dispute resolution process	<input type="checkbox"/>	<input type="checkbox"/>
> Coordination with the employer's other work site HSCs or representatives	<input type="checkbox"/>	<input type="checkbox"/>
> Meeting frequencies	<input type="checkbox"/>	<input type="checkbox"/>
> Meeting quorum	<input type="checkbox"/>	<input type="checkbox"/>
> Reporting to management	<input type="checkbox"/>	<input type="checkbox"/>
> Term of office	<input type="checkbox"/>	<input type="checkbox"/>
> Training requirements for co-chairs and members	<input type="checkbox"/>	<input type="checkbox"/>
> Worker confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
<i>For Representatives': A policy or procedure that outlines the following has been developed:</i>		
> Requirement to appoint a representative	<input type="checkbox"/>	<input type="checkbox"/>
> Reporting to management	<input type="checkbox"/>	<input type="checkbox"/>
> Term of office	<input type="checkbox"/>	<input type="checkbox"/>
> Training requirements	<input type="checkbox"/>	<input type="checkbox"/>
The written procedures in place for either the HSC or HSR detail a system to address worker concerns related to the health and safety system.	<input type="checkbox"/>	<input type="checkbox"/>
A system, for either the HSC or HSR, to make health and safety recommendations.	<input type="checkbox"/>	<input type="checkbox"/>
A list of responsibilities has been developed and provided to every committee member or the health and safety representative so that they understand their role.	<input type="checkbox"/>	<input type="checkbox"/>
Training with respect to the duties and functions of the committee has been provided to committee members or the representative.	<input type="checkbox"/>	<input type="checkbox"/>
Committee members or the representative participate in health and safety activities.	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety complaints or concerns are resolved in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>
A list of committee members or representative name(s) and contact information has been posted conspicuously in the workplace	<input type="checkbox"/>	<input type="checkbox"/>

# GENERAL ORIENTATION CHECKLIST

Keep a copy of this form in the worker's file.

Employee Name:	
Supervisor:	
Date of Hire:	Orientation Date:
<b>ORIENTATION INSTRUCTIONS</b>	
<ol style="list-style-type: none"> <li>1. Use this checklist to orient all new workers on or before the first day of employment.</li> <li>2. Only check off each subject when you are sure that the worker fully understands it.</li> <li>3. This orientation should take approximately 2 hours.</li> <li>4. Once finished, have the worker sign the bottom to indicate he/she has received the orientation.</li> <li>5. The supervisor will also sign the bottom to indicate the orientation has been given.</li> <li>6. Once the orientation is completed, a copy will go to the appropriate supervisor and the original to the worker file.</li> <li>7. Provide refresher sessions as tasks change on the farm.</li> </ol>	
<input type="checkbox"/> Organizational rules/enforcement <input type="checkbox"/> Right to refuse unsafe work <input type="checkbox"/> Emergency response <input type="checkbox"/> Accident/incident notification <input type="checkbox"/> Critical hazards <input type="checkbox"/> Health and safety policies	<input type="checkbox"/> Controls and safe work procedures <input type="checkbox"/> Worker responsibilities <input type="checkbox"/> Employer responsibilities <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Training requirements <input type="checkbox"/> Disciplinary policy

## Orientation Sign off

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date Complete

# ON-THE-JOB TRAINING RECORD

Keep a copy of this form in the worker's record of training.

Worker name:	
Job title:	
Date of training:	
<b>TRAINING RECORD INSTRUCTIONS</b>	
<ol style="list-style-type: none"><li>1. Use this form to document training provided to workers on job tasks.</li><li>2. Enter details of hazards and controls associated with the job task and any training provided. Ensure to capture if training was paper based, eLearning or hands on.</li><li>3. Once finished, have the employee sign the bottom to indicate he/she has received the training.</li><li>4. Once the training is completed, a copy will go to the appropriate supervisor and the original to the worker file.</li><li>5. Provide refresher sessions as tasks change on the farm.</li></ol>	
<b>TASK TO BE PERFORMED:</b>	
Hazard and controls:	
Training provided:	
Name of trainer:	

## Training Sign off

---

Supervisor Signature

---

Worker Signature

---

Date

FARM NAME:

5.3

# COMPETENCY EVALUATION

The supervisor will complete this form. Keep a copy of this form in the worker's file.

