

# HEALTH & SAFETY POLICY AND PROGRAM 2024



THIS BOOK BELONGS TO:

COMPANY:

## **Health and Safety Policy Statement**

It is the policy of Spira Fire Protection Ltd. (Spira) to perform our work in the safest possible manner and we are committed to providing a healthy and safe working environment for all of our employees. It is our belief that all of us must share in Health & Safety responsibilities and share in the commitment to making this happen as every employee is entitled to work in a safe and healthy environment. The directors of this company shall ensure every reasonable precaution will be taken to provide such an environment. Our goal is to minimize the hazards that cause accidents and injury. All supervisors and workers must be dedicated to the continuing objective of reducing risk of injury.

Supervisors will be held accountable for the health and safety of workers under their supervision. Supervisors are responsible to ensure that machinery and equipment are safe and that workers work in compliance with established safe work practices and procedures. Workers must receive adequate training in their specific tasks to protect their health and safety.

Every worker, subcontractor and employee of a subcontractor must protect his or her own health and safety by working in compliance with the Occupational Health and Safety Act, and applicable Regulations with safe work practices procedures established by this company, its clients and the general contractors.

It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety must form an integral part of this organization, from the president to the workers.

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: January 06, 2023

## **Workplace Harassment Policy**

Spira Fire Protection Ltd. (Spira) is committed to providing a work environment in which all workers are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace (including customers, clients, other employers, supervisors, workers and members of the public, as applicable).

Workplace harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome or workplace sexual harassment.

### **Workplace sexual harassment means:**

- ▶ Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome
- ▶ Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

Reasonable action taken by the employer or supervisor relating to the management and direction of workers or the workplace is not workplace harassment.

Workers are encouraged to report any incidents of workplace harassment to the appropriate person. Spira employees are to report any incident(s) of workplace harassment to Marta Redmond.

Management will investigate and deal with all complaints or incidents of workplace harassment in a fair, respectful and timely manner. Information provided about an incident or about a complaint will not be disclosed except as necessary to protect workers, to investigate the complaint or incident, to take corrective action or as otherwise required by law.

Managers, supervisors and workers are expected to adhere to this policy, and will be held responsible by the employer for not following it. Workers are not to be penalized or disciplined for reporting an incident or for participating in an investigation involving workplace harassment.

If a worker needs further assistance, he or she may contact Steve Steele, Health and Safety from UA Local 853 or Marta Redmond Health and Safety Representative for Spira.

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: January 06, 2023

## **Workplace Violence Policy**

The management of Spira Fire Protection Ltd. (Spira) is committed to the prevention of workplace violence and is ultimately responsible for worker health and safety. We will take whatever steps are reasonable to protect our workers from workplace violence from all sources.

The Occupational Health and Safety Act defines workplace violence as: Workplace violence is violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths.

Violent behavior in the workplace is unacceptable from anyone. This policy applies to Spira employees, visitors, delivery persons and sales representatives. Everyone is expected to uphold this policy and to work together to prevent workplace violence.

There is a workplace violence program that implements this policy. It includes measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance and a process for workers to report incidents, or raise concerns.

Spira, as the employer, will ensure this policy and the supporting program are implemented and maintained. All workers and managers will receive appropriate information and instruction on the contents of the policy and program.

Managers will adhere to this policy and the supporting program. Managers are responsible for ensuring that measures and procedures are followed by workers and that workers have the information they need to protect themselves.

Every worker must work in compliance with this policy and the supporting program. All workers are encouraged to raise any concerns about workplace violence and to report any violent incidents or threats. Workers are to report workplace violence incidents to their Managers and the Managers are to report any incidents to Marta Redmond or Tim Hebbes, Health and Safety Representatives, there will be no negative consequences for reports made in good faith.

Management pledges to investigate and deal with all incidents and complaints of workplace violence in a fair and timely manner, respecting the privacy of all concerned as much as possible. Spira will investigate all incidents or complaints and will be dealt on a professional manner.

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: January 06, 2023

## **Accessibility Policy**

Spira Fire Protection Ltd. (Spira) is committed to providing goods and services in a manner that is accessible for persons with disabilities and in accordance with the principles of dignity, independence, integration and equal opportunity. In compliance with the *Accessibility for Ontarians with Disabilities Act (AODA)*, Spira has made available our Service Accessibility Policy.

This policy has been put in place to ensure all persons with a disability are provided with proper service and equal opportunity when applying, working for, or visiting Spira. Spira will make reasonable efforts to ensure that persons with disabilities are provided equal opportunity to obtain, use and benefit from the Company's goods and services. Any person with a disability may use assistive devices, service animals or support persons as required within Spira. This policy applies to all employees, volunteers, and contractors who deal with the public or other third parties on behalf of Spira.

### **Hiring**

Spira encourages applications from people with disabilities and will accommodate such persons when taking part in the hiring process. Spira will notify job applicants when they are selected for an interview that accommodation will be provided if required. The Service Accessible Policy is apart of Spira's Hiring Checklist, which provides new hires with all of our policies.

### **Workplace Information**

Spira's policies are available in printed format. Spira will send emails, post bulletins or send out news letters about new company policies or changes to previous policies to all employees. Any employee with a disability will receive information based on their predetermined form of communication that was established during the hiring process.

### **Talent and Performance Management**

Spira will always consider the needs of a person with a disability, especially during performance or career development processes. Spira will accommodate people with disabilities by modifying the procedure to suit their specific needs in a way that is accessible to them.

### **Communicate Accessibility Policies**

Spira will communicate accessibility policies to employee as well as newly hired employees, and let all know if there are any changes to the policies by emails, memos, on our website, health and safety bulletin board, one to one conversation and printed copies for employees that do not have access to a computer.

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: January 06, 2023

## **Drug and Alcohol Policy**

Employees of Spira Fire Protection Ltd. are our most valuable resource and for that reason their health and safety is of concern. Any drugs will be treated the same as all other recreational substances and we have adopted this policy to communicate our expectations and guidelines surrounding drugs and alcohol use, misuse and abuse.

### **Guidelines**

To help ensure a safe and healthy workplace, we reserve the right to prohibit any drugs or alcohol from being brought on to, or be present on company premises, in company vehicles or job sites.

### **Roles and Responsibilities**

Spira Fire Protection Ltd. will clearly communicate all expectations surrounding drug and alcohol use, misuse and abuse. To help enforce this policy, management and employees are expected to adhere to the following:

### **Management Will**

- ▶ Identify any situations that may cause concern regarding an employee's ability to safely perform their job functions.

### **Employees Will**

- ▶ Arrive to work fit for duty and remain fit for duty throughout their shift
- ▶ Perform work safely in accordance with company established safe work practices
- ▶ Avoid the consumption, possession, sale or distribution of drugs or alcohol on company property and during working hours even if off company property
- ▶ Not be allowed to use drugs or alcohol in the workplace, public place or motorized vehicle

### **Disciplinary Action**

Employees found in violation of this policy will be subject to disciplinary action, up to and including termination of employment. Where applicable, Spira Fire Protection Ltd. may also take legal action in accordance with the law.

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: March 27, 2023

## **Vaccination Policy**

Spira Fire Protection Ltd. is committed to providing and maintaining a safe work environment and has adopted a COVID-19 policy requiring that all employees receive a vaccine or obtain an approved exemption.

### **Purpose**

The purpose of a COVID-19 Vaccination Policy is to minimize transmission of the coronavirus in the workplace by providing protection to employees and preventing transmission among employees and to members of the community.

### **Policy**

All employees covered by this policy are required to be “fully vaccinated”. “Fully vaccinated” means an employee has received the required number of vaccination shots. All employees and applicants for employment at Spira Fire Protection Ltd. must show proof they are fully vaccinated as a condition of being hired unless they qualify for a medical exemption as outlined below.

### **Requests for Accommodation**

A request for Medical exemption must be supported by documentation from an authorized medical practitioner including if it is temporary or permanent.

### **Consequences of Non Compliance**

Employees without valid documentation of either vaccination or valid exemption from vaccination will be considered noncompliant with this Policy and will be subject to disciplinary action, up to and including termination.

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: January 6, 2023

## **The Right to Disconnect**

### **Policy Statement**

The health and well being of our Employees is important to Spira Fire Protection Ltd.. Disconnecting from work is a significant part of achieving overall well being, as well as maintaining a good work-life balance.

To encourage and support our Employees in balancing their working and personal lives, whether working traditional hours in the workplace or remotely, the Right to Disconnect Policy supports each Employee in disconnecting from work outside of their regular working hours, subject to reasonable expectations.

### **Definitions**

#### Regular Working Hours:

- ▶ An employee's regular working hours are set out by their manager and they may vary. The ability to disconnect from work is within the context of individual work schedules.

#### Disconnecting from Work:

- ▶ Not engaging in work-related communications, including emails, telephone calls, video calls, text messaging or sending or reviewing other messages, to be free from the performance of work.
- ▶ Discourages after-hours communications except in emergencies, urgent situations or where agreed to by all parties beforehand.
- ▶ Does not conflict with any employee obligations to respond to communications after-hours as identified in work schedules or collective agreements.
- ▶ Employees should not be penalized for disconnecting during non-working hours.

### **Scope**

- ▶ This policy applies to all employees of Spira Fire Protection Ltd. whether they are working remotely, in the workplace or job sites.

### **Responsibilities**

- ▶ All levels of management are responsible for the administration of this Policy.

### **Officers and Directors are Responsible for:**

- ▶ Ensuring proper application of this policy
- ▶ Ensuring service specific processes comply with the corporate standards and government legislation

Signed: *David Spira*

Name and Position: David Spira, Vice President

Date: January 6, 2023



## **Electronic Monitoring of Employees**

### **Purpose**

The Electronic Monitoring Policy will define a structured approach for monitoring to include early identification of any new unforeseen threats, security vulnerabilities and other detections methods to minimize the potential impact with Spira Fire Protection Ltd. This policy is to maintain the confidentiality and availability of Spira Fire Protection's information.

### **Scope**

This policy affects all employees of Spira Fire Protection Ltd.

### Electronic Monitoring Policy

- a) Monitoring activities
  - ▶ Operating system security parameters
  - ▶ Automated intrusion detection system logs
  - ▶ Firewall logs
  - ▶ User account logs
  - ▶ System error logs
  - ▶ Network scanning logs
  - ▶ Application logs
  - ▶ Data back up and recovery logs
  - ▶ Network printer and fax logs
- b) Security monitoring shall be conducted and documented by Lunarstorm such as
  - ▶ Unauthorized access
  - ▶ Unauthorized network scans or exploitations
  - ▶ Unauthorized system actions or user activity
- c) Any security incidents discovered will be looked after by management for follow-up, review and take appropriate action

Signed *David Spira* :

Name and Position: David Spira, Vice President

Date: January 6, 2023

## **SECTION 02 - RESPONSIBILITIES**

### **COMPLIANCE**

As part of our commitment to health and safety, the following regulations are in place. You are required to comply with them as a condition of employment to ensure a safe work environment for yourself and your co-workers. We will ensure that the prescribed equipment, materials and protective devices are provided and maintained in good condition. These regulations may be amended or modified from time to time to reflect changing conditions.

- ▶ Occupational Health and Safety Act.
- ▶ Regulations or Policies for Construction Projects.
- ▶ Facility Safety and Environmental Policies and Procedures.
- ▶ Safety Rules.

### **RESPONSIBILITIES:**

#### **President shall:**

- ▶ be directly responsible for the safety of all employees and associates.
- ▶ develop and enforce safety policies, plans, programs and safety rules to achieve a safe environment.
- ▶ ensure that the company complies with the Occupational Health and Safety Act, the Workers' Compensation Act and Regulations, Orders and Requirements of Inspectors and Orders of the Minister.
- ▶ review annually Spira Fire Protection Ltd's written health and safety policy.
- ▶ provide the necessary resources to implement, support and enforce Spira Fire Protection Ltd's health and safety policy and program within the company.
- ▶ promote the exchange of health and safety information with outside groups.

#### **Co-ordinator shall:**

- ▶ conduct monthly safety inspections of the office and shop located at 31 Hayes Ave., Guelph for recognition and correction of hazards.
- ▶ document and follow up on the investigation of accidents in order to determine causes and document
- ▶ distribute corrective actions to all employees to prevent recurrence.
- ▶ establishing and maintaining a record-keeping system that will meet regulatory requirements.
- ▶ initiating and recommending to the President activities that will stimulate interest in safety.
- ▶ accumulating information on the safe operation of new equipment, documenting the procedures, operations or jobs as they relate to the prevention and control of accidents.
- ▶ monitoring the results of the safety program to be aware of trends, potential problems, predominate loss types and overall progress of the program.
- ▶ reporting to the president about safety issues and concerns from employees.

#### **General/Project Manager shall:**

- ▶ ensure that equipment, materials and protective devices are provided and maintained in good condition.
- ▶ review all accident reports at least quarterly.
- ▶ review site training plans for health and safety and ensure adequate measures are available.
- ▶ complete Section 13 - Inspections and Hazard Assessments, project/jobsite startup safety audit checklist and review with the project foreman/supervisors.
- ▶ review the site health and safety program with all Spira Fire Protection Ltd's project foreman/

supervisors and all subcontractors to Spira Fire Protection Ltd., identifying their responsibilities and emphasizing cooperation among all parties.

- ▶ provide compensation and time necessary to Spira Fire Protection Ltd's employees who are selected as a health and safety representative or as a safety committee member.

**All Supervisors/Project Foreman shall:**

- ▶ ensure that workers use or wear the equipment, protective devices or clothing that Spira Fire Protection Ltd. requires to be used or worn.
- ▶ ensure that workers work in the manner and with protective devices, measures and procedures required by the Occupational Health and Safety Act and applicable Regulations.
- ▶ provide orientation for new crew members.
- ▶ conduct weekly safety talks.
- ▶ inspect safety equipment weekly.
- ▶ inspect tools and equipment at least weekly to ensure that they are properly maintained.
- ▶ review safety aspects of each task with crew.
- ▶ conduct accident investigations.
- ▶ report safety problems to Spira Fire Protection Ltd.'s General/Project Manager.
- ▶ ensure that housekeeping is done at least daily.
- ▶ review MSDS's with crew before using hazardous materials.
- ▶ review minutes of safety meetings, Ministry of Labor orders and safety directives with their crew.

**All Workers shall:**

- ▶ work safely in accordance with Spira Fire Protection Ltd.'s Health and Safety Policy and Program, sprinkler fitters health and safety manual as well as the project or client's health and safety programs.
- ▶ work in a manner that will not endanger anyone.
- ▶ use or wear protective equipment, protective devices or clothing that Spira Fire Protection Ltd., the client or the Occupational Health and Safety Act and applicable Regulations require to be used or worn.
- ▶ report hazards or unsafe conditions to your supervisor after taking appropriate immediate action.
- ▶ report all injury, illness, near misses to your supervisor immediately.
- ▶ clean up your own work area at least daily.
- ▶ inspect personal protective equipment before use and report defects or damage to your supervisor.
- ▶ seek help through the Company Employee Assistance Program.
- ▶ participate in joint health and safety committees activities.
- ▶ renew on an annual basis the WHMIS update for sprinkler fitters as per the Ontario Sprinkler Industry Joint Training and Apprenticeship Committee and provide a copy of compliance to the safety secretary to be filed in your employee history file.
- ▶ help new employees recognize job hazards and follow proper procedures.

**All Subcontractors to Spira Fire Protection Ltd. Shall:**

- ▶ work safely in accordance with Spira Fire Protection Ltd.'s Health and Safety Policy and Program as well as the project or client's health and safety program including the Occupational Health and Safety Act and applicable Regulations.
- ▶ ensure that all their employees comply with the site Health and Safety Policy and Program.
- ▶ provide training to their employees in the requirements of the site safety and program.
- ▶ ensure that their employees are properly licensed and qualified as required by contract or trained for their assigned duties.
- ▶ provide, inspect and maintain the necessary safety equipment as required for their direct-hire employees.

- ▶ monitor site conditions daily and record all injuries, accidents or near misses.
- ▶ notify Spira Fire Protection Ltd.'s supervisor immediately of any lost time injuries or medical aid cases that occur on the project.
- ▶ conduct cleanup of work areas daily. (If waste and debris create a hazard and are not cleaned up in a reasonable time, they will be cleaned up by Spira Fire Protection Ltd. At the expense of the subcontractor).
- ▶ conduct regular weekly toolbox talks in addition to specific hazard training when required.
- ▶ provide compensation and time necessary to employees who are selected as a health and safety representative or a safety committee member.

## SECTION 03 - ENFORCEMENT

### DISCIPLINARY ACTION

In order to ensure that the Health and Safety Policies of Spira Fire Protection Ltd. Are complied with at all times, the following disciplinary action will be enforced for violation of the Occupational Health and Safety Act for Construction Projects and the Safety Policies contained herein.

#### First Infraction:

Verbal warning. (details documented and given to the president to either put in employee file for a Spira employee or in the contract file for a subcontractors worker)

#### Second Infraction:

Verbal warning. (details documented and given to the president to either put in employee file for a Spira employee or in the contract file for a subcontractors worker)

#### Third Infraction:

Written warning and reminder of this Disciplinary Action. (copy to be given to the worker and to the president to either put in employee file and send a copy to Local 853 for a Spira employee or to send to the subcontractor and file a copy in the contract file.)

#### Forth Infraction:

Meeting with Spira Fire Protection stakeholders and issuance of Final Warning.(copy to be given to the worker and to the president to either put in employee file and send a copy to Local 853 for a Spira employee or to send to the subcontractor and file a copy in the contract file.)

#### Fifth Infraction:

Written notice and dismissal from the job site.

All notices shall be explained to the employee, supervisor or subcontractor regarding the violation and corrective action required to eliminate the violation.

## **SECTION 04 - EQUIPMENT SAFETY INFORMATION**

### **General:**

The operators manual contains specific safety information and instructions for your protection against serious injuries. Before using any tool or piece of equipment always read and understand the instructions on safe operation. A copy of the operators manuals for tools and equipment owned by Spira Fire Protection Ltd. is located in the general office on the safety shelf. Read and follow safety labels on machinery and equipment and know the location and functions of all controls before using the tools or equipment. Always inspect the machinery before use. Where a harness where applicable and any other safety measures indicated. Field modifications or alterations to equipment shall not be made unless explicit written consent has been attained by the equipment manufacturer.

### **Ladders**

- ▶ Ladders should only be erected on a firm and level surface. If it must be set-up on soft, uncompressed, or rough soil, a mud-sill is to be used.
- ▶ Ladders must be tied off or otherwise secured to prevent movement.
- ▶ When a task must be done from a step ladder, the length of the ladder must be such that the worker stands on a rung no higher than third from the top.
- ▶ When climbing up or down, workers must always face the ladder. Three-point contact should always be maintained when climbing up or down a ladder (two hands and one foot, or two feet and one hand).
- ▶ Ladders are not to be erected on boxes, carts, tables, scaffold platforms, elevating work platforms or on vehicles.
- ▶ Straight ladders should be set up at an angle such that the horizontal distance between the top support and the base is not less than one-quarter or greater than one-third the vertical distance between these points.
- ▶ Metal ladders, or ladders with wire reinforcing, must not be used near energized electrical conductors.
- ▶ All ladders erected between levels must be securely fastened, extend at least 90 centimeters (3 feet) above the top landing, and afford clear access at the top and bottom.
- ▶ Ladders with weakened, broken, bent or missing rungs, broken or bent side rails, broken, damaged or missing non-slip bases or otherwise defective must not be used and should be tagged and removed from site.
- ▶ Ladders should not be used horizontally as substitutes for scaffold planks, runways or any other service for which they have not been designed.
- ▶ Workers should not straddle the space between a ladder and another object.
- ▶ If work is being done from a ladder where use of a fall-arrest system is required, the worker shall be in a full-body harness and be properly secured by means of a lanyard to a lifeline or another appropriate anchor.
- ▶ A Ladder Risk Assessment and Inspection Checklist must be completed prior to using a ladder.

# Spira Fire Protection Workplace Ladder Risk Assessment and Inspection Checklist

Project Name, Job# and address: \_\_\_\_\_

Before using a ladder rather than a scaffold, ensure the hazards associated with the ladder work have been assessed and appropriate controls are in place to protect your health and safety (complete the ladder risk assessment below).