Worker name:					
Job title:			Date of evaluation:		
Supervisor name:			Date for re-evaluation:		
DESCRIPTION OF ACTIVITY/TASK/ RESPONSIBILITIES	TRAINING ON SOP? <i>Ensure copies of training retained in worker file.</i>	SPECIFICATIONS, LEGISLATION, & HAZARD ASSESSMENT RECEIVED?	WORKER OBSERVED PERFORMING TASK?	COMPETENT?	SUPV. INITIALS
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

☐ Worker's performance was satisfactory. ☐ Worker requires further training (specify action plan in comments below).

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Worker Signature:

\_\_\_\_\_  
Date

FARM NAME:

5.3B

# COMPETENCY EVALUATION

The supervisor will complete this form. Keep a copy of this form in the worker's file.

Worker name:				
Job title:				
Supervisor name:			Date of evaluation:	
OBSERVABLE SKILL	TRAINING ON SOP & HA RECEIVED? <small>Ensure copies of training retained in worker file.</small>	WORKER OBSERVED PERFORMING TASK?	COMPETENT?	SUPERVISOR INITIALS
Worker demonstrates the ability to safely catch horse from pasture, pen or stable, attaches halters and leads properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker performs pre-check of work area to identify problems with work surfaces, obstructions or hazards.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker demonstrates safe grooming habits, such as safe positioning of body to avoid being kicked or stepped on.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker performs pre-use check of all tack and equipment, and demonstrates the ability to properly position and secure tack.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker demonstrates the ability to safely mount and dismount horse, using a mounting block when necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker demonstrates understanding of the emergency dismount practices.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
While working around horses and riding, worker picks up on changes in behaviour and body language, and reacts appropriately.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker communicates with the supervisor on a regular basis.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker demonstrates proper ground handling techniques when leading, loading or moving horses.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Worker remains calm at all times while working around horses, acts deliberately and shows leadership.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

☐ Worker's performance was satisfactory. ☐ Worker requires further training.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature                      Worker Signature:                      Date

# TOOLBOX TRAINING RECORD

Supervisor name:		
Toolbox Topic:		
Date of training:		
<b>TOOLBOX RECORD INSTRUCTIONS</b>		
<ol style="list-style-type: none"> <li>1. Use this form to document training provided to workers during toolbox meetings.</li> <li>2. Enter details of discussion or any action items. Attach any supporting information.</li> <li>3. Once finished, have the workers sign the bottom to indicate they participated.</li> <li>4. Provide refresher sessions as tasks change on the farm.</li> </ol>		
<b>TOPIC(S) DISCUSSED</b>	<b>ACTION ITEM</b>	<b>RESPONSIBLE PERSON</b>
<b>SIGN OFF</b>		
<b>WORKER NAME</b>	<b>SIGNATURE</b>	

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 Supervisor Name

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 Signature

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 Date Completed

# TRAINING TRACKER

EMPLOYEE NAME	DATE HIRED	NEW HIRE ORIENTATION (GENERAL)	NEW HIRE ORIENTATION (WORK AREA)	TRAINING/ QUALIFICATIONS	FIRST AID	PESTICIDE APPLICATION	WHMIS	MACHINE OPERATION
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Disclaimer – These documents have been designed to assist the farm with a quick introduction to safety at the farm gate. To comply with legislation, farm management will need to evaluate legislation in your local jurisdiction and seek the advice of a safety professional to help you meet regulatory requirements that apply to your specific farming operation.

# QUALIFICATIONS & TRAINING

## Self Evaluation Checklist

	YES	NO
A process is in place to ensure that workers have the qualifications for the position for which they are being considered for.	<input type="checkbox"/>	<input type="checkbox"/>
Orientation is completed on or before the first day of employment or prior to starting regular duties.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Orientation covers the following:</i>		
> Critical health and safety information	<input type="checkbox"/>	<input type="checkbox"/>
> OHS Rights (know, participate, refuse)	<input type="checkbox"/>	<input type="checkbox"/>
> Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>
> Safety rules and enforcement	<input type="checkbox"/>	<input type="checkbox"/>
> Hazard reporting	<input type="checkbox"/>	<input type="checkbox"/>
> Incident reporting	<input type="checkbox"/>	<input type="checkbox"/>
Workers, Supervisors and Managers receive the job-specific training required to perform their jobs/ assignments in a healthy and safe manner.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Job-specific training occurs whenever:</i>		
> the worker is new to the task	<input type="checkbox"/>	<input type="checkbox"/>
> the worker is assigned new tasks	<input type="checkbox"/>	<input type="checkbox"/>
> there is an operational change that affects the work	<input type="checkbox"/>	<input type="checkbox"/>
Job-specific training includes a practical demonstration.	<input type="checkbox"/>	<input type="checkbox"/>
Supervisors and managers are provided with training to support them in their role.	<input type="checkbox"/>	<input type="checkbox"/>
A system is in place to deem new and re-assigned workers and supervisors competent to perform their work tasks.	<input type="checkbox"/>	<input type="checkbox"/>
A record keeping system has been developed to track orientations, ongoing training and competency evaluations.	<input type="checkbox"/>	<input type="checkbox"/>
There is a periodic review of training activities and modifications are made where necessary, to ensure relevance and effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>