## Ladder Risk Assessment

The Ladder:

- is suitable for the task (step, extension, or platform ladder)
- is a suitable grade
- can accommodate the weight being moved up or down or being held on it
- length will position the worker so he/she does not have to overreach
- length will extend three rungs above the top of the supporting surface (e.g., extension ladder)
- has been maintained (complete the inspection checklist below)
- can be used as per the manufacturers guidelines

Workers Working on Ladders

- are trained in ladder safety
- can perform tasks that do not affect the ladder stability
- can climb the ladder using both hands
- can climb the ladder while facing it
- can stand on the ladder and receive or place materials/tools without reaching sideways beyond the side rails of the ladder , or below knee level, or lean backwards
- can achieve three-point contact when standing on working on the ladder (e.g., not holding large, awkward items that require both hands to hold)
- can always keep both feet on the ladder when standing on it
- can stand below a height of three metres (otherwise fall protection is needed)

Location of work: \_\_\_\_\_ Type of Ladder: \_\_\_\_\_ Length: \_\_\_\_\_

## Inspection Checklist

<b>Perform the following ladder inspections prior to use on a daily basis.</b>	<b>If any of the following are unacceptable, do not use the ladder, tag it as unfit, return it to the shop, complete a tool repair tag, affix to ladder, put ladder in designated location for repair or disposal and give the repair request to your supervisor.</b>			
Check all rungs to ensure that they are not loose.	Acceptable		Non-acceptable	
Ensure that all nails, screws, bolts or other metal parts/fasteners are tight.	Acceptable		Non-acceptable	
Inspect all steps and rails for any splinters, splits, cracks or chips.	Acceptable		Non-acceptable	
Inspect Non-slip safety feet for damage or excessive wear.	N/A		Acceptable	Non-acceptable
Inspect the ladder for stability when set.	Acceptable		Non-acceptable	
Inspect hinge spreaders to ensure they are tight and straight.	N/A		Acceptable	Non-acceptable
Inspect hinge spreader stops to ensure they function properly.	N/A		Acceptable	Non-acceptable
Ensure extension locks are in place, in good condition and function	N/A		Acceptable	Non-acceptable
Inspect rope on extension ladder to ensure that it is undamaged.	N/A		Acceptable	Non-acceptable
Was ladder properly stored when not in use?	Acceptable		Non-acceptable	
Name of person performing inspection:				
Signature:		Date:		

## **Scaffolds**

Scaffolds shall be inspected and tagged for defects or any issues by a Competent Person. Any tags found on the equipment workers must adhere to. Unsafe equipment or conditions must be tagged out by a Competent Person, and must be complied with.

- ▶ The erection and dismantling of scaffolds must be carried out under the supervision of personnel knowledgeable and experienced in such operations.
- ▶ Scaffolds must be erected with all braces, pins, screw jacks, baseplates, and other fittings installed as required by the manufacturer.
- ▶ Scaffolds must be equipped with guardrails consisting of a top rail, mid-rail and toeboard. “ *Inspect all components before use* “
- ▶ Scaffold platforms must be at least 46 centimeters (18 inches) wide and if they are over 2.5 meters (8 feet) high, they must be planked across their full width.
- ▶ Scaffolds must be tied into a structure at vertical intervals not exceeding three times the least lateral dimension, including the dimension of any outrigger stabilizing devices.
- ▶ Where scaffolds cannot be tied to a structure, guy lines adequately secured should be used to provide stability and prevent tipping.
- ▶ Scaffold planks must be securely fastened to prevent them from sliding.
- ▶ Scaffold planks must be of good quality, free of defects such as loose knots, splits, rot or rough sawn, measuring at least 51 mm x 254 mm (2" x 10") in cross section, and be SPF No. 1 or better when new.
- ▶ Scaffolds must be erected, used and maintained as required by the manufacturer.
- ▶ Scaffolds must be equipped with a proper ladder for access. When ladder extends over 3m (10ft) above grade, floor or landing, shall have a safety cage commencing no more than 2.2m (7ft) above grade, floor or landing.
- ▶ Frame Scaffolds over 15 meters (50ft) and Tube and Clamp Scaffolds over 10m (30ft) shall be designed by a professional engineer and erected in accordance with the design.
- ▶ Remove ice, snow, oil, grease and other slippery materials from the platform and sand the surface. Keep the work platforms as clean as possible to prevent dust and other debris falling one level to another.
- ▶ Wheels or castors on rolling scaffolds must be equipped with braking devices and be securely pinned to the scaffold frame.

## **Elevating Work Platforms**

A worker who operates an elevating work platform shall, before using it for the first time receive instructions regarding: the purpose and function of all controls, safety devices, operating characteristics, and the location of the operating manuals (s). CSA B354) This applies to all elevating work platforms whether owned by Spira Fire Protection Ltd., rented or borrowed. The worker shall ensure to use all safety measures as indicated.

### **The instruction and training shall include:**

- ▶ The manufacturer’s instruction
- ▶ Instruction in the load limitation
- ▶ Instruction in and a hands-on demonstration of the proper use of all controls; and
- ▶ Instruction in the limitations on the kinds of surfaces on which it is designed to be used.

### **An elevating work platform:**

- ▶ Shall not be loaded in excess of its rated working load
- ▶ Shall be used only on a firm level surface
- ▶ Shall be used only in accordance with the written instruction of the manufacturer



- ▶ Shall not be loaded and used in such a manner so as to affect its stability or endanger a worker; and
- ▶ Shall not be moved, on any plane, unless all workers on the platform are protected against falling by means of a full-body harness and lanyard attached to the platform.

*An operator's manual for an elevating work platform shall be kept with it while on a project.*

When A Spira Employee Operates an Aerial Platform which he/she is not familiar with:

- ▶ The operator shall receive instructions regarding: the purpose and function of all controls, safety devices, operating characteristics, and the location of the operating manual(s). (CSA B354).

This applies to all elevating work platforms whether owned by Spira Fire Protection, rented or borrowed.

**SPIRA FIRE PROTECTION**

**OPERATOR'S DAILY CHECKLIST FOR  
ELEVATED WORK PLATFORM**

**Date:** \_\_\_\_\_ **Vehicle I.D#:** \_\_\_\_\_ **(Operator Please ):** \_\_\_\_\_

**Indicate an "X" where a problem is detected and a check mark to indicate no problem visible.**

VISUAL INSPECTION		OPERATIONAL INSPECTION	
1. Battery (Vent caps, covers and cables)		A) Listen for unusual noise	
2. Tires & Wheels		B) Check Brake	
3. Hydraulic Hoses/Leaks		C) Lifting Control	
4. Placards and Warning Signs		D) Forward Driving/Accelerator/Steering	
5. Propane Tank - good condition		E) Reverse Driving/Accelerator/Steering	
6. Lift Device (scissor, articulated boom)		G) Lights	
7. Floor of platform, clear, undamaged		H) Horn	
8. Attachment for fall protection present		I) Gauges	
9. Guard rails in good condition		J) Oil Spots on Floor	
10. Operators Controls in good condition		K) All warning signals function (ie beepers)	
11. Ground level control (if applicable)		<b>Operators Signature:</b>	
12. Ladder or steps in good condition			
13. Beacon or warning lights in good condition			
14. Outrigger or stabilizer (if applicable)			
15. Access gate present, good condition			
16. Structure - no visible damage			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAUTION:** This is not a complete list of all items which may require attention. Operators are responsible for ensuring that the vehicle is in proper working condition in accordance with the manufacturer's specifications.

**DO NOT** operate vehicle if problem detected. Report all problems to your supervisor or service department.

***TO BE COMPLETED BY DESIGNATED OPERATOR AND FORWARDED TO SUPERVISOR.***

**Policy on Cell Phones & Other Electronics**

Purpose: The goal of the policy are to ensure:

- ▶ Workers are protected from injury or harm as a result of distraction while talking on cell phones or other electronic equipment during work hours.
- ▶ Workers are protected from the dangers of moving equipment and other hazards while using a cell phone or other electronic equipment.

**Procedure for Receiving and Making Cellular Calls:**

- ▶ Workers are permitted to bring their personal cell phone to the work place. Cell phones must be turned off during working hours. Permission must be granted by the worker's immediate supervisor prior to any personal calls being made or received during normal working hours.
- ▶ Personal calls can be made during scheduled breaks or prior to the worker beginning his shift. However, if there is an urgent call needed to be made by the worker, the worker must request permission from his supervisor prior to making any call.
- ▶ The worker will be granted permission on a case by case basis and requested to exit the immediate work area. A safe zone will be identified by the supervisor to ensure the worker's safety and allow the call to be made without placing the worker in danger or undue harm.

**Company Issued Cell Phones and Mike Units:**

- ▶ Employees using a cell phone/mike unit must be aware of their surroundings and only utilize the phone when it is safe to do so.
- ▶ Holding or using a wireless communication device (a cell phone) or a portable electronic entertainment device (ipod) while driving is prohibited.
- ▶ Commercial GPS units along with similar dashboard-mounted devices that provide gauges and displays relating to logistical or navigation uses are fine.
- ▶ Using a cell phone or wireless communication device in hands-free mode, as long as you are not holding it during use, is fine.
- ▶ Using any device while pulled-over or parked in a way that you are not disrupting traffic is fine.
- ▶ The ban is in effect as of October 26, 2009 and will carry a fine of 500.00.

## **SECTION 05 - SAFETY RULES**

- ▶ Every worker shall wear approved safety footwear at all times.
- ▶ Eye protection must be worn when there is a risk of injury to the eyes.
- ▶ Hearing protection must be worn in all designated areas or as dictated by the work being performed.
- ▶ Loose fitting clothing or jewelry must not be worn near any rotating shaft, spindle, gear, belt or other source of entanglement. Long hair shall be suitably confined to prevent entanglement with any rotating shaft, spindle, gear, belt or other source of entanglement.
- ▶ Shirts and long pants must be worn at all times. Muscle style shirts will not be allowed.
- ▶ The use of alcohol, drugs (not prescribed by a physician) or medical cannabis used on the job, during working hours or while driving a company vehicle on call or otherwise will result in disciplinary action.
- ▶ Every worker shall wear head protection during construction activities, or where there is a danger of injury to the head.
- ▶ Regulations require that, unless guardrails, a safety net or travel-restraint system is being used, a fall-arrest system must be worn if a worker may fall more than 3 meters, fall through an opening in the work surface, fall more than 1.2m (4ft) if the work area is used as a path for a wheelbarrow or similar equipment, into operating machinery, into water or other liquids, into or onto hazardous substances or objects.
- ▶ Lock out procedures in accordance with the Health and Safety manual must be followed when working above the crane line or on electrical, pneumatic, hydraulic, diesel or other sources of energy.
- ▶ All workers must maintain good housekeeping practices on a daily basis at job sites, shop, clients' premises and in trucks/vans.
- ▶ There shall be no radios, headphones, ipods, mp3 players or other music devices etc. allowed on any job sites.
- ▶ No worker shall engage in any prank, contest, feat of strength, unnecessary running, rough and boisterous play or work in such a manner that may endanger himself, herself or any other worker.

## **SECTION 06 - PERSONAL PROTECTIVE EQUIPMENT**

### **General:**

Wear protective clothing and use such protective equipment or devices that are necessary to protect yourself against hazards to which you may be exposed. All safety equipment must adhere to CSA standards. Always use fall protection where applicable and indicated.

- ▶ On the job do not wear
  - ▶ loose or ragged clothing or cuffs
  - ▶ greasy or oily clothing, gloves or boots
  - ▶ finger rings
- ▶ Keep neck chains under clothing so they do not hang out. Long hair should be tied back.
- ▶ Clothing made of synthetic fibers can be readily ignited and melted by electrical flash. Cotton or wool fabrics are more flame retardant and therefore are recommended as work clothes.

### **Head protection:**

- ▶ Workers must obtain and wear at all times, on the job, a CSA certified Class E safety hat.
- ▶ Safety hats must not be painted.
- ▶ The shell and suspension of safety hats must be inspected regularly and replaced if cracks, deep scratches, or other defects are detected.

### **Foot protection:**

- ▶ At all times on the job, workers must wear CSA certified Grade 1 footwear or CSA certified footwear with heavy-duty toe and sole protection.
- ▶ Workers purchasing new work boots should obtain CSA certified Grade 1 footwear. Such boots bear a green triangular patch stamped with the registered trademark of the Canadian Standards Association on the outside and a rectangular green label on the inside.
- ▶ It is recommended that workers wear electric shock resistant footwear identified by a white rectangular label bearing the CSA trademark and the Greek letter omega in orange. This footwear does not provide absolute protection from electrocution, but does provide some shock resistance in dry locations.
- ▶ Work boots should be fully laced and tied.
- ▶ Replace badly worn or deteriorated work boots.

In addition to mandatory hard hats and safety boots, other personal protective equipment such as eye protection, hearing protection, and fall-arrest devices must be worn when required. There may also be a requirement for skin protection, gloves, respirators, or specially designed protective clothing under certain hazardous conditions.

### **Eye protection:**

- ▶ For basic eye protection, wear properly fitted industrial quality glasses with side shields. Specific types of eye protectors, including glasses, cover goggles, and face shields should be matched to specific hazards.
- ▶ At a minimum, cover goggles are recommended for workers drilling overhead or into concrete, masonry and drywall, when using powder actuated tools and when chipping, grinding or cutting. Also eye protection should be worn whenever any power tool is being used.

- ▶ Detailed consideration should be given to the severity of all hazards in selecting the most appropriate protection. Optimum protection often requires a combination of different classes and types of eye protectors. Cover goggles or full face shield is highly recommended when drilling or using a quick cut chop saw.

### **Hearing protection:**

It is required that each worker have hearing protection available for use at his or her work station since continuous exposure to excessive noise from certain construction activities can lead to hearing loss.

Hearing protection is available in three general types:

- i. Disposable earplugs (made of pliable material, one-size fits all but can be used only once).
- ii. Permanent plugs (must be fitted to provide a good seal but can be washed and reused).
- iii. Earmuffs (when properly fitted and worn, these generally provide more protection than earplugs).

Personnel working in noisy areas or with noisy equipment such as cut off saws, hammer drills, grinders, threading machines are required to wear hearing protection. Prolonged exposure to noise levels exceeding 85 decibels is harmful.

### **Respiratory protection:**

Construction personnel are often exposed to respiratory hazards generated by equipment, materials or procedures such as spray-painting and welding. Although proper work practices and engineered controls may be used to reduce these hazards, often the only practical control is respiratory protective equipment. Protection is ensured not only by the respirator but also by its proper selection and use.

To select the proper respirator for a particular job, you must know the characteristics of the hazard, the anticipated exposure, and the limitations of the equipment. Respiratory equipment should only be selected by someone who understands all three factors. Most manufacturers can assist with the selection.

### **Respiratory hazards that may be present are:**

- ▶ **Gases**  
Common toxic gases in construction are carbon monoxide from engine exhaust and hydrogen sulphide in sewers.
- ▶ **Vapors**  
Vapors are produced by solvents such as xylene, toluene, and mineral spirits used in paints, coatings and de-greasers.
- ▶ **Fumes**  
Welding fume is the most common type of fume in construction. Other examples include pitch fume from coal tar in built-up roofing and fume from diesel engines.
- ▶ **Mists**  
The spraying of paint, form oils and other materials generates mists of varying composition.
- ▶ **Dusts**  
Dust are generated by crushing, grinding, sanding or cutting. Two common dusts in construction are fibrous dust from insulation materials and non-fibrous silica dust from sandblasting.

### **Fall protection:**

- ▶ All employees must have a **current Working at Heights certification**.
- ▶ Regulations require that, unless guardrails, a safety net, or travel-restraint system is being used, a fall-arrest system must be worn if a worker may fall; More than 3 meters

- ▶ Into operating machinery
- ▶ Into water or other liquids
- ▶ Into or onto hazardous substances or objects
- ▶ fall through an opening in the work surface
- ▶ fall more than 1.2m (4ft) if the work area is used as a path for a wheelbarrow or similar equipment

All workers who may be required to use a fall protection system will be adequately trained in its use. Fall protection must meet CSA Standards. The training \*will include but not limited to the following:

- ▶ Guardrails
- ▶ Travel Restrain Systems
- ▶ Fall Arrest Systems
- ▶ Lanyards and Lifelines
- ▶ Anchor Systems
- ▶ Temporary Fixed Supports

**No worker shall use a fall protection system unless they have been adequately trained.**

**\* The employer to ensure that the training:**

- ▶ Is adequate
- ▶ has oral and written instructions
- ▶ is given by a competent person
- ▶ has a written training and instruction record for each worker prepared by a competent person
- ▶ record is signed by a competent person
- ▶ record includes the workers name and date of training
- ▶ record to be made available for an inspector

**Skin Protection:**

Always dress suitably for work. Clothes are your first line of defense against hazards on the job. Items such as denim coveralls and long-sleeve cotton shirts protect you against minor scrapes and bruises as well as harmful ultraviolet exposure outdoors.

**Regulations require protection where there is a risk of injury from contact between a worker's skin and;**

- ▶ A noxious gas, liquid, fume or dust
- ▶ An object that may puncture, cut or abrade the skin
- ▶ A hot object, hot liquid, or molten metal
- ▶ Radiant heat

Gloves are very effective protection against most minor cuts, scrapes, and abrasions. Gloves are therefore strongly recommended for working with sharp or abrasive materials.

## SECTION 07 - SAFE WORK PROCEDURES

### CONFINED SPACES RESPONSIBILITIES

#### Senior management shall, before work begins:

- ▶ notify the local utility or Ontario Hydro for work on electrical vaults.
- ▶ identify confined space locations and work areas and identify confined space work procedures required.
- ▶ provide confined spaces training for direct-hire employees.

#### Supervisors shall, before work begins:

- ▶ ensure that a competent worker inspects all equipment as often as necessary to ensure that it is in working order
- ▶ obtain "Safe Work Permit" from the client if required and follow the confined space work procedures appropriate for the work site.
- ▶ provide necessary ventilation, breathing apparatus, safety staff and rescue equipment.

#### All workers shall:

- ▶ test respiratory and rescue equipment before use.

#### All subcontractors shall:

- ▶ take responsibility for any confined space equipment and training for their employees.
- ▶ identify, test and arrange for their own permits

### CONFINED SPACE ENTRY PROCEDURES:

1. Before a worker enters a confined space a competent worker shall test and evaluate it to determine whether it is free from hazards to a worker.
2. The worker who performs the test shall certify in writing whether the confined space may endanger a worker.
3. Where a hazardous atmosphere is present the space shall be purged and ventilated to provide an atmosphere that does not endanger the workers. Measures necessary to maintain the atmosphere shall be taken. Suitable arrangements for rescue are required. A worker shall be stationed outside the space.
4. Where purging and ventilating is not adequate to maintain a safe atmosphere the worker shall wear a suitable protective breathing apparatus and a full body harness. A means of communication is required between a worker in the space and a worker outside. A person trained in artificial respiration and able to perform rescue operations shall be readily available outside the space.
5. No entry if the concentration in the atmosphere is greater than 50% of the lower explosive limit.
6. Only work that does not generate heat, and does not cause sparks or open flame, explosions or flash fires can be performed if the concentration in the atmosphere does not exceed 10% of the lower explosive limit.

### TAGGING AND LOCKING OUT RESPONSIBILITIES

#### Senior management shall:

- ▶ develop a written corporate tagging and lockout procedure.



- ▶ ensure that work specific or site specific tagging and lockout procedures conform with the requirements of the companies health and safety program.
- ▶ provide general and system specific tagging out and lockout training.

**Supervisors shall:**

- ▶ provide workers with combination tag and lockout bars, padlocks c/w individual key.
- ▶ consult with management and or the owner/client if a secure lockout is not possible.
- ▶ check that all workers are clear of the work area before re-energizing the system.
- ▶ obtain the owner/clients authority to re-energize any system.

**Workers shall:**

- ▶ comply with the corporate tagging and lockout procedure and/or the owner/clients tagging and lockout procedure or risk disciplinary action.

**TAGGING AND LOCKING OUT PROCEDURE:**

*Note: In-plant procedures specified by the owner or client take precedence over the procedures outlined here, providing there is no contravention of existing codes or statutes.*

1. Review drawings of the system to be de-energized and de-activated to determine the switches, power sources, controls, valves, interlocks or other devices necessary to isolate the system. Confirm with the client/owner were required.
2. All apparatus capable of being electrically energized or dynamically activated must be de-energized or de-activated by locking out, physically disconnecting or otherwise rendering the apparatus inoperable. Switches, power sources, controls, interlocks and other such devices must be appropriately tagged and personally locked out by each worker involved in the operation.
3. Test the system with a CSA-certified potential test indicator to ensure that all components are de-energized and de-activated, including interlocking or dependent systems which could feed into the system being isolated, either mechanically or electrically. Potential test indicators should not be used beyond the voltage limits for which they are rated.
4. Observe the following safeguards for locking out and tagging:
  - a) After the circuit has been de-energized, locked out by the person in charge, workers must be protected by personally placing their own safety lock on the disconnect switch. The key for this lock must be retained by the worker while the lock is in place.
  - b) Where several workers or trades are working on the circuit, provision for additional locks must be made through the use of a lockout bar. This arrangement can accommodate any number of locks by placing another lockout bar in the last hole of the previous bar.
  - c) In accordance with section 188 of the current Regulations for Construction Projects, each worker must attach to their lock a durable tag filled out with the following information:
    - i) reason the switch is open, ii) name of person responsible for opening switch, iii) date on which the switch was opened.
5. The de-energized electrical system must be discharged by short circuit and phase to ground. A temporary ground cable must be attached to the system and remain in place until work is complete.
6. A record must be kept of the devices opened, locked out or otherwise rendered inoperable so that all these devices can be re-activated once the work is complete.
7. Place signs on the system indicating that it is not to be energized or operated and that guards, locks, temporary ground cables, chains, tags and other safeguards are not to be tampered with or removed until the work is complete.

8. Workers testing electrical equipment must:
- i) remove all watches, rings, neck chains or other current-conducting jewellery.
  - ii) wear electric shock resistant footwear.
  - iii) wear safety glasses with side shields.

### **Trenches and Excavations:**

Where personnel are required to enter a trench, it must be properly sloped or shored according to soil type and condition. Where required, trench boxes are to be used.

### **Traffic Control:**

- ▶ Operators of vehicles, machines, and equipment shall be assisted by signalers if:
  - ▶ The operators view of the intended path of travel is obstructed; or
  - ▶ A person could be endangered by the equipment or its load.
- ▶ The operator and the signaler shall jointly establish the procedures and signals to be used in any such assistance.
- ▶ Signs shall be posted at the project in conspicuous places warning workers of the danger.
- ▶ A signaler shall be dedicated to the task and shall not perform other work while acting as a signaler.
- ▶ The signaler shall wear a fluorescent orange vest that covers at least his/her upper body and has the following features:
  - ▶ Retro-reflective fluorescent yellow stripes being at least 5 centimeters (2") wide on the front and back.
  - ▶ The stripes on the front shall be arranged vertically, and the stripes on the back arranged in a diagonal "X" pattern.
  - ▶ The vest shall be adjustable, and if nylon in material, shall also have a side and front tear-away feature.
- ▶ The signaler shall:
  - ▶ Be clear of the intended path of travel of the vehicle.
  - ▶ Be in full view of the operator.
  - ▶ Have a clear view of the intended path of travel of the vehicle.
  - ▶ Watch and communicate with the operator concerning the part of the vehicle or its load whose path of travel the operator cannot see.

### **Ground Rules for Workers on Foot:**

- ▶ Beware of common operator blind spots.
- ▶ Stay alert to the location of equipment around you.
- ▶ Avoid entering or standing in blind spots.
- ▶ Always remain visible to the operator. Make eye contact to ensure that you are seen.
- ▶ Never stand behind a backing vehicle.
- ▶ Before approaching a vehicle, signal your intentions to the operator and await confirmation.
- ▶ Remember - the operator may be able to see you while you are standing but not when you kneel down or bend over.

### **Ground Rules for Operators:**

- ▶ Get out and walk around the equipment if you are unsure about the path of travel.
- ▶ Sound the horn at least twice to warn anyone in the area that you are going to move.
- ▶ Use mirrors to check for personnel at the sides and rear of the vehicle.
- ▶ Back up using four-way flashing hazard lights, and with clearance on *your* side.

- ▶ Stop immediately if anyone disappears from your view. Do not move until you see the person again. If necessary, get out and check.

### **Ground Rules for Signalers:**

- ▶ Wear your safety vest!!
- ▶ Stand where you can see and be seen.
- ▶ Stay in full view of the operator and the intended path of travel.
- ▶ Know where the operator's blind spots are.
- ▶ Warn other workers to stay clear of equipment.
- ▶ Unless otherwise agreed upon, use standard hand signals.

### **Truck Drivers:**

- ▶ Position the truck as close to the crane unloading area as possible to avoid over-reaching by the crane.
- ▶ Position the truck on terrain as level as possible.
- ▶ Keep the truck and crane away from overhead power lines.
- ▶ Any truck backing-up should be directed by a competent signaler.
- ▶ Truck wheels should be blocked or chocked during unloading.
- ▶ Before mounting the truck, scrape off your boot soles to avoid slips.
- ▶ Mount the truck platform in full view of the crane operator or signaler so that you do not get struck by the load or the crane hook.
- ▶ Climb up and down facing the truck, maintaining three-point contact at all times.
- ▶ If steps and handrails are provided, use them; stepping on tires or hubs affords poor footing.
- ▶ Ensure the starting system is made inoperative or locked when the truck is not in operation.

### **Housekeeping:**

The Regulations for Construction Projects for safe housekeeping require:

- ▶ Daily job site cleanup
- ▶ Disposal of rubbish
- ▶ Reusable material piled, stacked, or otherwise stored to prevent tipping and collapsing
- ▶ Materials stored away from overhead powerlines
- ▶ Work and travel areas kept tidy, well-lit, and ventilated
- ▶ Signs posted to warn workers of hazardous areas

### **Specific Procedures:**

- ▶ Gather up and remove debris as often as required to keep work and travel areas orderly.
- ▶ Keep equipment and the areas around equipment clear of scrap and waste.
- ▶ Keep stairways, passageways, and gangways free of material, supplies and obstructions at all times.
- ▶ Secure loose or light material stored on roof or on open floors to prevent blowing by wind.
- ▶ Pick up, store, or dispose of tools, material, or debris which may cause tripping or other hazards.
- ▶ Protruding objects should be protected against as soon as practicable.
- ▶ Do not permit rubbish to fall freely from any level of the project. Lower by means of chute or other approved devices.
- ▶ Do not throw materials or tools from one level to another.
- ▶ Do not lower or raise any tool or equipment by its own cord or supply hose.
- ▶ When guardrails must be removed to land, unload, or handle material, wear fall-arrest equipment. You

must also rope off the area and post warning signs.

- ▶ Around cut off saws and similar equipment, keep the immediate area clear of scrap to avoid tripping. If ventilation is inadequate, wear dust masks or respirators.

#### Storage:

- ▶ Storage areas should be at least 1.8 meters (6 feet) from roof or floor openings, excavations, or any open edges where material may fall off.
- ▶ If small units need be piled closer than 1.8 meters from openings, the units should be stacked in a pile whose height is less than the distance from the face of the opening.
- ▶ Near openings, arrange material so that it cannot roll or slide in the direction of the opening.
- ▶ Do not store material directly under overhead powerlines.

#### Flammable Materials:

- ▶ Use copper grounding straps to keep static electricity from building up in containers, racks, flooring, and other surfaces.
- ▶ Store fuel only in containers approved by the Canadian Standards Association (CSA) or Underwriters' Laboratories of Canada (ULC).
- ▶ Ensure that electric fixtures and switches are explosion-proof where flammable materials are stored.
- ▶ Replace bungs in drums when not in use.

#### Hazardous Chemicals:

- ▶ Refer to Material Safety Data Sheets (MSDS's) for specific information on each project.
- ▶ Follow manufacturer's recommendations for storage.
- ▶ Observe all restrictions concerning heat, moisture, vibration, impact, sparks, and safe working distance.
- ▶ Post warning signs where required.
- ▶ Have equipment ready to clean up spills quickly.
- ▶ For special handling and disposal later, store empty containers in secure area away from full containers.

#### Bags and Sacks:

- ▶ Do not pile bagged material more than 10 bags high unless the face of the pile is supported by the walls of a storage bin or enclosure.
- ▶ Do not move piles more than 10 bags high unless fully banded or wrapped.
- ▶ Cross-pile bags and sacks for added stability. Pile only to a safe and convenient height for loading/unloading.

#### Compressed Gas Cylinders:

- ▶ Store and move cylinders in an upright position. Secure cylinders upright with chains or rope.
- ▶ Lock up cylinders to prevent vandalism and theft.
- ▶ Wherever possible, store cylinders in a secure area outdoors.
- ▶ Keep full cylinders apart from empty cylinders.
- ▶ Store cylinders of different gases separately.
- ▶ Keep cylinders away from heat sources.
- ▶ When heating with propane, keep 45-kilogram (100 lb.) cylinders at least 4.5 meters (15 feet) away from heaters. (See Propane Safety on next page)

## Designated Substances:

Is defined by the Act as a biological, chemical or physical agent for which a regulation has been made to prohibit, regulate, restrict, limit or control work exposure. Each designated substance applies to a single agent or class of agents and sets out requirements for:

- ▶ Exposure Limits
- ▶ Use of Respirators
- ▶ Air monitoring
- ▶ Medical Surveillance
- ▶ Record Keeping

In Ontario, there are 12 substances that have been prescribed as “designated substances” and they are:

- ▶ Asbestos - is a naturally occurring mineral that was widely used in the construction industry between 1930-1975. It can withstand high temperatures, strength and is resistant to many chemicals.
- ▶ Asbestos on construction projects and in buildings and repair operations
- ▶ Arsenic
- ▶ Acrylonitrile
- ▶ Benzene
- ▶ Coke Oven Emissions
- ▶ Lead
- ▶ Ethylene Oxide
- ▶ Mercury
- ▶ Silica
- ▶ Vinyl Chloride
- ▶ Isocyanates

## **Statement:**

As part of Spira Fire Protection Ltd. ongoing commitment to protect the health and safety of all workers, including subcontractors, the following guidelines concerning designated substances must be strictly followed:

Under no circumstances shall any worker and or workers of any sub-contractors contracted by Spira Fire Protection Ltd. knowingly perform a work task with designated substances.

## **Procedures for Designated Substances:**

Upon discovering any designated substance products that require work task associated with your job you should:

- ▶ Stop work immediately
- ▶ Warn others
- ▶ Contact your supervisor/foreman

If you are in doubt as to the content of a product you may request a material safety data sheet and or follow the steps above.

## **Supervisor/Foreman shall:**

- ▶ Ensure all work is stopped in affected areas.
- ▶ Advise Owner, Constructor, General Contractor immediately

- ▶ Keep workers informed

## **Fire Protection**

### Fire extinguishers must be:

- ▶ Accessible.
- ▶ Regularly inspected.
- ▶ Promptly refilled after use.

### Extinguishers must be provided:

- ▶ Where flammable materials are stored, handled, or used.
- ▶ Where temporary oil-or gas-fired equipment is being used.
- ▶ Where welding or open-flame cutting is being done.
- ▶ On each storey of an enclosed building constructed or renovated.
- ▶ In shops for at least every 300 square meters of floor area.

Fire extinguishers are classified according to their capacity to fight specific types of fires.

Class “A” For fires in ordinary combustible materials such as wood, paper and textiles where a quenching, cooling effect is required.

Class “B” For flammable liquid and gas fires, such as oil, gasoline, paint and grease where oxygen exclusion or flame interruption is essential.

Class “C” For fires involving electrical wiring and equipment where the non-conductivity of the extinguishing agent is crucial. This type of extinguisher should be present wherever functional testing and system energizing takes place.

Class “D” For fires in combustible metals such as sodium, magnesium, and potassium.

Workers must be trained to use fire extinguishers properly. Don't wait for a fire before learning how to operate the extinguisher in your work area. The “P-A-S-S” system is an easy way to remember how to operate a portable fire extinguisher.

**P** - Pull the pin

**A** - Aim the extinguisher at the base of the fire

**S** - Squeeze the handle

**S** - Sweep from side to side

Extinguishers have a very short duration of discharge - usually less than 60 seconds. Once you squeeze the handle, maintain aim at the base of the fire and do not release the handle until the extinguisher is completely discharged.

## **Materials Handling**

1. Wherever possible, heavy lifts should be done with mechanical lifting devices.
2. When manual handling is required, dollies, trucks and similar devices should be used.
3. Workers should know their physical limitations and the approximate weight of materials they are trying

- to lift. Workers are encouraged to get help when a lifting task may be more than they can safely handle.
4. Communications between crane operators and ground crew shall be clear, concise and transmitted via radio where practical or by a competent signaler.
  5. Never store material directly under overhead power lines.

### **Propane Safety**

Propane is reliable, economical, and an efficient fuel, but like other energy sources it holds the potential for damage and destruction. Training through a certified course is required in order to activate, connect, or disconnect propane-fueled equipment. Presently, only the Construction Association of Ontario and the Ontario Propane Association have an accepted course. A formal record of training is to be kept on site for anyone who may be responsible to connect, disconnect, activate or operate propane powered equipment or tools.

### **Welding, Cutting and Open Flame**

It is warranted that the following precautions will be taken by Spira Fire Protection Employees or by others on behalf of Spira Fire Protection while performing welding, torching or other operations involving the application of open flame in any form or manner.

1. The entire area within 8 meters shall be swept clean and kept clean before and during such operations and all combustible materials shall be removed or covered by fire resistant tarpaulins: and
2. The immediate area in which such operations are performed will be hosed down with water before and after such operations, unless the use of water would cause property damage;
3. A fire-watcher will be present during all such operations, and will remain at the location of such operations for at least 2 hours after the completion of such operations; and
4. The fire-watcher will be properly equipped and able to perform fire prevention and protection duties during such operations;
5. Spira Fire Protection Ltd. will maintain at least one multi-purpose fire extinguisher of an approved type, and in proper working order within 8 meters of such operations.

## **SECTION 07-A INFECTIOUS DISEASE - PANDEMIC**

### **Preamble:**

As part of our commitment to providing a safe and healthy work environment for all employee's, this guideline outlines practices in the event that a significant infectious disease impacts our ability to conduct business. Examples of such an incident could be a pandemic, SARS outbreak, a major influenza outbreak such as COVID-19. It is difficult to fully anticipate or prepare for such an event as we don't know exactly what the outcome will be on our communities, however as an organization we will remain focused on the highest possible standards of service but we do know that despite our best planning efforts there will be disruption. The information within this guideline focuses on issues related to safety, security and the protection of health. In the event of a pandemic, a health and safety committee member will review the Ministry of Health guidelines on a daily basis and will share this information with all employees through email as well as posting any changes to our Health and Safety Policy and Program on our website.

### **Impact on Health Services:**

An infectious disease could place great pressure on health and social services due to the increased burden of patients needing treatment and reduced availability of the healthcare workforce due to illness. This could mean delays in dealing with other medical conditions with health services prioritized during peak periods of the outbreak that could result in a significant number of health services being cancelled or suspended because of pressure on beds, employees and other resources.

### **What You Can Do:**

- ▶ Maintaining good basic hygiene such as washing your hands and using hand sanitizer
- ▶ Wear a mask when going to public places as well as any facility including ours.
- ▶ Staying 2 meters distance away from people
- ▶ Covering your nose and mouth with a tissue or your sleeve when coughing or sneezing
- ▶ Avoid large crowds or public events whenever possible (e.g., cafeterias, public eating facilities)

### **If You have any symptoms of the following symptoms:**

Fever or chills, difficulty breathing or shortness of breath, cough, sore throat, trouble swallowing, runny nose/stuffy nose or nasal congestion, decrease or loss of smell or taste, nausea, vomiting, diarrhea, abdominal pain, not feeling well, extreme tiredness, sore muscles:

- ▶ Notify your employer and stay at home
- ▶ Contact :       Telehealth Ontario at 1-866-797-0000  
                      Wellington-Dufferin-Guelph Public Health at 1-800-265-7293
- ▶ Go to a centre to get tested for COVID-19 to rule this out
- ▶ Drink plenty of fluids and seek medical attention if required

### **Guidelines:**

- ▶ Employees are expected to report to work during an outbreak of an infectious disease unless they are ill, have been quarantined at the request of health officials, or have been told otherwise by their supervisor
- ▶ Job duties may be re-assigned by the supervisor for a period of time
- ▶ Employees must wear a protective mask during work hours where required.



- ▶ We will encourage office staff to work from home until the threat of disease is over
- ▶ Business travel may be restricted or completely eliminated based on government guidelines
- ▶ Large social gatherings may be postponed or cancelled based on government guidelines
- ▶ Regular safety and security policies and practices will be reinforced where possible
- ▶ Employees are required to keep their supervisor informed of any details or circumstances that might affect their ability to report to work or perform their duties
- ▶ Employees who suspect they are sick with an infectious disease should stay home, drink plenty of fluids and contact their regional health authority for advice
- ▶ Employees displaying signs/symptoms of illness related to the infectious disease will be asked to leave the workplace and seek medical attention
- ▶ Employees who are sick or quarantined will be cleared to return to work based on the advice given by the local health authorities at the time, or a doctor's certificate if circumstances allow

### **Employee Privacy:**

We will respect employee privacy just as we do now with regards to staff members who may be quarantined or ill. No information will be discussed as to the nature of an absence with other staff other than the approximate time the employee is expected to be absent unless we are advised by health officials to share information which may endanger others if not shared.

### **Medical Leave:**

Regular medical leave policies will apply in the event of illness. If a severe outbreak is declared in a particular location, region, or across the entire organization, Management may then make a decision to implement additional medical leave policies and/or waive or delay doctor's notes requirements.

### **What the Organization is Doing to Assist Employees:**

We have provided personal protection equipment for all of our employees and encourage them to use hand sanitizer when entering our's or any facility. It is mandatory that you use a mask when entering our building or any other facility as required.

- ▶ We will continually monitor bulletins by relevant health officials
- ▶ Car pooling will be discouraged
- ▶ The most senior officer of the company will make the decision to close the office if required

Our commitment to providing a safe and healthy work environment including fairness and equity in the treatment of all employees of Spira Fire Protection Ltd. will remain our highest consideration.

### **Infectious Disease, (Epidemic/Pandemic) Preparedness Strategy CGL**

#### **Pandemic:**

A pandemic occurs when a new strain of an infectious disease virus emerges that can infect and be efficiently transmitted from human to human because of a lack of pre-existing immunity in the population. The extent and severity of a pandemic depends on the specific characteristics of the virus.

Pandemic Influenza is Different from the Seasonal Flu Because:

- ▶ It starts with new strain of flu virus

- ▶ It is much greater in scope; the flu spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population when it spreads
- ▶ It spreads easily from person to person because there is no pre-existing immunity in the population

### **Health Organization Monitoring Links:**

Once an infectious disease epidemic or pandemic had been confirmed, continuous monitoring of various health agencies would be required. The Health and Safety representative would be responsible to monitor these authorities and provide updates. The following links to the World Health Organization as well as Federal and Provincial government Health agencies:

- ▶ World Health Organization (WHO)  
<http://www.who.int>
- ▶ Government of Canada Pandemic Influenza Site  
<http://www.influenza.gc.ca/>
- ▶ Canadian Public Health Agency  
[www.phac-aspc.gc.ca/influenza](http://www.phac-aspc.gc.ca/influenza)  
[www.fightflu.ca](http://www.fightflu.ca)
- ▶ Centre for Disease Control  
[www.cdc.gov](http://www.cdc.gov)  
[www.pandemicflu.gov](http://www.pandemicflu.gov)
- ▶ Ontario's Plan for Pandemic Influenza  
[www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_plan](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan)  
[www.ontario.ca/flu](http://www.ontario.ca/flu)
- ▶ Ministry of Health - COVID-19  
<https://covid-19.ontario.ca/>

If You Plan to Travel, Check the Travel Advisories on the Public Health Agency of Canada Website:

[www.phac-aspc.gc.ca/tmp-pmv/pub\\_e](http://www.phac-aspc.gc.ca/tmp-pmv/pub_e)  
[www.pandemicflu.gov/plan/pdf/individuals.pdf](http://www.pandemicflu.gov/plan/pdf/individuals.pdf)

### **COVID-19 Screening Tool for Spira Fire Protection Ltd.**

Spira Fire Protection Ltd. will implement screening for any workers/staff or essential visitors who are not employees eg: delivery, maintenance, contract workers entering the workplace. Anyone experiencing any Covid 19 symptoms are not to enter the facility. Please note for privacy concerns, the records will be kept confidential and will be destroyed after 30 days when they are no longer be required for contact tracing purposes. This excludes patrons, clients, emergency services or other first responders entering a workplace for emergency purposes.

Screening should occur before or when a worker enters the workplace at the beginning of their day or when an essential visitor arrives. All copies of the screening checklist are to be placed in the designated location and will be screened immediately.

At a minimum, the following questions are to be used to screen individuals for COVID-19 before they are permitted entry into Spira Fire Protection Ltd. This tool may also be adapted based on need and the specific setting such as a job site or other facilities.