# QUALIFICATIONS & TRAINING - CONT.

	YES	NO
<b>Other Parties</b>		
A policy and/or process is in place to address the protection of others who are not under the employer's direction? (contracted employers, self-employed persons, visitors etc)	<input type="checkbox"/>	<input type="checkbox"/>
A system is in place to evaluate and selecting other employers and/or self-employed persons based off of a pre-determined criteria.	<input type="checkbox"/>	<input type="checkbox"/>
A policy and/pr process is in place to monitor other parties.	<input type="checkbox"/>	<input type="checkbox"/>
<i>A health and safety orientation is provided to:</i>		
> visitors	<input type="checkbox"/>	<input type="checkbox"/>
> contracted employers	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication is made to other parties with respect to</i>		
> health and safety responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
> work site hazards and controls	<input type="checkbox"/>	<input type="checkbox"/>
> changes to the task or work area	<input type="checkbox"/>	<input type="checkbox"/>
> contents of the health and safety policy	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety information is readily available to affected work site parties.	<input type="checkbox"/>	<input type="checkbox"/>
A process is in place to address non-compliance of other worksite parties.	<input type="checkbox"/>	<input type="checkbox"/>

# INSPECTION POLICY

It is important that all places of employment, including buildings, equipment, tools and machinery and work practices be inspected. These inspections should be conducted on a regular basis with a maximum interval between inspections of one month.

Inspection will be conducted by teams whenever possible. Teams should be comprised of an employer representative (owner, manager, supervisor etc.) and a worker ( Health and Safety Representative if applicable). If a Joint Health and Safety Committee exists they will form the inspection team.

Inspections will be recorded on the standard inspection form provided and copies will be distributed to the owner or farm manager.

Where unsafe or unhealthy conditions, procedures or practices are found in the course of an inspection, the owner or farm manager shall take action to have the matter remedied without undue delay.

The farm manager shall review the inspection reports on a quarterly basis with the safety committee or representative. Farm supervisors are responsible to conduct ongoing informal inspections in their areas of responsibility to ensure day-to-day operations maintain the standards.

Equipments inspections (including pre-trip or pre-equipment use) must be conducted and documented as stated in the general safety procedures and in accordance with the manufacturer specifications.

Contracted employers or self-employed persons are responsible to conduct inspections in their work areas on a regular basis and forward copies to the prime contractor supervisor

\*The information in this policy does not take precedence over applicable legislation

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Name and Title of Most Senior Manager

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Signature

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Date Completed

# WORKPLACE INSPECTION

Location		Date of inspection:				
Inspection Team Members:						
AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
EMERGENCY, SECURITY AND ADMINISTRATION						
Is safety information accessible, complete, and up to date (safety plan, equipment manuals, SOPs, meeting minutes, inspections, hazard assessments, OHS handbook)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are first aid kits, eye wash stations and all other emergency response equipment, maintained and accessible?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are the appropriate fire extinguishers mounted, in good working order and have been inspected?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are the required number of first aiders on site and is their contact information posted?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are emergency response plans posted with current contacts?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Is there a list of fuels, chemicals, medications, and substances with the current Safety Data Sheets (SDS) available?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are current and applicable farm rules and policies implemented (working alone, violence and harassment, WHMIS etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					

AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
Are all records current and complete (training records, inspections, incident investigations, hazard assessments)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are the appropriate safety signs posted (farm rules, danger, no smoking, authorized persons only etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
GENERAL FARM SAFETY QUESTIONS FOR ALL AREAS						
Are there any issues with the buildings due to age, weather, or other conditions that could create a hazardous environment (roof, support beams, windows, doors etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are the buildings and kept in good order: free of clutter, free of dust, tripping hazards, low overhangs, and slippery surfaces?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Is there adequate lighting for work being performed on the farm?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are materials, medications, and chemicals properly handled, stored, secured, and disposed of?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are combustible, flammable, and explosive materials stored correctly and away from ignition sources (gas cylinders, feed, bedding)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are ladders and stairs in good condition with appropriate handrails?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Is there an adequate power supply? Are electrical outlets and equipment grounded and protected? Are cords and wiring in good repair?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					

AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
When equipment, tools, or power systems are inspected or maintained are they shut off and locked out?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are heating, ventilation and air conditioning requirements met and are systems in good working order?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are guards, covers, shields, grates, guardrails and barriers correctly installed and in use on equipment and structures?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are tools and equipment in good working order and properly stored (unplugged, guards on, tagged out for repair)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are there clean bathroom and washing facilities?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are measures in place to protect moving equipment from contact (utilities underground and overhead, trees, structures)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are measures taken to prevent falls from unguarded edges or spaces (work at heights, wells, canals, tanks etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are firearms kept secured and stored according to applicable legislation ?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Is the appropriate PPE available and being used correctly?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are high risk activity requirements being met: fall protection, confined space, excavation etc.?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are SOP, manufacturer recommendations, policies, legislation, and standards being followed by workers and enforced?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					

AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
ANIMAL HANDLING FACILITIES						
Are pens, gates, fences, animal confinement, and head gates in good condition with unobstructed entry and exit points?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are the appropriate animal handling protocols in place?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
GRAIN STORAGE AND HANDLING FACILITIES						
Are entrances to grain and silage areas closed, appropriate warning signs posted, and loading mechanism locked out?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are rotating augers, belts, pulleys, chains and other equipment properly shielded?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Do the grain bins have permanently affixed ladders and cages if required?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Is there an emergency response plan in place in case workers become entrapped?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
WORKSHOP						
Is there an appropriate power supply, is electrical wiring in good condition, and can the power source be locked out?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Does the shop have appropriate ventilation for activities (welding, painting, etc.)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					

AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
CHEMICAL STORAGE AND HANDLING						
Are chemicals stored in a separate storage area and non-compatible chemicals physically isolated?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are chemicals stored in their original containers with visible labels?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Is there spill containment equipment available and fresh water for flushing?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are chemical storage and mixing area protected and vented?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
FARM MACHINERY						
Is equipment stored in a secure location, with keys removed, and implements lowered (where applicable)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are safety switches, guards, and shields being used (PTO)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Does equipment have adequate warning lights, and labels that are clean and visible (including slow moving equipment emblem)?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are trailers and implements connected securely and properly?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are tractors equipped with Roll Over Protection Structures (ROPS) and when in place seat belts are being worn?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are hydraulic lines and fittings inspected and immediately repaired if found faulty?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					

AREA	YES/NO OR N/A	CORRECTIVE ACTION	PRIORITY	PERSON RESPONSIBLE	DUE DATE	COMPLETED (INITIAL WITH DATE)
FUEL STORAGE AND HANDLING FACILITIES						
Are above ground tanks solidly supported, vented, and located 15m away from other structures?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are fuel tanks and pumps barricaded or guarded to protect them from vehicles?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are fuel hoses, nozzles, and pumps system regulators, and gauges in good condition, protected, and free of debris?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are there safety procedures and training in place to deal with leaks?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
Are small quantities of kerosene, gasoline, or diesel stored in approved metal containers?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					

Disclaimer – These documents have been designed to assist the farm with a quick introduction to safety at the farm gate. To comply with legislation, farm management will need to evaluate legislation in your local jurisdiction and seek the advice of a safety professional to help you meet regulatory requirements that apply to your specific farming operation.

\_\_\_\_\_  
Name and Title of Most Senior Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed



FARM NAME:

# EQUIPMENT INSPECTION

Equipment to be inspected:					
Date of inspection:					
Name of inspector:					
DESCRIPTION OF SPECIFIC ITEM	NEEDS ATTENTION?	NOTES	PERSON RESPONSIBLE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

*Note: Inspection requirements can vary based on types of equipment, It is critical to reference the applicable legislation requirements and manufacturer recommendations. This form provides a basic tool to build an inspection process.*

Name and Title of Most Senior Manager

Signature

Date Completed

# INSPECTIONS

## Self Evaluation Checklist

	YES	NO
<i>A formal written process has been developed that includes frequency of formal inspections in all areas of the operation by:</i>		
> Managers	<input type="checkbox"/>	<input type="checkbox"/>
> Supervisors	<input type="checkbox"/>	<input type="checkbox"/>
> Workers	<input type="checkbox"/>	<input type="checkbox"/>
A site/operation specific checklist has been developed for use during the inspection.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Formal health and safety inspections are carried out in accordance with the process by:</i>		
> Managers	<input type="checkbox"/>	<input type="checkbox"/>
> Supervisors	<input type="checkbox"/>	<input type="checkbox"/>
A system is in place to deficiencies identified in the inspection report.	<input type="checkbox"/>	<input type="checkbox"/>
A system for workers to report unsafe or unhealthy conditions and practices has been developed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>
Workers are involved in the inspections.	<input type="checkbox"/>	<input type="checkbox"/>
Training for the individuals designated to conduct formal inspections is provided.	<input type="checkbox"/>	<input type="checkbox"/>
Management reviews and signs-off on inspection reports.	<input type="checkbox"/>	<input type="checkbox"/>
Inspection reports are posted so that they are readily available for all workers to view and discuss.	<input type="checkbox"/>	<input type="checkbox"/>