Anyone who does not pass screening will be advised that they shall not enter the workplace and instead self-isolate, call their health care provider or Telehealth Ontario.

In order to control the risk of transmission, masks must be worn in all areas of our facility unless you are safely separated by at least two meters and seated at a work station. Any movement from a workstation to any other location within the building must only be done so while wearing a mask.

Light switches, washrooms, and other highly used surfaces will be disinfected three times a day by a designated employee. Hand sanitizer is located at each entrance door and locations throughout the office, as well as, soap provided in all washrooms. Sanitizers and soap supplies are to be checked and refilled on a daily basis as required.

In the event of a potential case, determined by our Covid-19 screening test, the employee or visitor will be asked to leave the facility immediately. Any area they have been in contact with will be sanitized and disinfected. They will be asked to self isolate until they can get a Covid-19 test performed. Only when the individual receives a negative test will they be allowed back in the work place. Any employees in close proximity to the individual who were not wearing masks will also be asked to leave the facility and get tested. As previously stated, anyone who believes they have any symptoms of Covid-19 should not enter this facility and contact Telehealth or your local Public Health Authority.

#### **Covid-19 Safety Plan Snap Shot :**

- ▶ Spira Fire Protection Ltd. - November 18, 2020 update on the measures being taken at this facility to reduce the spread of Covid-19.
- ▶ Employees/Visitors entering the premises will be required to wear a mask and sanitize their hands.
- ▶ Employees/Visitors will be required to fill out our Covid-19 Screening Tool - only those who pass will enter.
- ▶ Physical distancing and separation of two meters is required.
- ▶ Washrooms, lights and highly touched surfaces are to be disinfected three times per day.
- ▶ Potential cases will be asked to leave immediately and return only if a negative test is confirmed.
- ▶ Designated employees are to enforce these strict rules in the work place, anyone not complying will be asked to leave immediately

Spira Fire Protection Ltd. will also meet all obligations under the Occupational Health and Safety Act.

**COVID-19 Spira Fire Protection Ltd. Workplace Screening Tool Questions:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Do any of the following statements apply to you?

- I am fully vaccinated against COVID-19 (it has been more than 14 days since getting the second dose)
- I have tested positive for COVID-19 in the last 90 days (but have since been cleared)

Yes  No

Are you currently experiencing any of these symptoms? Choose any and all that apply and are not related to known causes or conditions you already have.

- Fever and/or chills
- Cough or barking cough (croup)
- Shortness of breath (out of breath or unable to breath deeply)
- Decrease or loss of taste or smell (not related to allergies or other conditions)
- Muscle aches/joint pain (unusual, long lasting and not related to the vaccine in the last 24 hours)
- Extreme Tiredness
- None of the above symptoms

Have you traveled outside of Canada in the past 14 days? Yes  No

Did you provide care or have close contact with a person with COVID-19 (probable or confirmed)?

Yes  No

Are you waiting on results on a COVID-19 test? Yes  No

Has a doctor, health care provider or public health unit told you that you should be currently isolating?

Yes  No

- If the individual answers **NO to all questions**, (except the first question) and are not experiencing any symptoms then they have passed and can enter the workplace.
- If the individual answers **YES to any of questions** (besides the first question), they have not passed and should be advised they are **NOT to enter the workplace**. They should go home to self-isolate immediately and contact their health care provider or TeleHealth Ontario (1-866-797-0000) to find out if a COVID-19 test is required.

## SECTION 08 - EMERGENCY PROCEDURES

- ▶ See **Section 6** for personal protective equipment
- ▶ See **Section 7** for safe work procedures

### EMERGENCY PROCEDURE - INJURY

#### Non-critical injury:

The worker shall promptly obtain first aid.

- ▶ The worker shall notify the senior site employee or site designate of any injury.
  - ▶ The trained on site first aider shall administer any treatment within their expertise.
  - ▶ The on site first aider in concert with the injured worker shall assess the severity of the injury and determine further treatment required such as;
    - ▶ first aid provided and returned to normal duties.
    - ▶ first aid provided and assigned to light duties or restricted duties.
    - ▶ excused on own recognisance to seek treatment by his/her doctor.
    - ▶ transport by ambulance (or by car only in an emergency when trained emergency response personnel are not available to respond in a timely fashion) to receive medical treatment at the closest hospital.
5. The senior site employee will either stay with the injured employee or assign a competent person (first aider) to do so, while they evaluate the situation and any potential risk to others on the job site.
  6. The senior site employee will assess the severity of the hazard/situation and ensure any hazard is eliminated or implemented and communicate procedures required to control any risk to other employees on site.
  7. The senior site employee shall complete an accident investigation report and submit it to the president or general manager by the end of the work day.
  8. The senior site employee shall notify the vice president or general manager by phone; **David Spira, Bus. 519-823-1150, Cell 519-827-8242** or **Vic Walser, Bus. 519-823-1150, Cell 519-223-2388** or **Tim Hebbes, Bus. 519-823-1150, Cell 519-827-6463** with:
    - ▶ employee name:
    - ▶ site location:
    - ▶ date & time of injury:
    - ▶ nature and severity of injury:
    - ▶ status of the employee:
    - ▶ circumstances surrounding the incident as to how the accident or injury occurred:
    - ▶ the action taken to prevent reoccurrence and the safeguards put in place to protect others from the same risk:
  9. The senior site employee shall complete a W.S.I.B. form #7 by the end of the work day.

#### Critical injury:

Obtain Immediate first aid.

1. Call 911 (activates ambulance, fire/rescue and police)
  - ▶ do not hang up until instructed to do so
  - ▶ tell the 911 operator the following;
  - ▶ your name:
  - ▶ company name:
  - ▶ type of emergency:

- ▶ location of emergency:
  - ▶ closest entrance:
  - ▶ phone number you are calling from
2. Assign someone to ensure an unobstructed route is available for the emergency response vehicles to and from the accident site (remember that unless it is necessary to save a life, relieve human suffering or maintain an essential public utility service etc., do not allow anyone to interfere with or alter the accident site.
  3. Conduct a preliminary accident investigation.
  4. Obtain as much information as possible from the injured employee regarding the incident and communicate treatment information with the emergency response team.
  5. Lock out any equipment or rope off the injury site and restrict access.
  6. Contact the following in sequence;
    - ▶ Ken Spira, Bus. 519-823-1150, Home 519-836-1568, Cell 519-654-7895 or Vic Walser, Bus. 519-823-1150, Cell 519-223-2388
    - ▶ New construction - site superintendent (if not on site contact the general contractors or project managers office).
    - ▶ Existing facility - employee health and safety rep.
    - ▶ Only after it is determined that the injury is critical as defined by the health and safety act (page 17) will the Ministry of Labour be contacted.
  8. If the Ministry of Labour is not contacted from the site, ensure that the following information is available and instruct the president or general manager to call;
    - ▶ injured employees name, home address and the nature of the injury
    - ▶ status of the accident investigation (if the investigation team can be assembled quickly, the investigation should be completed before calling the Ministry of Labour. This will enable the caller to inform the inspector of steps taken to prevent a reoccurrence).
    - ▶ the employee safety representatives name phone number and address.
    - ▶ the relationship of equipment and the activity involved.
  9. The date, time and name of the Ministry representative shall be noted and forwarded as soon as possible to the president or general manager.  
Note: Only a Ministry of Labour inspector determines when and if the injury site or equipment can be returned to use.
  10. Immediately following notification of the proper persons and authorities, an injury investigation will be made. The investigation team shall consist of the following;
    - ▶ A - the injured worker
    - ▶ B - witnesses (if any)
    - ▶ C - the construction site or facility employee health and safety representative.
    - ▶ D - project manager
  11. When possible, the employee health and safety representative will contact the injured worker to determine the circumstances related to the accident.
  12. The president or general manager shall provide the Ministry of Labour with a written accident report within 48 hours and provide Workplace Safety and Insurance Board (W.S.I.B.) copy of the employer's report of injury/disease form 7 within 72 hours.

### **Emergency Procedure - Ladder Retrieval of Fall Arrested Worker**

#### **Materials/Equipment Required:**

- ▶ Ladder of sufficient height to adequately reach any point of the structure.
- ▶ Two rope lifelines of sufficient length to be properly anchored above and reach the ground.

- ▶ Two rope-grabs
- ▶ One additional lanyard (for the suspended worker).

**Procedure:**

- ▶ Erect and secure ladder(i.e. tie-off) so that suspended worker can be safely reached either by means of ascent or descent.
- ▶ Install the two vertical lifelines above the retrieval location, ensuring they are securely anchored.
- ▶ The rescuer, wearing a full-body harness and secured to one of the lifelines by means of a lanyard and rope-grab, shall ascend (or descend) the ladder to the suspended worker while carrying the extra lanyard equipped with another rope-grab.
- ▶ Upon reaching the suspended worker, the rescuer shall attach the suspended worker to the additional lifeline using the spare lanyard and assist him/her onto the ladder.
- ▶ Disconnect the retrieved worker from his/her original lanyard, and accompany him/her to the ground.
- ▶ A qualified first aid employee shall assess the rescued worker’s medical condition and treat or act appropriately.

**Emergency Procedure - Work Platform Retrieval of Fall Arrested Worker**

**Materials/Equipment Required:**

- ▶ Elevating Work Platform capable in height to safely reach any point of the structure.
- ▶ Worker equipped with a full-body harness lanyard.
- ▶ One additional lanyard(for suspended worker.)

**Procedure:**

- ▶ Safely position the elevating work platform below the suspended worker.
- ▶ The rescuer, attached to the platform by means of a full-body harness and lanyard, shall ascend to the suspended worker with the additional lanyard.
- ▶ Upon reaching the suspended worker, the rescuer shall attach the suspended worker to the platform using the extra lanyard and assist him/her onto the platform.
- ▶ Disconnect the retrieved worker from his/her original lanyard, and accompany him/her to the ground.
- ▶ A qualified first aid employee shall assess the rescued worker’s medical condition and treat or act appropriately.

**Job Site or Work Facility Emergency Procedures**

- ▶ The senior site employee shall request a copy of the emergency procedures in place for the construction project or facility prior to Spira Fire Protection employees starting work on the site or in the facility.
- ▶ The senior site employee is to review the emergency procedures with any and all Spira Fire Protection Ltd. employees that arrive at the construction site or facility.
- ▶ A copy of the emergency procedures is to be kept on site in the gang or tool box.

**Emergency Procedure - Fire**

**The following procedure should be followed should a fire occur:**

### Upon discovering a fire:

- ▶ Call out “***Fire, Fire, Fire***”.
- ▶ Attempt to notify or have another worker notify the supervisor if he/she has not already arrived.
- ▶ If you are trained in the use of fire extinguishers, locate the proper type of extinguisher and attempt to extinguish the fire.
- ▶ If the fire is not immediately controllable, take charge and notify workers to evacuate the building by calling out “***Fire-Evacuate the Building!***” Repeat as necessary. Do not wait or look for the supervisor if the fire is uncontrollable and poses a serious threat. If an alarm system is present, activate it.
- ▶ The initiator of the alarm/evacuation shall call the local authorities at 9-1-1 and report the emergency. If 9-1-1 is not available in your area, refer to the emergency phone numbers posted on Form SCI-EPP in the site supervisor’s trailer.
- ▶ Leave the building and proceed directly to the designated staging area. Unless otherwise noted, the designated staging area is the site supervisor’s trailer, or, if that is too dangerous, as far away from the trailer as safety would permit keeping the trailer between yourself and the building.

### Upon hearing the alarm or evacuation call:

- ▶ Shut down machinery or equipment
- ▶ Calmly leave the building, and where possible, close doors or windows as you pass to prevent the spread of fire.
- ▶ Do not waste time retrieving personal items.
- ▶ Proceed to the designated staging area for a head count by your supervisor. Do not leave the staging area until you have been accounted for and have received permission from your supervisor.
- ▶ In cases where there is heavy smoke, keep communication open with fellow employees to ensure that everyone exits safely.
- ▶ All trained first aid employees should report to the supervisor and offer to help anyone who has been injured or is in shock.
- ▶ No one shall re-enter the building until the Site Supervisor has given the “All Clear” as directed by the proper authorities.

### Supervisor’s Responsibilities Upon Hearing the Evacuation Signal

- ▶ Assess the situation and respond appropriately.
- ▶ Attempt to establish where the fire originated.
- ▶ Leave your area, check to be sure that all other personnel are on their way out and help anyone who may need assistance.
- ▶ Go directly to the designated staging area, and account for each worker.
- ▶ Perform a head count and gather the names of any missing personnel.
- ▶ Coordinate first aid initiatives, possible search and rescues, and/or proceed with crowd control until the proper authorities have arrived.
- ▶ Meet with the proper authorities and instruct on missing personnel and the location of where the fire originated. Notify them of the building-layout including the locations of flammable materials and other hazards.
- ▶ Where the weather does not permit the employees to congregate at the designated staging area, the employees shall proceed to the designated area and remain until instructed to an alternative area. Only after each worker has been accounted for by their supervisor may they proceed to an alternative area.
- ▶ When given the “All Clear” by the proper authorities, advise personnel to re-enter the building or leave the premises.



## SECTION 09 - FIRST AID

### **First Aid Kits:**

- ▶ Every employer in Ontario is required to have at least one first aid kit maintained in accordance with WSIB Regulation 1101. The size and contents of the required kits will vary with the number of workers on the project. First aid kits are to be inspected at least quarterly and re-supplied as required. If you notice your kit requires re-stocking, notify the office immediately. For all supplies removed from a first aid kit for treatment purposes, the “injury treatment record” must be completed. This information is not only to comply with Regulation 1101, but also helps to maintain a running inventory on the first aid kit.
- ▶ Know where the first aid kit is located in the event of an emergency. All company vehicles are equipped with first aid kits as well as the office and the shop. For new construction sites, confirm the location of the general contractors first aid kit with the site superintendent. When working in an existing facility, inquire as to the location of the first aid kit prior to starting work.
- ▶ Spira supervisors shall advise all workers as to the location of first aid kits at the workplace prior to them starting work
- ▶ Truck first aid kits are located behind the drivers seat.
- ▶ Shop first aid kit is located beside the washup sink.
- ▶ Office first aid kit is located in the photocopy room on the counter. Additional supplies are in the cupboard above the microwave.

### **Basic first aid concentrates on three priorities - breathing, bleeding and burns - in that order.**

#### **Breathing:**

1. If the casualty is not breathing, start artificial respiration immediately. There are various methods but the most efficient is the mouth to mouth technique outlined below.
  1. Open the airway.
  2. Lift chin.
  3. Remove obvious foreign material.
  4. Pinch nostrils closed.
  5. Take a breath.
  6. Make a tight seal at the mouth.
  7. Blow two breaths.
  8. Watch for chest movement.
  9. If air is getting into the lungs, continue blowing at your normal breathing rate.  
For an adult, blow 1 breath every 5 seconds and for an infant or small child, make a tight seal over the mouth and nose and blow gentle puffs - 1 breath every 3 seconds.

#### **Bleeding:**

- ▶ Control external bleeding immediately.
- ▶ Apply direct pressure to stop blood flow.
- ▶ Place casualty in comfortable position and elevate injured part.
- ▶ Let casualty rest to slow circulation.
- ▶ apply direct pressure with hand over dressing.
- ▶ Do not remove blood-soaked dressing. Add another dressing and continue pressing.
- ▶ When bleeding is controlled, secure bandage and maintain elevation.

The simple formula for the control of bleeding is **RED - Rest, Elevate, Direct pressure.**

## Hand Wounds:

A deep wound across the palm of the hand usually results in severe bleeding.

- ▶ Cover the wound with a pad of gauze dressings.
- ▶ Have the casualty make a fist to put pressure on the wound.
- ▶ Bandage the clenched hand.
- ▶ Support the hand in an elevated position.

For a wound along the length of the palm, cover with dressings, apply pressure, and bandage the hand with the fingers *extended*. Elevate and support the hand. A hand that has been crushed and may be fractured as well as bleeding requires different treatment.

When medical aid is not readily available, take the following steps:

1. Steady and support the injured hand.
2. Place a pad of dressings in the palm of the hand to keep it in the position of function.
3. Remove any jewellery before swelling occurs.
4. Transfer the hand to a padded splint extending from mid-forearm to fingertips and elevate slightly.
5. Place non-stick dressings between the fingers and between the index finger and thumb.
6. Cover the injured hand with sterile dressings or a clean cloth.
7. Starting at the fingertips, apply a roller bandage to secure the hand to the splint.
8. Apply an arm sling. Transport the casualty to medical aid.

## Burns:

Immediately immerse the burned part in cool water or clean cloths soaked in cold water.

Cold will:

- ▶ reduce the temperature of the burned area and prevent further damage
- ▶ reduce swelling and blistering
- ▶ relieve pain.

## Medical Alert:

Valuable information about the history of a casualty can often be found on a **Medical Alert** device - bracelet, necklace, or pocket card. This warning alerts first aiders and medical personnel to the fact that the casualty

- ▶ has a medical condition requiring special treatment **or**
- ▶ is **allergic** to certain substances.

## Severed Tissue:

Completely or partially severed parts must be preserved, regardless of their condition, and taken to medical facility with the casualty.

Partially severed part should be:

- ▶ kept as near as possible to its normal position
- ▶ covered with sterile gauze dressing, bandaged, and supported

- ▶ kept cool with an ice bag or cold compress outside the bandage.

Completely severed part should be:

- ▶ wrapped in sterile gauze moistened with clean water, placed in a clean watertight plastic bag and sealed, and a record made of the time this was done
- ▶ placed in another plastic bag or container partially filled with crushed ice
- ▶ transported with the casualty to a medical facility.

Do not attempt to clean severed parts and do not use antiseptic solutions.

If possible, notify medical facility that casualty is being transported with partially or completely severed parts.

### **Heat and Cold Exposures:**

Workers required to work in high temperatures or cold environments must take precautions against exposure. A healthy worker acclimatizes to this exposure and can maintain a normal temperature by conserving heat in the cold and by dissipating heat when it is hot.

When a body sweats excessively to dissipate heat, the resulting loss of body salts and fluids causes a muscular reaction called heat cramps. Prolonged exposure to a hot environment causes heat exhaustion. When the temperature control mechanisms of the body fail, heat stroke results and the person may die.

### **Heat Exhaustion:**

A shock-like condition caused by exposure, especially in workers who are older or in poor physical condition.

- ▶ Move out of the heat.
- ▶ Place at rest.
- ▶ Loosen tight clothing.
- ▶ Keep head low, raise legs and feet slightly.
- ▶ For cramps, give a glass of slightly salted water (add 1/4 teaspoon salt). Give as much as the casualty will take.
- ▶ Watch breathing; get medical help.

### **Heat Stroke:**

A far more serious condition which may come on suddenly. This is life-threatening and treatment must be started rapidly.

- ▶ Sponge with cold water
- ▶ Cover with wet sheets.
- ▶ Direct current of air around casualty by hand or electric fan.
- ▶ Obtain prompt medical aid.

### **Cold Exposure:**

Exposure to cold can injure the surface of the body causing local tissue damage. It can also cause general body-cooling that can be fatal. Contributing factors include:

- ▶ temperature
- ▶ wind velocity
- ▶ worker's age and physical condition

- ▶ degree of protection from outer clothing or covering
- ▶ exposure to cold or icy water

A body exposed to dangerously low temperatures can suffer injuries such as hypothermia and frostbite.

### **Safeguards against Hypothermia and Frostbite:**

#### **Stay Warm**

- ▶ Wear clothing that will maintain body heat without sweating. Several layers of light, loose-fitting clothing trap air and have greater protective value than one layer of heavy clothing.
- ▶ Cover your head. A warm hat liner is ideal for keeping your head and ears warm.
- ▶ Avoid tight-fitting boots. When practical, change boots regularly to allow each pair to dry completely. This will keep your feet a lot dryer and warmer.
- ▶ Wear mittens instead of gloves when practical. This will keep your hands a lot warmer.
- ▶ Avoid wetness due to sweating, rain, or snow. Wetness contributes to heat loss.

#### **Stay Safe**

- ▶ Limit the length of time you spend in extreme cold conditions.
- ▶ Have someone check you for signs of frostbite.

#### **Avoid Fatigue**

- ▶ Rest periodically in a sheltered location.

#### **Avoid Tobacco and Alcohol**

- ▶ Nicotine decreases blood flow and increases the possibility of cold injury.
- ▶ Alcohol dilates the blood vessels and causes additional heat loss.

### **Frostbite:**

Skin looks white, waxy, and feels numb. Freezing causes hardening.

- ▶ Warm frostbitten area gradually with body heat. **Do not rub.**
- ▶ Do not thaw hands or feet unless medical aid is far away and there is no chance of refreezing. Parts are better thawed in a hospital.
- ▶ If there are blisters, apply sterile dressings and bandage lightly to prevent breaking. Get medical attention.

### **Hypothermia:**

Caused when body temperature falls below normal during prolonged exposure to cold, it can develop quickly and be fatal. Danger signs are shivering, slurred speech, stumbling, and drowsiness. Condition is severe when shivering stops. Unconsciousness and stopped breathing may follow.

#### **First aid for hypothermia must**

- ▶ stop further cooling of the body
- ▶ provide heat to begin re-warming

## Treatment

- ▶ Remove casualty carefully to shelter. Movement or rough handling can upset heart rhythm.
- ▶ Keep the casualty awake.
- ▶ Remove wet clothing and wrap casualty in warm covers.
- ▶ Rewarm neck, chest, abdomen, and groin - but not extremities
- ▶ Apply direct body heat or safe heating devices.
- ▶ Give warm, sweet drinks, if casualty is conscious.
- ▶ Monitor breathing, give artificial respiration if needed.
- ▶ Call for medical aid or transport carefully to nearest facility.

## Immersion Foot:

Caused by wet cooling of the feet, over an extended period, at temperatures above freezing. It is most prevalent in persons who spend long periods with their feet in cold water or mud. Immersion foot can be prevented by keeping the feet dry. Carry spare socks in a warm place, such as inside the jacket, and change them often to help prevent this condition.

Initially the feet are cold, swollen, and waxy, and may be numb. After warming, they may become red, swollen, and hot, and blisters may occur. In advanced stages of immersion foot, gangrene may develop.

- ▶ Remove wet footwear and warm cold areas.
- ▶ Get medical aid.

## Embedded Object:

Do not attempt to remove objects embedded in a wound. Pulling nails, splinters, or glass from wound will cause more damage and bleeding.

- ▶ Cover lightly with dressing without pressure on the object.
- ▶ Apply pressure around the wound and away from the embedded object.
- ▶ Get medical help as soon as possible.

## Eye Injuries:

Do not attempt to remove particles on the pupil or stuck to the eyeball.

- ▶ Remove loose particles with care using the moistened corner of a tissue.
- ▶ If that fails, cover the eye lightly with a dressing to prevent movement and transport to a medical facility.
- ▶ Avoid rubbing the injured eye and causing further injury.

## Unconsciousness:

Loss of consciousness may threaten life if the casualty is face-up and the tongue has dropped to the back of the throat, blocking the airway.

- ▶ Make certain that the person is breathing before looking for the cause of unconsciousness.
- ▶ If injuries permit, place the casualty in the recovery position. Lie casualty on his/her stomach on his/her side with one arm and leg straight down and the other arm and leg up with face to the side.

## Fractures:

A fracture is a break or a crack in a bone.

- ▶ Steady and support the injury. **Do not move the victim.**

- ▶ Dress the wound and control any bleeding.
- ▶ If casualty must be moved for safety, secure the limb with padded splints.
- ▶ Check for pulse. If none, get medical aid immediately.
- ▶ Reassure and keep warm to prevent shock until help arrives.

**Shock:**

Shock is caused by inadequate circulation to body tissues. It may be due to loss of blood or other bodily fluids, fright, pain, nerve injury, heart attack, or chemical reaction. Some degree of shock accompanies every injury and illness. Shock can be fatal if not reversed.

Shock may develop slowly or rapidly. Signs and symptoms become more severe as shock deepens:

- ▶ restlessness and anxiety
- ▶ pale or blue-gray skin, especially ear lobes, lips, nostrils, and fingernails
- ▶ cold, clammy skin and sweating
- ▶ weak, rapid pulse
- ▶ shallow, rapid breathing; gasping for air
- ▶ thirst
- ▶ nausea and vomiting
- ▶ decreasing level of consciousness leading to loss of consciousness

Get medical aid as quickly as possible. Until then, take the following steps:

- ▶ Reassure the casualty by explaining what you are doing and why.
- ▶ Care for obvious causes of shock such as bleeding.
- ▶ Handle the casualty gently to avoid causing pain.
- ▶ Loosen clothing around neck, chest, and waist.
- ▶ Keep casualty warm with clothing and blankets.
- ▶ Wipe casualty's face and moisten lips.
- ▶ If injuries permit, raise casualty's feet 15-30 cm to increase blood flow to brain and to slow the progress of shock.

## **SECTION 10 - WORKER ORIENTATION**

### **RESPONSIBILITIES**

#### **Senior management shall:**

- ▶ prepare a “Corporate Orientation Checklist” for all new workers signing on, and compile records of orientation
- ▶ provide orientation to subcontractors.
- ▶ ensure that new employees and subcontractors receive a written copy of the company’s Health and Safety Policy and Program.
- ▶ assign new workers with personal safety equipment and explain the procedures as listed in the company’s Health and Safety Policy and Program.

#### **The supervisor shall:**

- ▶ review the “Project Orientation Check List” with each new member of the crew and return a copy to the project manager for recording with the project file.

#### **The subcontractor shall:**

- ▶ provide site orientation to their direct-hire employees and subtrades under their direction.
- ▶ forward copies of completed orientation checklists to Spira Fire Protection Ltd. Management at 31 Hayes Ave., Guelph, Ont., N1E 5V6 to be filed with the project file.

## PROJECT ORIENTATION CHECKLIST

Employee: \_\_\_\_\_, Supervisor: \_\_\_\_\_

Jobsite / Project name: \_\_\_\_\_ Job#: \_\_\_\_\_

	Employee Initial	Supv. Initial
1. Explanation of project and employee duties	_____	_____
2. Provide copy of company safety policy and program	_____	_____
3. Requirements for personal protective equipment	_____	_____
4. Accident reporting procedures	_____	_____
5. Location of first aid, fire extinguishers, telephones, emergency numbers	_____	_____
6. Emergency procedures details	_____	_____
7. Location and details of specific project hazards	_____	_____
8. Location of tool handling and storage area	_____	_____
9. Location of parking, lunch area and toilets	_____	_____
10. Project telephone number and absentee reporting procedure	_____	_____
11. Name of health and safety rep. and/or H&S committee members	_____	_____
12. Location of any hazardous substances and their MSDSs.	_____	_____
13. Confirmation of WHMIS training	_____	_____
14. Confirmation of Fall arrest training	_____	_____
15. Confirmation of level 1 Module of the Health & Safety Educational Program for the Ontario Sprinkler and Fire Protection Trade	_____	_____

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CORPORATE ORIENTATION CHECKLIST

Employee: \_\_\_\_\_

	Date Given	Employee Initial	Supv. Initial
<b>1. Provide and review copy of company safety policy and program</b>	_____	_____	_____
2. Provide lock out bar c/w personal padlock and key # _____	_____	_____	_____
3. Provide hard hat.	_____	_____	_____
4. Provide safety glasses.	_____	_____	_____
5. Confirmation of Fall arrest training	_____	_____	_____
6. Provide full body fall arrest harness.	_____	_____	_____
7. Review tool and equipment tag out procedure and location of tags	_____	_____	_____
8. Location of shop first aid stations.	_____	_____	_____
9. Location of fire extinguishers.	_____	_____	_____
10. Location of telephones and emergency numbers	_____	_____	_____
11. Location and details of specific shop hazards	_____	_____	_____
12. Location of parking, lunch area and toilets	_____	_____	_____
13. Location and procedure for Operating and maintenance manuals	_____	_____	_____
14. Review operating , maintenance and safety of Spira owned lifts and issue operating certificate.	_____	_____	_____
<b>15. Name of health and safety rep. and/or H&amp;S committee members</b>	_____	_____	_____
16. Location of any hazardous substances and their MSDSs.	_____	_____	_____
<b>17. Confirmation of WHMIS training</b>	_____	_____	_____
18. Confirmation of level 1 Module of the Health & Safety Educational Program for the Ontario Sprinkler and Fire Protection Trade	_____	_____	_____
<b>19. Notify Office Health &amp; Safety Representative that the employee has commenced work.</b>	_____	_____	_____
20. Review the Fire Safety Plan Map located at all exits	_____	_____	_____

**All items that are bolded must be completed prior to employee commencing work.**

NOTES: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## **SECTION 11 - TRAINING**

All new workers are to complete the level 1 Module of the Health & Safety Educational Program for the Ontario Sprinkler and Fire Protection Trade before being put on the job. This instruction is to include:

### **LEVEL 1:**

**Module 1.01 - Personal Conduct**

**Module 1.02 - Electrical Hazards**

**Module 1.03 - Legislation**

**Module 1.04 - Personal Protective Equipment**

**Module 1.05 - Back Care and Materials Handling**

**Module 1.06 - Housekeeping**

**Module 1.07 - Access Structures**

**Module 1.08 - WHMIS**

**NOTE:** During the apprenticeship program all workers are to complete level 2 and level 3 of the Health and Safety Educational Program for the Ontario Sprinkler and Fire Protection Trade before journeyman status can be recognized.

### **LEVEL 2**

**Module 2.01 - Occupational Health and Hazardous Materials**

**Module 2.02 - Working Safely in Confined Spaces**

**Module 2.03 - Welding Safety**

**Module 2.04 - Trenching Safety**

**Module 2.05 - Communications**

**Module 2.06 - Tools of the Trade**

### **LEVEL 3**

**Module 3.01 - Hoisting Hazards**

**Module 3.02 - Fibre Rope, Knots, Hitches**

**Module 3.03 - Rigging Tools and Devices**

**Module 3.04 - Hazard Awareness in Crane Operating Areas**

**Module 3.05 - Slings and Hardware**

## **SECTION 12 - REPORTING AND INVESTIGATING ACCIDENTS**

### **Accident Report on Site**

- ▶ After an incident has occurred it is important to fill out the **Accident Report** thoroughly and right after the occurrence when safe to do so
- ▶ The following information must be present on the Accident Report:
  - ▶ Name and address of the location where the accident occurred
  - ▶ Describe what happened in the incident with details including:
    - ▶ The bodily injury sustained
    - ▶ Equipment or material that was in use
    - ▶ The time and place where the incident occurred
  - ▶ Names and addresses of all witnesses present
  - ▶ Name of the legally qualified medical practitioner who the person was being attended by

**See Accident Report Form Below**

## Accident Report

Injured Worker's Last Name		First Name		Occupation/Trade			
Name and Location where injury/accident occurred				First Aid Provider			
Hospital or Clinic Attended for Medical Aid				Treating Physician's Name			
Nature of Injury				Project Location of Accident/Injury			
Person who transported employee							
Will this be a lost time injury?		No	Yes	Is injury work-related?		No	Yes
Were any subcontractors involved?		No	Yes	Was the MLITSD called'?		No	Yes
<b>Injury Details</b>							
Date and Hour of Injury				Date and Hour Reported to Employer			
Day	Month	Year	Time	Day	Month	Year	Time
			a.m. p.m.				a.m. p.m.
Date and Hour Last Worked				Normal Working Hours			
Day	Month	Year	Time	from		to	
			a.m. p.m.		a.m. p.m.		a.m. p.m.
Who was the injury reported to?							
What caused the injury? Describe the injury, the body part involved, and specify left or right side (use back of sheet if necessary).							
Describe the worker's activities at the time of the injury. Include details of equipment or materials used and specific work tasks performed (use back of sheet if necessary).							
Did anyone else witness the accident or know more about the injury? (list names and contact info)							

**SPIRA INTERNAL ACCIDENT INVESTIGATION REPORT FORM**

**Part A: Identifying Details**

Employer Name: \_\_\_\_\_, Type of business: \_\_\_\_\_

Address: \_\_\_\_\_

Injured Employee Last name: \_\_\_\_\_, First name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Other Employee Involved, Last name: \_\_\_\_\_, First name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

First Aider, Name: \_\_\_\_\_, Date and time of accident: \_\_\_\_\_

Medical treatment: \_\_\_\_\_

Name and address of doctor/surgeon: \_\_\_\_\_ Ph#: \_\_\_\_\_

Date of First Visit: \_\_\_\_\_

Hospital: \_\_\_\_\_

Project and location of accident: \_\_\_\_\_

Date and time accident reported to supervisor: \_\_\_\_\_

Date/time reported to MOL: \_\_\_\_\_, rep. who took call: \_\_\_\_\_

Date and time accident reported to head office: \_\_\_\_\_

Names and addresses of witnesses: \_\_\_\_\_

Description of machinery or equipment involved: \_\_\_\_\_

Have you had a similar condition in the past  Yes  No

If yes, please give details. This will not affect payment of your WSIB benefits if your claim is allowed.

**Part B: Accident Description,**

*Explain what happened (what, where, when, who, how).*

Sketch/Diagram:

Immediate Causes:

Underlying Causes:

How can the accident be prevented from happening again?

Actions taken to prevent recurrence:

Action by: \_\_\_\_\_, Report prepared by: \_\_\_\_\_

**Part C: Reviews of Accident Report** *(Please include name and date)*

Health and Safety Representative:

Name: \_\_\_\_\_, Date: \_\_\_\_\_, Signature: \_\_\_\_\_

I, hereby Certify that all information is true and complete.

Employee's Name: \_\_\_\_\_, Date: \_\_\_\_\_, Signature: \_\_\_\_\_

Chief Executive Officer:

Name: \_\_\_\_\_, Date: \_\_\_\_\_, Signature: \_\_\_\_\_

**SECTION 13 - INSPECTIONS AND HAZARD ASSESSMENTS**

**PROJECT/JOB SITE STARTUP SAFETY AUDIT CHECKLIST**

**PROCEDURE:** This Checklist is to be completed by the project manager for Spira Fire Protection Ltd. and given to the project foreman for Spira Fire Protection Ltd. at the start of the project.

**PROJECT/JOB SITE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROJECT LOCATION:** \_\_\_\_\_ **JOB#:** \_\_\_\_\_

**MANAGER:** \_\_\_\_\_ **FOREMAN:** \_\_\_\_\_

	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have all employee's had their company & site safety orientation?	_____	_____	_____
2. Is the facility/project Health & Safety information available?	_____	_____	_____
3. Are regular safety meetings (tool box talks) being conducted?	_____	_____	_____
4. Is there a Health & Safety Committee structured on site?	_____	_____	_____
5. Are all workers trained & instructed for the equipment on site?	_____	_____	_____
6. Is all equipment safety checked prior to operating?	_____	_____	_____
7. Is there adequate safety promotion?	_____	_____	_____
8. Is company safety program communication reviewed?	_____	_____	_____
9. Is protective equipment available and worn?	_____	_____	_____
10. Do all workers have WHMIS training?	_____	_____	_____
11. Is a WHMIS binder available on site?	_____	_____	_____
12. Is tagging and lock out equipment available?	_____	_____	_____
13. Is adequately stocked first aid kits available?	_____	_____	_____
14. Is there any unsafe equipment or practices?	_____	_____	_____

Comments/Corrective action required and by Whom:

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Return with the final package to the project manager at the conclusion of the project. Date: \_\_\_\_\_



## **SECTION 14 - HEALTH & SAFETY REPRESENTATIVE AND COMMITTEE**

### **WORKER INVOLVEMENT**

Health and Safety Representatives or Committee Members often can lead the way in promoting the cooperation of all employees in a safety program. The Occupational Health and Safety Act outlines specific requirements for the designation of Representatives or for the formation of a Joint Health and Safety Committee, depending on such things as the number of workers on the job, the duration of the project, or direction from the Minister of Labour.

### **Health and Safety Representatives**

Where the number of workers at a project regularly exceeds five, and the project is expected to exceed the duration of three months, at least one health and safety representative who does not exercise managerial functions shall be selected. The selection of a health and safety representative shall be made by those workers who do not exercise managerial functions or the trade union that represents them, and whose health and safety interests will be represented by the selected individual(s). The name(s) of the selected health and safety representative(s) shall be posted in a conspicuous manner and location at the appropriate site.

### **Representative Responsibilities and Duties**

#### **A Health and Safety Representative shall be familiar with:**

- ▶ The current Occupational Health and Safety Act and Regulations for Construction Projects and all affecting amendments and regulations.
- ▶ Procedures in the event of an emergency.
- ▶ Procedures for refusal to work where health and safety are in danger.

### **Powers and Rights of a Representative**

#### **A Health and Safety Representative has the power and right to:**

- ▶ Obtain information from a constructor or employer regarding the testing of equipment, materials, or chemicals in the workplace.
- ▶ Inspect the workplace at least once a month and post the results of such inspections, with the full cooperation of constructor, employers, and workers. "Site Inspection Checklists" should be completed, signed, and maintained on site for future reference.
- ▶ Ask for and obtain information regarding existing or potential hazards in the workplace.
- ▶ Make health and safety recommendations to a constructor or employer, who must respond in writing within 21 days, either giving a timetable for implementation or giving reasons for disagreeing with the recommendations.
- ▶ Assist in accident investigation, and report the results of such an investigation in order to make such results known to all personnel on site. Recommendations should be made and implemented to prevent a recurrence of the accident.
- ▶ Where a person has been killed or critically injured in the workplace, investigate the circumstances of the accident and report findings to a Director of the Ministry of Labour.

*No person or group of persons shall knowingly hinder, interfere, or obstruct a health and safety representative from exercising his/her powers, rights, responsibilities, and /or duties.*

## **Joint Health and Safety Committee**

Where the number of workers at a project regularly exceeds twenty, and the project is expected to exceed the duration of three months, a Joint Health and Safety Committee shall be established. The minimum number of members will be two, and consist of at least one management-selected by the workers he/she is to represent. If the committee expands beyond two members, at least half the members shall be non-management workers employed at the workplace, and the committee shall be co-chaired by one worker member and one management member. The member names of the committee shall be posted in a conspicuous manner and location at the appropriate site.

## **Powers and Rights of a Committee**

### **It is the function of a committee and it has the power to:**

- ▶ Identify situations that may be a source of danger or hazard to workers.
- ▶ Make written recommendations regarding health and safety matters to the constructor who must respond in writing within 21 days, either giving a timetable for implementation or giving reasons for disagreeing with the recommendations.
- ▶ Recommend maintenance and monitoring programs, as well as assisting in the review of the safety program.
- ▶ Obtain information from constructors or employers regarding testing of equipment or environments, and be present when testing is initiated.
- ▶ Review inspection and accident reports.
- ▶ Review the committee membership to keep it representative of site and workforce conditions .

Beyond the above-mentioned powers and rights, the committee shall designate a member representing workers to inspect at least monthly, the physical condition of the workplace and complete and post a "Site Inspection Checklist". The member shall inform the committee of situations that may be a source of danger or hazard to workers and the committee shall consider such information within a reasonable period of time.

As well, a committee member who represents the workers shall be designated as such to investigate cases where a worker is killed or critically injured at the workplace from any cause and shall inspect the place where the accident occurred and any machine, device or thing, and shall report his or her findings to a Director and to the committee.

A committee shall meet at least every three months at a predetermined time and place, and shall maintain and keep minutes of its proceeding and make the same available for examination and review by an inspector.

### **Items on a standard agenda should include:**

- ▶ Examination of accident and injury statistics and the setting of appropriate safety objectives.
- ▶ How to better communicate accident prevention information to the workers.
- ▶ The review of recent accident and inspection reports.
- ▶ How to identify and correct hazardous conditions and practices.
- ▶ A regular review of the minutes from previous meetings to ensure that positive and/or corrective action has been taken.
- ▶ *No person or group of persons shall knowingly hinder, interfere with, or obstruct a member of nor the entire committee from exercising their individual or collective powers, rights, responsibilities, and/or duties.*

## **Work Refusal - Dangerous Circumstances**

Section 43 (3) of the Act gives a worker the right to refuse work that they believe is likely to endanger themselves or other workers.

### **A worker may exercise this right if they believe any of the following exist:**

- ▶ Any equipment the worker is to use is likely to endanger himself or other workers.
- ▶ The physical condition of the site is likely to endanger himself or other workers.
- ▶ Any equipment or the physical condition of the site breaks the law as found in the Act or the Regulations, and that such a violation is likely to endanger himself or other workers.

### **Should a worker believe that dangerous circumstances exist, the refusal will consist of the following steps:**

1. The worker reports their refusal and reason to their supervisor, who will look into the matter with the worker and, if applicable, the health and safety representative. The worker remains nearby.
2. If the worker and supervisor disagree that a danger exists, then a MOL inspector is to be called in by either the worker, supervisor, or health and safety representative.
3. The inspector will investigate in the presence of all parties and provide a written decision. The worker may be assigned reasonable alternative work pending a decision by a director.