# EMERGENCY RESPONSE PLAN

Farm Name:			
Site/Location:			
Completed by (your name):			
Date (today's date):			
<b>POTENTIAL EMERGENCY</b> (e.g. power outage, flood, fire, robbery) <i>Refer to your hazard assessment to determine which hazards could require rescue or evacuation.</i>			
<b>EMERGENCY EQUIPMENT INCLUDING FIRE PROTECTION REQUIREMENTS</b> (e.g. alarms, fire extinguishers, hoses, fire doors)	<b>EQUIPMENT</b>	<b>LOCATION</b>	<b>OPERATING PROCEDURES</b>
<b>FIRST AID</b> (Be sure to include the following details: type and location of first aid kit, blankets, first aiders and their type of first aid certification, transportation plan including directions to local hospital/medical with an attached map).	First aid kit type:		Location:
	First aid supplies:		Location:
	First Aiders:		
	Transportation plan:		

FARM NAME:

7.1

<b>LIST AND LOCATION OF EMERGENCY FACILITIES</b> <small>(e.g. fire station, hospital, police)</small>	<b>FACILITY NAME</b>	<b>ADDRESS/DISTANCE</b>	
<b>ALARM AND EMERGENCY COMMUNICATION REQUIREMENTS</b>			
<b>RESCUE &amp; EVACUATION PROCEDURES</b>	<b>PROCEDURES</b>		
<b>EMERGENCY RESPONSE PROCEDURES</b> <small>(Detailed procedures to be followed for each identified emergency)</small>	<b>EMERGENCY SITUATION</b>	<b>PROCEDURES</b>	
<b>EMERGENCY RESPONSE TRAINING &amp; REQUIREMENTS</b> <small>(List the positions or names of workers trained to use each type of emergency equipment and those trained in rescue and evacuation procedures)</small>	<b>POSITION OR NAME</b>	<b>DESCRIPTION AND DATE TRAINING RECEIVED</b>	<b>FREQUENCY OF TRAINING REQUIRED</b>

# EMERGENCY CONTACT LIST

AGENCY	PHONE NUMBER	CONTACT PERSON
Ambulance		
Police/RCMP		
Other Emergency Services (ex. Local Municipality After Hours)		
Hospital		
Doctor		
Poison Control Center	1-800-332-1414	
Alberta Health Link	1-866-408-5465	
On-Farm		
Safety Coordinator		
First Aiders		
Occupational Health and Safety (OHS)	1-866-415-8690	
Workers Compensation Board (WCB)	1-866-922-9221	
Power Company		
Telephone Company		
Gas Company		
Insurance		
Alberta 24-Hour Environmental Hotline	1-800-222-6514	
Canutec (Transportation of Dangerous Goods)	1-800-272-9600	
Other		
Other		

# RECORD OF DRILL

Name of person conducting drill:		
Location:		Drill date:
Type of drill and information reviewed: (e.g. evacuation, table top, role play)		
Evacuation time:		
Items done well:		
Items requiring improvement:		
Corrective actions:	Assigned to:	Target date:
Scheduled date of next drill:		
Comments:		
SIGN-OFFS (THOSE WHO PARTICIPATED IN DRILL)		DATE
Name/Role	Signature	
Name/Role	Signature	
Name/Role	Signature	
Name/Role	Signature	

Reviewed by

Farm Manager

Signature

Date

# EMERGENCY RESPONSE PLAN TRAINING MATRIX

WORKER'S NAME	TRAINING COMPLETION DATE						OTHER (SPECIFY) AND DATE
	STANDARD FIRST AID		RESCUE & EVALUATION	EMERGENCY WARDEN	FIRE EXTINGUISHER	EMERGENCY RESPONSE PLAN	
	INITIAL	RE-CERTIFY					