### **Refusal to Work Where Health or Safety in Danger Procedure:**

1. Worker refuses to work and notifies supervisor
  - ▶ Supervisor investigates in presence of worker and H & S Rep.
  - ▶ Worker remains nearby in a safe place
  - ▶ Problem is Resolved
  - ▶ Work Resumes
  - ▶

**OR**

2. Worker refused to work and notifies supervisor
  - ▶ Supervisor investigates in presence of worker and H & S Rep.
  - ▶ Worker remains nearby in a safe place
  - ▶ Problem is Unresolved
  - ▶ Worker continues to refuse work. MOL inspector is notified
  - ▶ Other worker may do work if advised of refusal and reason for refusal
  - ▶ Inspector investigates in presence of worker, supervisor, and health and safety representative
  - ▶ Pending investigation and decision
  - ▶ Worker stands by or is assigned other work
  - ▶ Employer gives worker other directions
  - ▶

**OR**

3. Worker refused to work and notifies supervisor
  - ▶ Supervisor investigates in presence of worker and H & S Rep.
  - ▶ Worker remains nearby in a safe place
  - ▶ Problem is Unresolved
  - ▶ Worker continues to refuse work. MOL inspector is notified

- ▶ Other worker may do work if advised of refusal and reason for refusal
- ▶ Inspector investigates in presence of worker, supervisor, and health and safety representative
- ▶ Pending investigation and decision
- ▶ Decision Made
- ▶ In favor of worker/Against Worker
- ▶ Corrective Action taken
- ▶ Work Resumes

**Members of the Joint Health and Safety Committee:**

- ▶ Tim Hebbes - representing the workers
- ▶ Marta Redmond - representing the management
  - ▶ Marta Redmond - successfully completed Part 1 Certification

**Certified Member:**

Under the Occupational Health and Safety Act, Section 9 (12) to 9 (17), at least one member representing workers, and at least one of the members representing management must be certified by the Workplace Safety and Insurance Board. The certified member representing workers is to be selected by the same workers or trade union that selected the worker member of the committee. If a certified member resigns or is unable to act, the employer is required to take all necessary steps within a reasonable period of time to ensure that at least one management and one worker member are certified. Certified committee members play a key role on the committee and have specific authority and responsibilities.

**Certified members are entitled to exercise certain rights and powers such as:**

- ▶ To investigate complaints that “dangerous circumstances” exist.
- ▶ To direct the employer to stop work in specific circumstances.
- ▶ To be paid for time spent in fulfilling certification requirements.
- ▶ To be paid for time spent in exercising their stop-work powers and carrying out their duties.

A worker certified member may be selected by worker members to carry out inspections, investigate a fatality or critical injury, or attend a work refusal investigation.

**Required Duties of Certified Members:**

**Section 45** of the Occupational Health and Safety Act sets out duties that are required of certified members who have been designated by the workplace parties they represent.

**These duties are:**

- ▶ to investigate any complaint from anyone in the workplace that a dangerous circumstance exists.
- ▶ to initiate and assist in the investigation of a bilateral work stoppage.
- ▶ to initiate a unilateral work stoppage in prescribed circumstances.

**Section 9** of the Occupational Health and Safety Act states that a worker member must be designated to perform the following duties, and that if “possible” the designated member should be a certified member.

**These duties are:**

- ▶ Conducting workplace inspections
- ▶ Assisting in work refusal

**Dangerous Circumstances are:**

- ▶ when a provision of the ACT or the regulations is being contravened
- ▶ when the contravention poses a danger or hazard to the worker
- ▶ when the danger or hazard is such that any delay in controlling it may seriously endanger a worker

**SECTION 15 - WHMIS 2015**  
(WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM)

WHMIS was changed to include the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). GHS is a uniform worldwide system for classifying chemicals and communicating important information about them. The new WHMIS which includes GHS is now called WHMIS 2015.

**Changes in WHMIS 2015:**

1. New standardized “Safety Data Sheets” (SDS) replace the Material Safety Data Sheets (MSDS). Safety Data Sheets has more detailed information and communicates important hazard information than labels. They must be provided by suppliers with all hazardous products.
2. Controlled products are now called “Hazardous Products”
3. New system of “classes, standard language and format”

**Two main parts to WHMIS 2015 are:**

1. Classification: Groups, classes and categories
2. Communication: Labels, SDS, education and training

Employer Responsibilities include:

- ▶ Making sure that Safety Data Sheets are up to date and available to workers
- ▶ Educate and train workers about WHMIS 2015
- ▶ Making sure that hazardous products have labels
- ▶ Making sure control measures are in place to protect workers

Worker Responsibilities include:

- ▶ Participating in education and training
- ▶ Working safely
- ▶ Help identify and control hazards

Supplier Responsibilities include:

- ▶ Must attach labels to hazardous products
- ▶ Must provide Safety Data Sheets to customers

Hazardous Products include:

- ▶ Adhesives
- ▶ Cleaning solutions
- ▶ Paint
- ▶ Other products

Consumer Products, Explosives and Pesticides are excluded from WHMIS but training is still needed if these products are in your workplace.

## Safety Data Sheets (SDS):

- ▶ Name of the product
- ▶ Name of the supplier
- ▶ Hazardous Product
- ▶ Precautions
- ▶ Emergency actions
- ▶ 16 sections have the same sections in the same order

## 16 Sections of the Safety Data Sheets:

1. Identification
2. Hazard Identification
3. Composition
4. First Aid
5. Fire Fighting
6. Accidental Release
7. Handling and Storage
8. Exposure Control and Personal Protection
9. Physical and Chemical Properties of a substance
10. Chemical stability and reactivity
11. Health effects of the Chemical
- 12.-15. Environmental
16. Other information - Gives the date when the SDS was prepared or last revised

## Labels

### 2 types of labels:

1. **Supplier** - provided by the supplier
2. **Workplace** - provided by the employer if the hazardous products are made at the workplace or transferred from the original container to another container. If a supplier label is lost or cannot be read a workplace label is required.

### Labels include:

- ▶ Product Identifier -the name as it exactly appears on the SDS
- ▶ Signal Word - emphasizes the hazard - “danger” or “warning” are the only two words
- ▶ Pictogram -there are 10 pictograms (1 or more can be listed on the label)
- ▶ Hazard Statement - lets you know the hazard of the product, 1 or more can be listed
- ▶ Precautionary Statement - recommended safety measures, precautions to take to protect yourself
- ▶ Supplier Identification - Name, Address and Telephone of the supplier

### Worker Responsibility:

- ▶ Before you use a hazardous product make sure it has a label
- ▶ Tell your supervisor if it doesn't have a label or you can not read the label
- ▶ If you transfer a hazardous product to another container make sure the new container has a label
- ▶ Follow the instructions on the label along with the safety procedures of your workplace

## **SECTION 16 - RETURN TO WORK PROGRAM**

### **MODIFIED WORK POLICY**

#### **POLICY STATEMENT**

Spira Fire Protection Ltd. recognizes its obligations and the benefits of a formal program for employees who have been injured on the job or are recuperating from personal injury or illness.

Spira Fire Protection Ltd. will make every reasonable effort to provide productive employment for injured employees, thereby returning valuable human resources to the workplace while maintaining the dignity and self-respect of the worker.

Every case will be accessed on an individual basis, with the support of the involved employee, Workplace Safety and Insurance Board, Physician, Health and Safety Committee and the Manager or the Supervisor of the department.

#### **POLICY OBJECTIVES:**

1. To demonstrate Spira Fire Protection Ltd.'s concern for its employee's well being.
2. To coordinate the resources of Spira Fire Protection Ltd. to facilitate the successful reintegration of an employee following injury/illness.
3. To establish and provide a tailored return to work plan to assist employees with an injury/illness to return to work as soon as the employee is able, in order to maximize and maintain their optional potential.

#### **PROGRAM OUTLINE**

##### **Definitions:**

##### **Return to Work Program:**

The Return to Work Program is a formalized program that provides a structure and process to the activity of returning employees to the workplace.

##### **Modified Work:**

Modified work is any job function that an employee with a temporary, partial disability may perform safely without reasonable risk of re-injury or unreasonable risk to others. Modified Work is temporary in nature. The work must be productive and must have value.



## RETURN TO WORK OBJECTIVES

- ▶ To use every return to work as a prevention opportunity.
- ▶ Early and safe return to work of our employees who are injured.
- ▶ To communicate Return to Work procedures to an injured worker.
- ▶ To understand the purpose of a Functional Abilities Form.
- ▶ To assist the Health and Safety Committee to return an injured worker to either their normal job duties, or a suitable position the day following an injury.
- ▶ To comply with the Ontario's Human Rights Legislation and policy on Duty to Accommodate.

## RESPONSIBILITIES

### INJURED EMPLOYEE:

1. Report illness/injury to his/her Supervisor.
2. Receive a "Return to Work Package" before seeing the Doctor if you believe the injury/disease to be work-related.
3. Seek medical attention as soon as possible.
4. Report to your **Health and Safety Representative** as directed with the completed "**Employee Report of Accident**" which you are to fill out and "**Functional Abilities Form**" which will be filled out by the treated physician. If unable to report to work because of the extent of the injuries please contact the Health and Safety Representative for co-ordination of pickup of the documents at 519-823-1150. If the Health and Safety Representative is not available, please report to your Supervisor.
5. The Employee is responsible to maintain contact with the Health and Safety Committee on a weekly basis after their Doctor visits. Contact should be in person with the Health and Safety Representative with a current "Functional Abilities Form" from the Doctor.
6. Failure of the employee to co-operate and take an active role in "Return to Work" may have their benefits suspended or reduced by the "Workplace Safety Insurance Board".
7. Communicate their concerns to the Workplace Supervisor so that potential problems can be resolved immediately.
8. Report any changes in their condition to the Workplace Supervisor.

### CO-WORKER:

1. Provide support and encouragement to the employee participating in the Modified Work Program.
2. Provide direct assistance for specifically designed tasks on a temporary basis.

### SUPERVISOR:

1. Investigate the injury/complaint. Take preventative measures to ensure it does not happen again.
2. Ensure immediate completion of incident report.
3. Work with the Health and Safety Committee and employee to design the Modified Work Placement.
4. Meet with the returning employee at the start and end of the day to review and discuss any concerns the employee may have.
5. Maintain progress chart or documentation relating to employee's injury.

## DUTIES

### EMPLOYER:

**The employer of an injured worker shall co-operate in the early and safe return of the worker by,**

- ▶ Contacting the worker as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;
- ▶ Attempting to provide suitable employment that is available and consistent with the Worker's Functional Abilities and that, when possible, restores the worker's pre-injury earnings;
- ▶ Giving the Workplace Safety Insurance Board such information as the WSIB may request concerning the worker's return to work; and
- ▶ Doing other such things as may be prescribed.

### INJURED EMPLOYEE

**The worker shall co-operate in his or her early and safe return to work by,**

- ▶ Contacting his or her employer as soon as possible after the injury occurs and maintaining communication throughout the period of the worker's recovery and impairment;
- ▶ Assisting the employer, as may be required or requested, to identify suitable employment that is available and consistent with the worker's functional abilities and that, where possible, restores his or her pre-injury earnings;
- ▶ Giving the Workplace Safety Insurance Board such information as the WSIB may request the worker's return to work; and
- ▶ Doing such other things as may be prescribed.

## PROCEDURES

1. Report all work-related injuries and medical complaints ASAP to supervisor.
2. Document any medical concerns and any first aid treatment in first aid log. Manager and Health and Safety Representative to complete accident investigation report.
3. If worker requires more than first aid, send worker for medical treatment.
4. Send a **Return to Work Letter, Physician's Medical Report, and a Functional Abilities Form** to the worker's Doctor.
5. Stay in regular contact with the employee.
6. When the Doctor or worker returns the Functional Abilities Form, meet with the worker and anyone else in your company involved in the return to work process.
7. Compare the Functional Abilities with the physical requirements of pre-accident job.
8. Modify the pre-accident job to the functional abilities (if possible/necessary).
9. If you can't modify the pre-accident job to the worker's functional abilities, then find other suitable work within the worker's functional abilities; the suitable work must be safe.
10. Jointly agree on a graduate "**Return to Work**" plan.  
**Establish:** Goals with time frames, Hours, Wages, Location  
**Specify:** Roles and responsibilities of worker & management & any other parties involved in the plan.  
Give the worker an "**Offer of Suitable Work Letter**".
11. Monitor and evaluate employee's recovery. Meet with the employee at least once/week and document progress of recovery on follow-up component of Return to Work plan.
12. The **Health and Safety Representative** should send the **completed Return to Work Plan** to the **Claims Workplace Safety Insurance Board Adjudicator**.
13. The Return to Work Program is completed when the employee can do the pre-accident job. If the employee cannot return to pre-accident duties at the conclusion of the plan, the Health and Safety Representative shall contact the WSIB claims adjudicator for further assistance.
14. If there is a critical injury, please notify the Ministry of Labour.

When identifying suitable work, consideration will be given to the employee's ability and skills. Every effort should be made to ensure that the work assigned is suited to both the worker's physical and personal abilities, and contributes to the productivity of the business.

**PHYSICIAN'S MEDICAL REPORT**

Dear \_\_\_\_\_:

In conjunction with the staff and union members, Spira Fire Protection Ltd. developed a Return to Work Program. The program is intended to permit an early and safe return to work for an employee who has suffered a work-related injury. The work assignments are designed to suit the employee's current needs and will not expose the employee to any conditions which might aggravate the injury, or cause re-injury. If you have any questions regarding our Return to Work Program, please contact us @ 519-823-1150.

Employee Name: \_\_\_\_\_ Date of Accident \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

Employee may return to work at once without restrictions.

Employee may return to work on \_\_\_\_\_ to modified duties with restrictions as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Restriction: \_\_\_\_\_ (days, weeks)

If unable to work, your professional opinion on a possible return to work date and course of treatment planned. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Thank you for your cooperation.

Sincerely,

David Spira  
Vice President

**OFFER OF SUITABLE WORK LETTER**

Spira Fire Protection Ltd., 31 Hayes Avenue, Guelph, ON N1E 5V6  
Phone: 519-823-1150 Fax: 519-822-7752

Date: \_\_\_\_\_, 2023

Employee Name and mailing address:

Re: Offer of Suitable Work

Dear :

After reviewing information provided by your health care provider, we are pleased to offer you the following temporary work assignment. We believe it is within your capabilities.

You will only be assigned tasks consistent with your physical abilities, skills and knowledge. If any training is required to do this assignment, it will be provided.

Job Title: \_\_\_\_\_

Description of physical requirements of this position: \_\_\_\_\_

Location: \_\_\_\_\_

Duration of assignment: From: \_\_\_\_\_ To: \_\_\_\_\_

Work Hours: From: \_\_\_\_\_ To: \_\_\_\_\_

Wages: \_\_\_\_\_ (per hour/week/month)

Supervisor: \_\_\_\_\_

This job offer will remain open for five (5) workdays from the date you receive this letter. If we do not hear from you within five (5) workdays; we will assume that you have refused this offer. We will notify the Workplace Safety Insurance Board, which will determine the impact, if any, on your loss of earnings benefits.

We look forward to your return. If you have any questions, please contact me.

Sincerely,

David Spira  
Vice President

# CLAIM STATUS SHEET

## Employee Information

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## Claim Information

Injury Date: \_\_\_\_\_

Return to Work Meeting Date: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Date Work Offered: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Date Transitional Work Accommodated: \_\_\_\_\_

Description: \_\_\_\_\_

WSIB Claim #: \_\_\_\_\_

Date Full Return to Work: \_\_\_\_\_

Date Functional Abilities Form Info Rec'd: \_\_\_\_\_

Physician: \_\_\_\_\_

Post-Injury Contact Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Functional Abilities Information & Medical Precautions

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## SECTION 17 - RETURN TO WORK PLAN

### CLAIMS MANAGEMENT PROGRESS

**Employee Name:** \_\_\_\_\_

1. Receive "Accident Investigation Form" from person reporting the accident.
  - Review Accident Investigation form.
  - Review Treatment Memorandum form from Doctor.
  - Review each witness statement if any available.
  - Review any other information obtained.
  - Review Employee Report of Accident.
  
2. Report to accident site with the Supervisor and employee for review of all information.
  - Investigate the site to be sure of what happened.
  - Confirm any information from any of the witnesses. Telephone call may be required.
  - Get a copy of the employee's current work schedule. Be sure to post the schedule on a monthly calendar.
  
3. Review the employee's personnel file.
  - Look for prior claims that may be similar in nature. These may be able to go on the same claim.
  - Review application for work history and any extra curricular activities that may have contributed to accident in some way.
  
4. Employee questionnaire.
  - Complete employee "Return to Work Functional Assessment Form" in person or over the phone. This may reveal further information.
  
5. When the employee is unable to come back to work, the following must be discussed:
  - When is the next Doctor visit.
  - Explain that you will be maintaining contact with the employee on a weekly basis after their Doctor visits. Contact should be in person and you will like them to come to the office with a current "Functional Abilities Form" filled out by the Doctor. Be sure to fill out a call sheet each time you speak with the employee.
  - Ensure the employee understands that failure to cooperate with the employer will result in termination of benefits.
  
6. When an employee is able to return-to-modified duties:
  - Employees are to report to the department Supervisor and Health & Safety Committee to prepare a "Return to Work Plan" that keeps in mind the restrictions that the Doctor has stated.

**RETURN TO WORK PLAN**

<b>NAME:</b>	<b>DATE:</b>
<b>DEPT:</b>	<b>CLAIM#:</b>
<b>INJURY:</b>	<b>PROGRAM START DATE:</b>
<b>DATE OF ACCIDENT:</b>	<b>PROGRAM COMPLETION DATE:</b>

<b>PHYSICAL RESTRICTIONS:</b>

<b>DATE</b>	<b>DUTIES</b>	<b>FOLLOW-UP</b>

Employee Signature: \_\_\_\_\_ Employer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please note that employers are legally obligated to provide suitable work for injured workers whenever this is possible. Once completed, this form must be submitted to the employer.



**RETURN TO WORK PLAN - PROGRESS REPORT**

NAME: \_\_\_\_\_ CLAIM#: \_\_\_\_\_

NAME OF DEPT.: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

OBJECTIVE: \_\_\_\_\_

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Date: From: \_\_\_\_\_ To: \_\_\_\_\_ WEEK #1

Precautions: \_\_\_\_\_

Objectives: \_\_\_\_\_

Duties: \_\_\_\_\_

Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

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WEEK #1 Review

Objectives/Observations: \_\_\_\_\_

Employee's Comments/Concerns: \_\_\_\_\_

Action to Address Concerns: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

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WEEK #2

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WEEK #3

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WEEK #4

C: Claims Adjudicator  
Treating Practitioner

**RETURN TO WORK PLAN - PROGRESS REPORT**

NAME: \_\_\_\_\_ CLAIM#: \_\_\_\_\_

NAME OF DEPT.: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

OBJECTIVE: \_\_\_\_\_

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Date: From: \_\_\_\_\_ To: \_\_\_\_\_ WEEK #5

Precautions: \_\_\_\_\_

Objectives: \_\_\_\_\_

Duties: \_\_\_\_\_

Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

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WEEK #5 Review

Objectives/Observations: \_\_\_\_\_

Employee's Comments/Concerns: \_\_\_\_\_

Action to Address Concerns: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

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WEEK #6

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WEEK #7

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WEEK #8

C: Claims Adjudicator  
Treating Physician

**EMPLOYEE RETURN TO WORK FUNCTIONAL ASSESSMENT FORM**

**Supervisor and Employee** complete “Required Elements”      **Health Care Provider** complete “YES/NO”

**Employee:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Brief Job Description:

FUNCTION:	Required Elements	Meets Requirement ?		Additional information frequency, distance, duration, etc.
		YES	NO	
<b>SAFETY SENSITIVE JOB DEMANDS</b>				
On & Off of Moving Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles Operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welding or Arc Torches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work with chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
>20 minutes from medical aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing <input type="checkbox"/> Working <input type="checkbox"/> at height>10ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uneven or slippery walking surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
True colour vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PHYSICAL JOB DEMANDS</b>				
Lift <input type="checkbox"/> Carry <input type="checkbox"/> Push <input type="checkbox"/> Pull <input type="checkbox"/> >10kgs. <input type="checkbox"/> >25kgs. <input type="checkbox"/> >50kgs. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting sustained for ____/____ (hrs./mins.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing sustained for ____/____ (hrs./mins.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking sustained for ____/____ (hrs./mins.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling <input type="checkbox"/> Kneeling <input type="checkbox"/> Crouching <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching Above shoulder <input type="checkbox"/> Knee to shoulder <input type="checkbox"/> Below knee <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trunk rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full neck flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision(eyesight) Distance <input type="checkbox"/> Close <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand dexterity (both) Grasp <input type="checkbox"/> Fingering <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Normal hearing (aid permitted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depth perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand eye hand co-ordination (both hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PSYCHO/SOCIAL JOB DEMANDS</b>				
Minimal interpersonal contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interaction & cooperation with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent interaction with public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High concentration and alertness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ENVIRONMENTAL JOB DEMANDS</b>				
Noisy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outside work, all weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposure to dust <input type="checkbox"/> fumes <input type="checkbox"/> gases <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shift work/Rotational shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory protection required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Can this employee return to his or her own job full duties/full time? Yes  Date: \_\_\_\_\_ No
2. Can this employee return to work if identified limitations are accommodated?
  - ▶ Yes  Days/Week \_\_\_\_\_ Hours/Day \_\_\_\_\_ Starting Date \_\_\_\_\_ No
  - ▶ Estimate of when limitations can be removed :  
\_\_\_\_\_
3. If this employee is disabled from carrying out the full duties of their own job:
  - ▶ If this employee participating in a treatment plan? Yes  No

Please comment:

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- ▶ When do you think a gradual, modified or transitional return to work will be appropriate?

Date: \_\_\_\_\_

- ▶ Would this employee benefit from Return to Work Program services?

Yes  If yes, please provide your comments in section 4 below. A Health and Safety Representative may contact you for further information or clarification.

No

4. Further comments: (Please print clearly)

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5. **RETURN TO WORK FOR SAFETY SENSITIVE JOBS:**

All employees in **SAFETY SENSITIVE JOBS** must be aware of safety issues. Signatures below indicate that both the health care provider and the employee agree the employee has the ability to carry out duties as identified. (Please refer to reserve side of this form Safety Sensitive Job Demands)

Employee Signature	Date:
Health Care Provider Signature	Date:
Health Care Provider Name, Address, Phone, Fax	

**RETURN TO WORK PLAN - PROGRESS REPORT**

NAME: \_\_\_\_\_ CLAIM# \_\_\_\_\_

NAME OF DEPT.: \_\_\_\_\_ NAME OF SUPERVISOR: \_\_\_\_\_

OBJECTIVE: \_\_\_\_\_

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WEEK #9

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WEEK #10

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WEEK #11

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WEEK #12

C: Claims Adjudicator  
Treating Practitioner

**Jobs Demands Analysis - \_\_\_\_\_**

**Date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Description**

**Essential Duties & Tasks**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For clarification or further information, please contact:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_

**Ph:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_

**Ph:** \_\_\_\_\_

**Job Demands Analysis - \_\_\_\_\_**

**Summary**

<b>Critical Physical Demands</b>	<b>Details (Force, distance, range of motion)</b>	<b>Frequency (see scale)</b>
Maximum Lift		
Maximum Carry		
Maximum push/pull		
Range of motion		
Extended reach		
Standing/sitting		



**Jobs Demands Analysis - \_\_\_\_\_**

<b>Ergonomic concerns/comments (if ANY box is checked, inform Safety Dept.)</b>			
<input type="checkbox"/> <b>Contact Stress</b> (hand or knee as a hammer > 10 x hr/ >2 hr total/day)  Some contact stress present (opening and closing angle cocks)	<input type="checkbox"/> <b>Repetition (same motion</b> with neck, shoulders, elbows, wrists or hands every few seconds with little or no variation > 2 hr total / day)	<input type="checkbox"/> <b>Intensive Keying</b> (> 4 hrs./ day)	<input type="checkbox"/> <b>Grip Force (Pinch grip</b> unsupported object > 1 kg or with force of more than 4 kg > 2 hrs/ day)
<input type="checkbox"/> <b>Grip force</b> (Power grip unsupported object > 5 kg or with force of 5 kg/ 2 hrs / day)	<input type="checkbox"/> <b>Lift Lower Force</b> (lifting > 35kg > once / day)	<input type="checkbox"/> <b>Lift Lower Force</b> (lifting > 25kg/ >10 x hr/>2 hrs/ day)	<input type="checkbox"/> <b>Lift Lower Force</b> (lifting > 5kg > 2 x minute/ > 2 hrs / day)
<input type="checkbox"/> <b>Lift Lower Force</b> (lift > 11 kg > 25x / day AND - above shoulders or - below knees or - at arms length)	<input type="checkbox"/> <b>Awkward Posture</b> (working with neck or back bent more than 30 degrees > 2 hrs/ day)	<input type="checkbox"/> <b>Awkward Posture</b> (working with hand above head or elbow above shoulder > 2 hrs/ day)	<input type="checkbox"/> <b>Awkward Posture</b> (kneeling > 2 hrs / day)
<input type="checkbox"/> <b>Vibration</b> (use of high-vibration tools - chain saw, jackhammer, etc. - > 30 min / day)	<input type="checkbox"/> <b>Vibration</b> (use of moderate vibration tools - grinders, sanders, jig saw - > 2 hrs / day)	<b>Frequency Scale</b> 5 - Constantly, more than 75 % of shift 4 - Frequently, 50-75% of shift 3 - Occasionally, 25-50% of shift 2 - Seldom, less than 25% of shift 1 - Never	
<b>Comments:</b>			

**Job Demands Analysis - \_\_\_\_\_**

Job Title: \_\_\_\_\_

Union: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Work Schedule:**

Average Hours Per Shift: \_\_\_\_\_ Week: \_\_\_\_\_

Shift Rotation: \_\_\_\_\_

Voluntary Overtime: \_\_\_\_\_

**Work Pace:**

- Unpaced
- Deadline
- Machine paced

<p><b><u>Tools, Equipment &amp; Machines</u></b></p> <p>▶</p> <p><b><u>Vehicles &amp; Mobile Equipment</u></b></p> <p>▶</p>	<p><b><u>Special Clothes &amp; Personal Protective Equipment</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hard Hat</li><li><input type="checkbox"/> Safety Shoes/Boots</li><li><input type="checkbox"/> Hearing Protection</li><li><input type="checkbox"/> Respiratory Protection</li><li><input type="checkbox"/> Safety Glasses (when required)</li></ul> <p><b>Other:</b> _____</p>
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## Jobs Demands Analysis - \_\_\_\_\_

### Physical Demands

For each item, show the corresponding amount of time the movement is made per shift:

- 5 - Constantly, more than 75% of shift
- 4 - Frequently, 50-75% of shift
- 3 - Occasionally, 25-50% of shift
- 2 - Seldom, less than 25% of shift
- 1 - Never

<b>PHYSICAL DEMANDS (WHOLE BODY)</b>	<b>Rating (1-5)</b>	<b>Task Description</b>
<b>Sitting/Driving</b>		
<b>Standing</b>		
<b>Walking</b> (level, rough ground, slopes)		
<b>Low Level Work</b> (Crouching/squatting/kneeling / crawling)		
<b>Going up or down stairs or steps</b>		
<b>Climbing Ladders</b>		
<b>Climbing on or over equipment</b>		
<b>Balancing</b> (when on narrow or slippery surfaces)		

**Jobs Demands Analysis - \_\_\_\_\_**

**Physical Demands (Continued)**

For each item, show the corresponding amount of time the movement is made per shift:

- 5 - Constantly, more than 75% of shift
- 4 - Frequently, 50-75% of shift
- 3 - Occasionally, 25-50% of shift
- 2 - Seldom, less than 25% of shift
- 1 - Never

<b>Posture/Movement</b>	<b>Task Description</b>	<b>Frequency (1-5)</b>
Bending from waist		
Bending laterally		
Twisting		
Sitting unsupported		
Neck Flexion		
Neck Extension		
Neck Lateral Flexion		
Neck Rotation		

**Jobs Demands Analysis - \_\_\_\_\_**

**Physical Demands (Continued)**

For each item, show the corresponding amount of time the movement is made per shift:

- 5** - Constantly, more than 75% of shift
- 4** - Frequently, 50-75% of shift
- 3** - Occasionally, 25-50% of shift
- 2** - Seldom, less than 25% of shift
- 1** - Never

<b>Movements</b>	<b>One Hand/ Arm Use</b>	<b>Both Hands/ Arms Used Togeth er</b>	<b>Task Description</b>	<b>Frequency (1-5)</b>
Shoulder Extension	<input type="checkbox"/>	<input type="checkbox"/>		
Shoulder Flexion	<input type="checkbox"/>	<input type="checkbox"/>		
Shoulder Abduction	<input type="checkbox"/>	<input type="checkbox"/>		
Elbow Flexion	<input type="checkbox"/>	<input type="checkbox"/>		
Elbow Pronate/ Supinate	<input type="checkbox"/>	<input type="checkbox"/>		
Hand (Power Grip)	<input type="checkbox"/>	<input type="checkbox"/>		
Hand (Pinch Grip)	<input type="checkbox"/>	<input type="checkbox"/>		

**Jobs Demands Analysis - \_\_\_\_\_**

**Physical Demands (Continued)**

For each item, show the corresponding amount of time the movement is made per shift:

**5** - Constantly, more than 75% of shift

**4** - Frequently, 50-75% of shift

**3** - Occasionally, 25-50% of shift

**2** - Seldom, less than 25% of shift

**1** - Never

<b>Movements</b>	<b>One Hand/ Arm Use</b>	<b>Both Hands/Arms Used Together</b>	<b>Task Description</b>	<b>Frequency (1-5)</b>
Hand (side - side deviation)	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist Flexion	<input type="checkbox"/>	<input type="checkbox"/>		
Wrist Extension	<input type="checkbox"/>	<input type="checkbox"/>		
Finger movements (writing, typing, pinching, picking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

**Jobs Demands Analysis - \_\_\_\_\_**

**LIFT/CARRY/PUSH/PULL**

<b>Manual Lifting</b>	<b>Rating (1-5)</b>	<b>Object(s) handled (dimensions)</b>	<b>Lowest Point</b> (floor, waist, chest)	<b>Highest Point</b> (waist, chest, overhead)
1-10 lbs		▶		
11-25 lbs.		▶		
26-50 lbs.		▶		
50+ lbs.		▶		
<b>Carrying</b>	<b>Rating</b>		<b>Average Distance Moved</b>	
			Minimum	Maximum
<b>1-10 lbs</b>				
<b>11-25lbs</b>				
<b>26-50 lbs</b>				
<b>50+ lbs.</b>				
<b>Pushing/ Pulling</b>	<b>Rating</b>	<b>Rough Smooth Wheels Flat Slope</b>	<b>Minimum</b>	<b>Maximum</b>
1-10 lbs				
11-25 lbs.				
26-50lbs				
50+lbs				

**Comments:**

**Jobs Demands Analysis - \_\_\_\_\_**

**Working Conditions**

**“Yes” or “No” for each item to show whether or not a person would be exposed to it while doing the job.**

Description	Exposure		Comments/Explanations
	Yes	No	
Slippery or uneven surfaces (rough ground, steps, slopes etc)			
Work around moving machinery or mobile equipment			
On and off moving equipment			
Moving objects/parts			
High workplaces (>10ft.)			
Confined spaces (tanks, pits, etc.)			
Noise levels (give decibel levels)			
Low levels of lighting			
Vibration or jarring (from mobile equipment, power tools, etc.)			
Contact with chemicals			
Breathing chemicals or dust			
Electrical Hazards			
>20 minutes from advanced medical aid			
Welding, cutting, plasma torches			
Other (please specify)			

<b>Percentage of time spent indoors</b>	<b>Percentage of time spent outdoors</b>
<b>Approximate temperature range</b>	<b>Humidity range of work area:</b>

**Any other information:**



**Jobs Demands Analysis - \_\_\_\_\_**

**Visual/Communication**

Description	Required		Comments/Explanation
	Yes	No	
Near Vision			
Far Vision			
Depth Perception			
Side Vision			
Color Discrimination			
Reading			
Hearing			

**Cognitive/Psychological Demands**

**5** - Constantly, more than 75% of shift

**4** - Frequently, 50-75% of shift

**3** - Occasionally, 25-50% of shift

**2** - Seldom, less than 25% of shift

**1** - Never

Description	Rating (1-5)	Comments/Explanations
Self-supervision		
Supervision exercised over others		
Deadline pressures		
Attention to detail		
Performance of multiple tasks		
Reading		
Writing		
Mathematics		
Speaking		
Memory		
Listening		

## **SECTION 18 - WORK PLACE HARASSMENT PROGRAM**

Spira Fire Protection Ltd. is committed to providing a work environment in which all workers are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace (including customers, clients, other employees, supervisors, workers, and members of the public, as applicable)

The workplace harassment program applies to all workers including managers, supervisors, temporary employees, students and subcontractors.

Workplace sexual harassment means engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome;

### **This may include:**

- ▶ making remarks, jokes, or innuendos that demean, ridicule, intimidate or offend;
- ▶ displaying or circulating offensive pictures or materials in print or electronic form;
- ▶ bullying;
- ▶ repeated offensive or intimidating phone calls or emails; or
- ▶ inappropriate sexual touching, advances, suggestions or requests

### **What Isn't Workplace Harassment:**

- ▶ Reasonable action or conduct by an employer, manager or supervisor that is part of his or her normal work function would not normally be considered Workplace Harassment. This is the case even if there are sometime unpleasant consequences for a worker. Examples include: changes in work assignments, scheduling, job assessment and evaluation, workplace inspections, implementation of dress codes and disciplinary action.
- ▶ Differences of opinion or minor disagreements between co-workers would also not generally be considered Workplace Harassment. In addition any behavior that would meet the definition of Workplace Violence would not be considered Workplace Harassment.

### **Workplace:**

- ▶ The occupational Health and Safety Act defines a workplace as any land, premises, location or thing at, upon, in or near which a worker works.
- ▶ A workplace could be a building, mine, construction site, vehicle, open field, road or forest.
- ▶ The test is: Is the worker being directed and paid to be there or to be near there? If the answer is “yes”, then it is a “WORKPLACE”.

### **Roles and Responsibilities of:**

#### **Employers:**

- ▶ Training and education of all employees
- ▶ Integrating safe behaviour into to day to day operations
- ▶ Review of all reports of Harassment and/or threats of Harassment in a prompt, objective and sensitive manner

- ▶ Take appropriate corrective and disciplinary action
- ▶ Take immediate measures to respond appropriately to all reported incidents of Workplace Harassment
- ▶ Facilitate medical attention and appropriate support for all those either directly or indirectly involved

**Managers/Supervisors:**

- ▶ Must enforce policy and procedures and monitor worker compliance
- ▶ Shall investigate all incidents of Workplace Harassment
- ▶ Facilitate medical attention for employee (s) as required
- ▶ Contact the Health and Safety Representative to ensure that the employee receives further counseling

**Workers:**

- ▶ Must understand and comply with the Harassment in the workplace program and related procedures
- ▶ Promptly report all incident of Harassment and/or threats of Harassment to their supervisor immediately
- ▶ Seek appropriate support from available resources as required when confronted with Harassment
- ▶ Assist in maintaining a safe work environment

**Reporting Workplace Harassment:**

- ▶ Workers can report incidents or complaints of workplace harassment verbally or in writing. When submitting a written complaint, please use the **Workplace Harassment Complaint & Investigation Form** (see attached).
- ▶ When reporting verbally, the reporting contact, along with worker complaining of harassment, will fill out the complaint & investigation form.
- ▶ Workers are to report all harassment-related incidents, to their supervisor or health and safety representative. If the worker's supervisor or reporting contact is the person engaging in the workplace harassment, contact the president. If the employer (e.g. owner, senior executive, director) is the person engaging in the workplace harassment, contact your immediate supervisor or health and safety representative. (Note: The person designated as the reporting contact should not be under the direct control of the alleged harasser.)
- ▶ Management shall be notified of the workplace harassment incident or complaint so that they can ensure an investigation is conducted that is appropriate in the circumstances. If the incident or complaint involves the owner, senior executive or director, an external person qualified to conduct a workplace harassment investigation who has knowledge of the relevant workplace harassment laws will be retained to conduct the investigation.
- ▶ This report can be made confidentially, at the employee's request, with the exception of the necessary steps to ensure the safety of others and prevention of re-occurrence. For example, police report can be made at the discretion of management
- ▶ An incident or a complaint of workplace harassment should be reported as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated in a timely manner.

**The report of the incident should include the following information:**

- ▶ Name(s) of the worker who has allegedly experienced workplace harassment and contact information
- ▶ Name of the alleged harasser(s), position and contact information (if known)
- ▶ Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known)
- ▶ Details of what happened including date(s), frequency and location (s) of the alleged incident(s)

- ▶ Any supporting documents the worker who complains of harassment may have in his/her possession that are relevant to the complaint.
- ▶ List any documents a witness, another person or the alleged harasser may have in their possession that are relevant to the complaint.

For additional information and guidance is required, please call the Ministry of Labour's Contact Centre at 1-877-202-0008

### **Investigation of Workplace Harassment:**

Spira Fire Protection Ltd. will ensure that an investigation appropriate in the circumstances is conducted when the employer, health and safety representative, a manager or supervisor becomes aware of an incident of workplace harassment or receives a complaint of workplace harassment.

### **Who Will Investigate:**

The president will determine who will conduct the investigation into the incident or complaint of workplace harassment. If the allegations of workplace harassment involve the president, the employer will refer the investigation to an external investigator to conduct an impartial investigation.

### **Timing of the Investigation:**

The investigation must be completed in a timely manner and generally within 10 days or less unless there extenuating circumstances (i.e. illness, complex investigations) warranting a longer investigation.

### **Investigation Process**

**The person conducting the investigation whether internal or external to the workplace will, at minimum, complete the following:**

- ▶ The investigator must ensure the investigation is kept confidential and identifying information is not disclosed unless necessary to conduct the investigation.
- ▶ The investigator should remind the parties of this confidentiality obligation at the beginning of the investigation.
- ▶ The investigator must thoroughly interview the worker who allegedly experienced the workplace harassment and the alleged harasser(s), if the alleged harasser is a worker of the employer. If the alleged harasser is not a worker, the investigator should make reasonable efforts to interview the alleged harasser.
- ▶ The alleged harasser(s) must be given the opportunity to respond the specific allegations raised by the worker. In some circumstances, the worker who allegedly experienced the workplace harassment should be given a reasonable opportunity to reply.
- ▶ The investigator must interview any relevant witnesses employed by the employer who may be identified by either the worker who allegedly experienced the workplace harassment, the alleged harasser(s) or as necessary to conduct a thorough investigation.
- ▶ The investigator must make reasonable efforts to interview any relevant witnesses who are not employed by the employer if there are any identified. The investigator must collect and review any relevant documents.
- ▶ The investigator must take appropriate notes and statements during interviews with the worker who allegedly experienced workplace harassment, the alleged harasser and any witnesses.

- ▶ The investigator must prepare a written report summarizing the steps taken during the investigation, the complaint, the allegations of the worker who allegedly experienced the workplace harassment, the response from the alleged harasser, the evidence of any witnesses, and the evidences gathered. The report must set out findings of fact and come to a conclusion about whether workplace harassment was found or not.

### **Response Procedures:**

- ▶ The investigator will provide copies of all documented “Workplace Harassment Complaint & Investigation Form” forms of Workplace Harassment.
- ▶ Management will review all complaints, monitor trends and will make recommendations for prevention of Workplace Harassment.

### **Results of the Investigation:**

Within 10 days of the investigation being completed, the worker who allegedly experienced the workplace harassment and the alleged harasser, if he or she is a worker of the employer, will be informed of the results of the investigation and any corrective action taken or that will be taken by the employer to address workplace harassment.

### **Confidentially:**

Information about complaints and incidents shall be kept confidential to the extent possible. Information obtained about an incident or complaint of workplace harassment, including identifying information about any individuals involved, will not be disclosed unless disclosure is necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

While the investigation is on-going, the worker who has allegedly experienced harassment, the alleged harasser(s) and any witnesses unless necessary to obtain advice about their rights. The investigator may discuss the investigation and disclose the incident or complaint-related information only as necessary to conduct the investigation.

All records of the investigation will be kept confidential.

### **Handling Complaints:**

The employer must set out any interim measures that may be taken after the complaint is received and during the investigation. The employer must also set out how they might deal with the complaint of harassment if harassment is found. This may include discipline up to and including termination.