# FIRST AID RECORD

Date of injury or illness:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Date injury or illness REPORTED:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Full name of injured or ill worker:	
Description of the injury or illness (include location on the person and progression of symptoms):	
Description of the work location the injury or illness occurred/began:	
Cause of the injury or illness:	
First aid provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of First Aider:	
First Aider qualifications: <input type="checkbox"/> Emergency First Aider <input type="checkbox"/> Emergency Medical Technologist--Paramedic <input type="checkbox"/> Nurse <input type="checkbox"/> Standard First Aider <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Advanced First Aider <input type="checkbox"/> Emergency Medical Responder	
Describe first aid provided:	
<input type="checkbox"/> Copy provided to worker <input type="checkbox"/> Copy refused      Injured/ill worker initial _____	

**Keep this record confidential and retain for at least 3 years from date of injury/illness is reported**

Form source: [open.alberta.ca/dataset/02c5beeb-7f56-4620-9393-1ee4a7b57bc0/resource/2dbf7344-fccb-433a-8359-acd9e07d1074/download/ohs-bulletin-fa009.pdf](https://open.alberta.ca/dataset/02c5beeb-7f56-4620-9393-1ee4a7b57bc0/resource/2dbf7344-fccb-433a-8359-acd9e07d1074/download/ohs-bulletin-fa009.pdf)



# EMERGENCY RESPONSE

Self Evaluation Checklist

	YES	NO
Written emergency response plans have been developed for each potential emergency.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Plans include:</i>		
> Communication procedures	<input type="checkbox"/>	<input type="checkbox"/>
> Emergency phone numbers	<input type="checkbox"/>	<input type="checkbox"/>
> List of responsible emergency response personnel	<input type="checkbox"/>	<input type="checkbox"/>
> Evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>
Training has been provided to workers appropriate to their individual responsibility.	<input type="checkbox"/>	<input type="checkbox"/>
Workers at the site understand their responsibilities under the plan.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response drills are conducted annually, or more often, as required.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency responses (including drills) are reviewed and deficiencies and corrected.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures and contact information is posted.	<input type="checkbox"/>	<input type="checkbox"/>
The appropriate number of workers, as per legislation, are trained in first aid.	<input type="checkbox"/>	<input type="checkbox"/>
First aid supplies and facilities meet legislated requirements.	<input type="checkbox"/>	<input type="checkbox"/>

# INCIDENT REPORTING & INVESTIGATION POLICY

## Reporting

All incidents regardless of severity need to be reported including work refusals and near misses.

If the incident is serious, such as a critical injury, steps must be taken to remove or protect the injured person and prevent any further risks. Do not clear the scene until authorized to do so by management or a regulatory authority. Incidents will be reported to the appropriate regulatory body as required by legislation.

Details of the incident shall be recorded on an incident report form.

## Investigation

Investigations will be undertaken by both management and a worker representative (when possible involving an HSC or Representative if applicable). The purpose of the investigation is to identify facts, not fault. Corrective actions will be implemented to prevent the recurrence of a similar situation.

The results of all investigation reports will be signed off by management.

---

Name and Title of Most Senior Manager

---

Signature

---

Date Completed

# INCIDENT REPORT

REPORT INFORMATION			
Date of incident: (estimate if not known)		Time of incident: (estimate if not known)	
Date reported: (estimate if not known)		Time reported: (estimate if not known)	
Incident location: (estimate if not known)			
Emergency services contacted: (fire, police, ambulance)			
Reported by: (person who reported incident initially)			
Reported to: (who received first notification of incident)			
Incident Report completed by: (person completing this report)			
WORKER INFORMATION (leave blank if not applicable, complete multiple reports if more than 1 person involved)			
Name:		Supervisor:	
Age:	Sex:	Shift Type:	Hours worked prior to:
TYPE OF EMPLOYMENT		LEVEL OF EXPERIENCE	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Other:		<input type="checkbox"/> Competent <input type="checkbox"/> In-Training <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable <input type="checkbox"/> Other: Estimated length of time on the job:	
INCIDENT TYPE			
<input type="checkbox"/> Near Miss Incident <input type="checkbox"/> Injury/Fatality	<input type="checkbox"/> Illness <input type="checkbox"/> Property Damage/Theft	<input type="checkbox"/> Spill / Release <input type="checkbox"/> Environmental	<input type="checkbox"/> Violence/Harassment <input type="checkbox"/> Unsafe Work Refusal <input type="checkbox"/> Other:

FARM NAME:

8.2

### DESCRIPTION OF INCIDENT

*Describe incident events: (task being performed, details of environment, equipment being used, and sequence of events. If more space is needed, use the backside of this form)*

Describe injury/illness:  
(Leave blank if not applicable)

Was first aid or medical aid required? (If first aid was provided, ensure a first aid report was completed and provided to person.)

☐ No ☐ First Aid ☐ Medical Aid

Name of hospital/treating physician:  
(Ensure WCB reports of injury completed.)

Describe property damage/losses:

Details of equipment, tools or machinery involved:

Describe any potential injuries or losses as result of the incident:

Describe any immediate action taken to rectify hazardous situation/prevent re-occurrence:

Names of any witnesses and contact information:

\_\_\_\_\_  
Signature of injured or involved worker

\_\_\_\_\_  
Signature of person completing  
incident report

\_\_\_\_\_  
Date/Time Completed

# INCIDENT INVESTIGATION REPORT

\*Attach Incident Report to Incident Investigation Report

INVESTIGATION TEAM			
Name:		Position:	
Name:		Position:	
Name:		Position:	
Name:		Position:	

REPORT INFORMATION			
<i>Review incident report and describe any additional information known about the incident or circumstances of occurrence:</i>			

SEQUENCE OF EVENTS			
DATE	TIME	DESCRIPTION	SOURCE

FARM NAME:

8.4

**DRAWING**  
(Diagram or attach photos)

**DETAILS OF LOSS**

<b>Description:</b>	<b>Estimated cost:</b>

**INDIRECT CAUSES**

*What failures to act/or conditions caused the event? Check all that apply*

<input type="checkbox"/> Congested or restricted area	<input type="checkbox"/> Using defective or unsafe equipment	<input type="checkbox"/> Driving errors
<input type="checkbox"/> Impairment with drugs or alcohol	<input type="checkbox"/> Environmental conditions (smoke, fumes, dust)	<input type="checkbox"/> Equipment operator error
<input type="checkbox"/> Failure to follow rules	<input type="checkbox"/> Failure to follow safe work procedures	<input type="checkbox"/> Failure to get assistance
<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Failure to tag out lock out	<input type="checkbox"/> Failure to use appropriate PPE
<input type="checkbox"/> Failure to warn or instruct	<input type="checkbox"/> Fire/explosion hazard	<input type="checkbox"/> Horseplay or fighting
<input type="checkbox"/> Improper guards or barriers	<input type="checkbox"/> Improper labeling	<input type="checkbox"/> Improper lifting, pushing or pulling
<input type="checkbox"/> Improper loading or stacking	<input type="checkbox"/> Improper placement or storage	<input type="checkbox"/> Noise
<input type="checkbox"/> Improper personal protective equipment	<input type="checkbox"/> Improper use of equipment or tools	<input type="checkbox"/> Mobile radio/cell phone use
<input type="checkbox"/> Inadequate warning system	<input type="checkbox"/> Inadequate/excessive lighting	<input type="checkbox"/> Wearing inappropriate clothing
<input type="checkbox"/> New or modified equipment	<input type="checkbox"/> Uneven ground conditions	<input type="checkbox"/> Removing or bypassing safety device
<input type="checkbox"/> Operating at unsafe speed	<input type="checkbox"/> New or modified procedure	<input type="checkbox"/> Servicing equipment in operation
<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Proper tools or equipment not available	<input type="checkbox"/> Other:

FARM NAME:

8.4

<b>DIRECT CAUSES</b> <i>Related to the circumstances that allowed the incident to occur.  Why did the indirect conditions exist? Check all that apply</i>			
<input type="checkbox"/> Abuse or misuse	<input type="checkbox"/> Equipment wear and tear	<input type="checkbox"/> Physical stress or fatigue	
<input type="checkbox"/> Inadequate inspections	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Lack of skill	
<input type="checkbox"/> Inadequate mental capability	<input type="checkbox"/> Inadequate work standards or procedures	<input type="checkbox"/> Inadequate physical capability	
<input type="checkbox"/> Inadequate tools, equipment or materials	<input type="checkbox"/> Mental stress or fatigue	<input type="checkbox"/> Inadequate supervision or leadership	
<input type="checkbox"/> Lack of training or knowledge	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
ROOT CAUSE (system failures)	COMMENTS		
Inadequate standards			
Inadequate compliance with the standards			
Inadequate systems			
Other:			
<b>CORRECTIVE ACTIONS</b> <i>Describe actions taken and follow up action required to prevent re-occurrence.</i>			
Action	Person assigned	Target date	Date completed

Investigation Sign-Off

\_\_\_\_\_  
Signature of most senior manager or supervisor

\_\_\_\_\_  
Signature of person completing investigation report

\_\_\_\_\_  
Date/Time Completed

# INCIDENT INVESTIGATION

## Self Evaluation Checklist

	YES	NO
A written policy has been developed that requires the reporting of all incidents. This includes injuries, illnesses, near misses and unsafe work refusals.	<input type="checkbox"/>	<input type="checkbox"/>
Workers are aware of their responsibilities to report work-related incidents and illnesses within a given time frame to their supervisor or a member of the management team.	<input type="checkbox"/>	<input type="checkbox"/>
A procedure for investigating incidents has been developed and implemented.	<input type="checkbox"/>	<input type="checkbox"/>
Managers and supervisors participate in investigations.	<input type="checkbox"/>	<input type="checkbox"/>
Workers participate in the investigation process.	<input type="checkbox"/>	<input type="checkbox"/>
Workers are trained on how to perform investigations.	<input type="checkbox"/>	<input type="checkbox"/>
Investigations focus on identifying root causes and corrective action.	<input type="checkbox"/>	<input type="checkbox"/>
Corrective actions identified in investigation reports are implemented to prevent re-occurrence.	<input type="checkbox"/>	<input type="checkbox"/>
Investigations are completed in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>
Completed investigation reports are communicated to workers.	<input type="checkbox"/>	<input type="checkbox"/>



FARM NAME:

9.1

# SAFETY MEETING MINUTES

Location:			
Date:		Time:	
In attendance:			
Facilitator:		Note Taker:	
	AGENDA ITEMS	ACTION ITEMS	ASSIGNED TO
1			
2			
3			
4			
5			

Minutes Approved by:

\_\_\_\_\_  
Farm Manager Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

# TOOLBOX TRAINING RECORD

Supervisor name:
Toolbox Topic:
Date of training:

**Toolbox Record Instructions**

1. Use this form to document training provided to workers during toolbox meetings.

2. Enter details of discussion or any action items. Attached any supporting information.
3. Once finished, have the workers sign the bottom to indicate they participated.

4. Provide refresher sessions as tasks change on the farm.

<b>Discussions:</b>	
<b>Action Items:</b>	
SIGN OFF	
WORKER NAME	SIGNATURE

Supervisor Name

Signature

Date Completed

# MONTHLY SAFETY SUMMARY

Records for the month of:	
Date range:	
<b>Number of workers hired:</b>	
Number of completed orientations:	
Number of training events conducted:	
<b>Number of safety meetings scheduled:</b>	
Number of safety meetings conducted:	
Percentage of attendance:	
Number of committee meetings scheduled:	
Number of committee meetings conducted:	
Number of toolbox talks scheduled:	
Number of toolbox talks conducted:	
Percentage of attendance:	
<b>Number of formal inspections scheduled:</b>	
Number of formal inspections completed:	
Number of unsafe acts, conditions, hazards identified:	
Number corrected:	
Number outstanding:	
<b>Total number of incidents reported:</b>	
Number of injuries:	
Number of lost-time injuries:	
Number of illnesses:	
Number of property damages:	
Number of near misses:	
Number of unsafe work refusals:	
Number of investigations completed:	
Number of outstanding investigations:	

# YEAR END SAFETY SUMMARY

Records for the year of:	
Date range:	
<b>Number of workers hired:</b>	
Number of completed orientations:	
Number of training events conducted:	
<b>Number of safety meetings scheduled:</b>	
Number of safety meetings conducted:	
Percentage of attendance:	
Number of committee meetings scheduled:	
Number of committee meetings conducted:	
Number of toolbox talks scheduled:	
Number of toolbox talks conducted:	
Percentage of attendance:	
<b>Number of formal inspections scheduled:</b>	
Number of formal inspections completed:	
Number of unsafe acts, conditions, hazards identified:	
Number corrected:	
Number outstanding:	
<b>Total number of incidents reported:</b>	
Number of injuries:	
Number of lost-time injuries:	
Number of illnesses:	
Number of property damages:	
Number of near misses:	
Number of unsafe work refusals:	
Number of investigations completed:	
Number of outstanding investigations:	

# SYSTEM ADMINISTRATION

## Self Evaluation Checklist

*A system is in place to ensure:*

- > Health and safety issues are communicated to workers.
- > Feedback on health and safety issues from workers.
- > Follow-up on health and safety issues.

Health and safety information is readily available to workers.

Health and safety records/statistics are collected and analyzed to identify trends on an annual basis.

An evaluation or action-plan is completed on the health and safety management system on an annual basis (audit or self-evaluation).

Results from the evaluation or action plan are communicated to workers.

A plan was developed and implemented to address deficiencies from the previous evaluation?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



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