### **Record Keeping:**

**The employer (human resources or designated person) will keep records of investigation including;**

- ▶ a copy of the complaint or details about the incident;
- ▶ a record of the investigation including notes;
- ▶ a copy of the “Workplace Harassment Complaint & Investigation Form;
- ▶ a summary of the results of the investigation that was provided to the worker who allegedly experienced the workplace harassment and the alleged harasser, if a worker of the employer;
- ▶ a copy of any corrective action taken to address the complaint or incident of workplace harassment

All records of the investigation will be kept confidential. The investigation documents, including this report should be not be disclosed unless necessary to investigate an incident or complaint of workplace harassment, take corrective action or otherwise as required by law.

**SPIRA Fire Protection Ltd. Workplace Harassment Complaint & Investigation Form**

**Note:** Whether the worker uses the complaint form or not, the employer is still obligated to ensure an investigation appropriate in the circumstances is conducted into an incident of workplace harassment.

Please describe in as much detail as possible the bullying and harassment incident(s), including: (a) the names of the parties involved; (b) any witnesses to the incident(s); the location, date and time of the incident(s); (d) details about the incident(s) behaviour and/or words used; (e) any additional details. (Attach additional pages if required)

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted. If you are not able to attach documents and they are relevant to your complaint, please the documents below. If someone else has the relevant documents, please note that below.

Employee (alleged Victim): Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Name of alleged Offender: Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Name of witness(es) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known)

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Details of what happened including behavior and /or words used, frequency and locations(s) of the alleged incident(s) and additional details (attach pages if required).

Date and time of incident(s): \_\_\_\_\_

Location of incident(s): \_\_\_\_\_

I, hereby certify that all information is true and complete.

Employee's Name: \_\_\_\_\_, Date: \_\_\_\_\_, Signature: \_\_\_\_\_

Report received by: Name: \_\_\_\_\_, Date: \_\_\_\_\_, Signature: \_\_\_\_\_

## **SECTION 19 - WORK PLACE VIOLENCE PROGRAM**

Spira Fire Protection Ltd. is committed to providing a workplace free from violence by ensuring that our employees are treated with respect, treat each other with respect, fairness and dignity. Violence in the workplace can have devastating effects on our employees and the productivity of the organization.

The management of Spira Fire Protection Ltd. recognizes the potential for violence in the workplace and will make every reasonable effort to identify potential sources in order to eliminate or minimize these risks. Spira Fire Protection Ltd. will not tolerate any type of violence within the workplace or at work related activities and is committed to ensuring a safe and healthy working environment for all employees.

Every employee is responsible for promptly reporting any incidence of Workplace Violence. Every manager or supervisor is responsible for promptly responding to and investigating allegations of Workplace Violence in accordance with this program.

The purpose of this program is to define behavior that constitutes Workplace Violence, clearly indicate the roles and responsibilities of employers, supervisors, workers and others in the measures and to define the procedures for reporting and resolving incidents of such violence. We are committed to providing a working environment free of violence by ensuring that all workplace parties are familiar with the definitions of Workplace Violence and their individual responsibilities for prevention and corrective action.

### **Workplace Violence:**

- ▶ The Occupational Health and Safety Act defines Workplace Violence as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. It also includes a statement or behavior that a worker could reasonably interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker

### **Examples of Workplace Violence Include:**

- ▶ verbally threatening to attack a worker;
- ▶ leaving threatening notes at or sending threatening emails to a workplace;
- ▶ shaking a fist in a worker's face;
- ▶ wielding a weapon at work;
- ▶ hitting or trying to hit a worker;
- ▶ throwing an object at a worker;
- ▶ sexual violence against a worker;
- ▶ kicking an object the worker is standing on such as a ladder; or
- ▶ trying to run down a worker using a vehicle or equipment such as a forklift
- ▶ a spouse or former spouse, current or former intimate partner or a family member may harm, or attempt or threaten to physically harm, that worker at work. In this example domestic violence is considered workplace violence.

### **Workplace:**

- ▶ The Occupational Health and Safety Act defines a workplace as any land, premises, location or thing at, upon, in or near which a worker works.
- ▶ A workplace could be a building, mine, construction site, vehicle, open field, road or forest.
- ▶ The test is: Is the worker being directed and paid to be there or to be near there? If the answer is "yes", then it is a "WORKPLACE"



## **Roles and Responsibilities:**

### **Employers:**

- ▶ Training and education of all employees
- ▶ Integrating safe behavior into day to day operations
- ▶ Review of all reports of violence and/or threats of violence in a prompt, objective and sensitive manner
- ▶ Take appropriate corrective and disciplinary action
- ▶ Take immediate measures to respond appropriately to all reported incidents of Workplace Violence
- ▶ Facilitate medical attention and appropriate support for all those either directly or indirectly involved

### **Managers/Supervisors:**

- ▶ Must enforce policy and procedures and monitor worker compliance
- ▶ Shall investigate all incidents of Workplace Violence
- ▶ Facilitate medical attention for employee(s) as required
- ▶ Contact the Health and Safety Representative to ensure that the employee receives further counseling

### **Workers:**

- ▶ Must understand and comply with the violence in the workplace program and related procedures
- ▶ Promptly report all incidents of violence and/or threats of violence to their supervisor immediately
- ▶ Seek appropriate support from available resources as required when confronted with violence
- ▶ Assist in maintaining a safe work environment

## **Procedures When Violence is Imminent or in Progress:**

- ▶ Call 911 for emergency situations. Police or emergency responders will assist immediately.
- ▶ Call your immediate supervisor or health and safety representative if possible after calling 911.
- ▶ If you are at risk, remain calm, try to withdraw from the violent individual and seek an immediate safe location.
- ▶ Incidents involving emergency and/or criminal activity will be referred to the local police department for investigation. Incidents that do not involve an emergency situation and/or criminal activity will be handled by the supervisor/health and safety representative or president as applicable. Spira Fire Protection intends to use reasonable legal, managerial, administrative, and disciplinary procedures to secure the workplace from violence and to reasonably protect employees and members of the public.

## **Reporting of Fatalities, Criminal Injuries, Work Refusal and Unsafe Workplace Complaints:**

- ▶ Spira Fire Protection must immediately and by direct means such as telephone, contact the Ministry of Labour Inspector, the joint health and safety committee or safety representative.
- ▶ Within 48 hours, Spira Fire Protection will notify a director of the Ministry of Labour, giving the circumstances of the occurrence and any information that may be prescribed.

## **Reporting Workplace Violence:**

- ▶ Workers can report incidents or complaints of workplace violence verbally or in writing. When submitting a written complaint, please use the **Workplace Violence Complaint & Investigation Form** (see attached). When reporting verbally, the reporting contact, along with worker complaining of violence, will fill out the complaint & investigation form.

## **The report of the incident should include the following information:**

- ▶ Name(s) of the worker who has allegedly experienced workplace violence and contact information
- ▶ Name of the alleged accused(s), position and contact information (if known)
- ▶ Names of the witness(es) (if any) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known)
- ▶ Details of what happened including date(s), frequency and location (s) of the alleged incident(s)
- ▶ Any supporting documents the worker who complains of violence may have in his/her possession that are relevant to the complaint.
- ▶ List any documents a witness, another person or the alleged accused may have in their possession that are relevant to the complaint who to report the workplace violence to.

An incident or a complaint of Workplace Violence should be reported as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated in a timely manner.

Report a Workplace Violence incident or complaint to your immediate supervisor or health and safety representative. If the worker's supervisor or reporting contact is the person engaging in the workplace violence, contact the president. If the employer (e.g. owner, senior executive, director) is the person engaging in the Workplace Violence, contact your immediate supervisor or health and safety representative. (Note: The person designated as the reporting contact should not be under the direct control of the alleged accused.)

Health and Safety shall be notified of the Workplace Violence incident or complaint so that they can ensure an investigation is conducted that is appropriate in the circumstances. If the incident or complaint involves the owner, senior executive or director, an external person qualified to conduct a Workplace Violence investigation who has knowledge of the relevant Workplace Violence laws will be retained to conduct the investigation.

All incidents or complaints of Workplace Violence shall be kept confidential except to the extent necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

## **Conducting an Investigation:**

- ▶ Incidents involving emergency and/or criminal activity will be referred to the Police Department for investigation.
- ▶ Incidents that do not involve an emergency situation and/or criminal activity will be handled by the direct supervisor, health and safety representative or president. Workers are responsible to report all acts defined in the Workplace Violence policy to the appropriate person and assist in filling out the **Workplace Violence Complaint & Investigation Form**
- ▶ Workers are to report all violent-related incidents, to their manager. This report can be made confidentially, at the employee's request, with the exception of the necessary steps to ensure the safety of others and prevention of re-occurrence. For example, police report can be made at the discretion of management
- ▶ The reporting worker may make the report confidentially by simply indicating the need for confidentiality to his or her direct manager
- ▶ Spira Fire Protection Ltd. will ensure that an investigation appropriate in the circumstances is conducted when the employer, health and safety, a manager or supervisor becomes aware of an incident of Workplace Violence or receives a complaint of Workplace Violence.

- ▶ The president will determine who will conduct the investigation into the incident or complaint of Workplace Violence. If the allegations of Workplace Violence involve the president, the employer will refer the investigation to an external investigator to conduct an impartial investigation.
- ▶ The investigation must be completed in a timely manner unless there are extenuating circumstances (i.e. illness, complex investigations) warranting a longer investigation.

### **Investigation Process:**

- ▶ The person conducting the investigation whether internal or external to the workplace will, at minimum, complete the following:
- ▶ The investigator must ensure the investigation is kept confidential and identifying information is not disclosed unless necessary to conduct the investigation. The investigator should remind the parties of this confidentiality obligation at the beginning of the investigation.
- ▶ The investigator must thoroughly interview the worker who allegedly experienced the Workplace Violence and the alleged accused, if the alleged accused is a worker of the employer. If the alleged accused is not a worker, the investigator should make reasonable efforts to interview the alleged accused.
- ▶ The alleged accused must be given the opportunity to respond the specific allegations raised by the worker. In some circumstances, the worker who allegedly experienced the workplace violence should be given a reasonable opportunity to reply.
- ▶ The investigator must interview any relevant witnesses employed by the employer who may be identified by either the worker who allegedly experienced the workplace violence, the alleged accused or as necessary to conduct a thorough investigation. The investigator must make reasonable efforts to interview any relevant witnesses who are not employed by the employer if there are any identified. The investigator must collect and review any relevant documents. The investigator must take appropriate notes and statements during interviews with the worker who allegedly experienced workplace violence, the alleged accused and any witnesses.
- ▶ The investigator must prepare a written report summarizing the steps taken during the investigation, the complaint, the allegations of the worker who allegedly experienced the Workplace Violence, the response from the alleged accused, the evidence of any witnesses, and the evidences gathered. The report must set out findings of fact and come to a conclusion about whether Workplace Violence was found or not.

### **Results and Response Procedures of the Investigation:**

- ▶ The investigator will provide copies of the documented **Workplace Violence Complaint & Investigation Form** the management and management will review all complaints, monitor trends and will make recommendations for prevention of Workplace Violence.
- ▶ Within 10 days of the investigation being completed, the worker who allegedly experienced the Workplace Violence and the alleged accused, if he or she is a worker of the employer, will be informed of the results of the investigation and any corrective action taken or that will be taken by the employer to address workplace violence.

### **Confidentially:**

Information about complaints and incidents shall be kept confidential to the extent possible. Information obtained about an incident or complaint of workplace harassment, including identifying information about any individuals involved, will not be disclosed unless disclosure is necessary to protect workers, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

While the investigation is on-going, the worker who has allegedly experienced harassment, the alleged harasser(s) and any witnesses unless necessary to obtain advice about their rights. The investigator may discuss the investigation and disclose the incident or complaint-related information only as necessary to conduct the investigation.

All records of the investigation will be kept confidential.

### **Handling Complaints:**

The employer must set out any interim measures that may be taken after the complaint is received and during the investigation. The employer must also set out how they might deal with the complaint of harassment if harassment is found. This may include discipline up to and including termination.

### **Record Keeping:**

**The employer (human resources or designated person) will keep records of investigation including;**

- ▶ a copy of the complaint or details about the incident;
- ▶ a record of the investigation including notes;
- ▶ a copy of the “Workplace Harassment Complaint & Investigation Form;
- ▶ a summary of the results of the investigation that was provided to the worker who allegedly experienced the workplace harassment and the alleged harasser, if a worker of the employer;
- ▶ a copy of any corrective action taken to address the complaint or incident of workplace harassment

All records of the investigation will be kept confidential. The investigation documents, including this report should be not be disclosed unless necessary to investigate an incident or complaint of workplace harassment, take corrective action or otherwise as required by law.

**SPIRA Fire Protection Ltd. Workplace Violence Complaint & Investigation Form**

Note: Whether the worker uses the complaint form or not, the employer is still obligated to ensure an investigation appropriate in the circumstances is conducted into an incident of Workplace Violence.

Please describe in as much detail as possible the bullying and harassment incident(s), including: (a) the names of the parties involved; (b) any witnesses to the incident(s); the location, date and time of the incident(s); (d) details about the incident(s) behaviour and/or words used; (e) any additional details. (Attach additional pages if required)

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted. If you are not able to attach documents and they are relevant to your complaint, please the documents below. If someone else has the relevant documents, please note that below.

Employee (alleged Victim): Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Name of alleged Offender: Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Name of witness(es) or other person(s) with relevant information to provide about the incident (if any) and contact information (if known)

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information:

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Details of what happened including behavior and /or words used, frequency and locations(s) of the alleged incident(s) and additional details (attach pages if required).

Date and time of incident(s): \_\_\_\_\_

Location of incident(s): \_\_\_\_\_

I, hereby certify that all information is true and complete.

Employee's Name: \_\_\_\_\_, Date: \_\_\_\_\_, Signature: \_\_\_\_\_

Report received by: Name: \_\_\_\_\_, Date: \_\_\_\_\_,

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

## **SECTION 20 - ACCESSIBILITY STANDARD FOR CUSTOMER SERVICE**

### **Accessible Customer Service Plan**

Spira Fire Protection Ltd is committed to ensuring equal access and participation for people with disabilities. We will do so by removing and preventing barriers to accessibility and meeting our accessibility requirements under the Accessibility for Ontarians with Disabilities Act and Ontario's accessibility laws.

#### **Assistive Devices**

We will insure that our staff are trained and familiar with various assistive devices that may be used by customers with disabilities while accessing our goods and services. Our accessible customer service policies are consistent with the principles of independence, dignity, integration and equality of opportunity for people with disabilities.

#### **Training for Staff**

Spira Fire Protection Ltd. will provide training to employees, volunteers and to all other parties who provide goods, services or facilities in accordance with the Accessibility for Ontarians with Disabilities Act and the Human Rights Code as it pertains to persons with disabilities. Training to be appropriate to the duties the staff, including service technicians, managers, employees, volunteers and other persons that are involved in the development and approval of policies, practices and procedures related to the Customer Service Standards and customer service representatives.

Spira Fire Protection Ltd. will train new employees as part of their on boarding process as soon as practicable and will keep records of training on file.

#### **Training will include:**

- ▶ An overview of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard.
- ▶ Review of Spira Fire Protection Ltd.'s Accessibility Standard.
- ▶ How to interact and communicate with people with various types of disabilities.
- ▶ How to interact with people with disabilities who use an assistive device or require assistance of a service animal or a support person.
- ▶ What to do if a person with a disability is having difficulty in accessing Spira Fire Protection Ltd.'s goods and services.
- ▶ How to use assistance devices or equipment available on site or otherwise that may help with providing goods and services to people with disabilities.

Staff will also be trained when changes are made to the Accessible Customer Service Policy or to legislation.

#### **Communication Supports**

A copy of our Accessibility Standard will be posted on site at our front and rear main entrances. An employee will be consulted to obtain the information that is needed in order to perform the employee's job and will provide available information resources to the employee in the workplace.

## **Service Animals**

We welcome people with disabilities and their service animals. Service animals are allowed on the parts of our premises that are open to the public and third parties.

When we cannot easily identify that an animal is a service animal, our staff may ask for documentation (template, letter or form) from a regulated health professional that confirms the person needs the service animal for reasons relating to their disability.

A service animal can be easily identified through visual indicators, such as when it wears a harness or vest, or when it helps the person perform certain tasks.

A regulated health professional is defined as a member of the following colleges:

- ▶ College of Audiologist and Speech-Language Pathologists of Ontario
- ▶ College of Chiropractors of Ontario
- ▶ College of Nurses of Ontario
- ▶ College of Occupational Therapists of Ontario
- ▶ College of Optometrists of Ontario
- ▶ College of Physicians and Surgeons of Ontario
- ▶ College of Physiotherapists of Ontario
- ▶ College of Psychologists of Ontario
- ▶ College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario

If service animals are prohibited by another law, we will do the following to ensure people with disabilities can access our goods, services or facilities:

- ▶ explain why the animal is excluded
- ▶ discuss with the customer another way of providing goods, services or facilities

Service animals are allowed on all our premises.

## **Support Persons**

A person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises and that the person with the disability will not be prevented from having access to the support person while on our premises.

## **Workplace Emergency Response**

Once the need for accommodation is required to employees with disabilities a self-assessment form will be provided and reviewed by the Health and Safety team upon the employees' consent. The Health and Safety representative will review and discuss with the employee and make any required accommodations. Any changes to location or accommodation will be reviewed as required. This information will be provided to employees with disabilities, as soon as practicable. Any changes to location or accommodation will be reviewed as required.

We will review the individualized workplace emergency response information:

- ▶ when the employee moves to a different location in the organization
- ▶ when the employee's overall accommodations needs or plans are reviewed; and
- ▶ when the employer reviews its general emergency response policies

### **Notice of Temporary Disruption**

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities, Spira Fire Protection Ltd. will notify customers as soon as practicable. Notice will be communicated to customers by posting a notice at the location. This clearly posted notice will include information about the reason for disruption, its anticipated length of time, and description of alternative facilities or services, if available. Service disruptions may occur due to reasons that may or may not be within the control or knowledge of Spira Fire Protection Ltd. In some circumstances such as in the situation of unplanned temporary disruptions, advance notice may not be possible.

### **Feedback Process**

Customers who wish to provide feedback on the way Spira Fire Protection Ltd. provides good and services to people with disabilities can contact our office at 519-823-1150. Feedback can also be provided by email to Marta Redmond at [marta@spira.ca](mailto:marta@spira.ca). All feedback will be directed to our Health and Safety Representative and customers can expect to hear back from us within 5 business days. Complaints will be addressed according to our Health and Safety Representative.

Spira Fire Protection Ltd. ensures our feedback process is accessible to people with disabilities by providing or arranging for accessible formats and communication supports, on request and this policy is posted at our main entrance.

Spira Fire Protection Ltd. is required by law to file an accessibility compliance report as per a schedule set out by AODA. We are committed to making a copy of our filed report publicly available by posting a copy at our main entrance.

### **Modifications to this or other policies**

Any policy of Spira Fire Protection Ltd. that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.



## Spira Fire Protection Self-Assessment Form

### Instructions:

Please complete this form to help us identify barriers that can arise for you in an emergency. Also, provide suggestions on the type of help you may need in an emergency.

The information you provide is confidential and will only be shared with your consent. You do not have to provide details of your medical condition or disability.

Date (yyyy/mm/dd):

\_\_\_\_\_

### Employee Information:

Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Work Location:

1. Where do you work? \_\_\_\_\_  
Address: \_\_\_\_\_  
Floor/Room name/number \_\_\_\_\_

2. Do you work in different places on a regular basis? Yes/No \_\_\_\_\_  
If yes, list the addresses, floors and room locations.

Address: \_\_\_\_\_  
Floor/Room Name/Number: \_\_\_\_\_

**Potential Emergency Response Barriers**

3. Can you see or hear the fire/security alarm signal?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help you know the alarm was flashing/ringing?  
\_\_\_\_\_

4. Can you activate the fire/security alarm system?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help you sound the alarm?  
\_\_\_\_\_

5. Can you talk to emergency staff?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help you to communicate with them?  
\_\_\_\_\_

6. Can you use the emergency exits?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help you to exit the building?  
\_\_\_\_\_

7. Does your mobility device fit in the emergency waiting area?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help it fit, or is there a better location?  
\_\_\_\_\_

8. Could you find the exit if it was smoky or dark?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help you find the exit?  
\_\_\_\_\_

9. Can you exit the building by yourself?  
Yes/No/Don't Know: \_\_\_\_\_

If No, what would help you to get out?  
\_\_\_\_\_

10. Can you get into an emergency evacuation chair by yourself?  
Yes/No/Don't Know/N/A: \_\_\_\_\_

If No, what help do you need?  
\_\_\_\_\_

11. Would you be able to evacuate during a stressful and crowded situation?  
Yes/No: \_\_\_\_\_

If No, what would help you evacuate?  
\_\_\_\_\_

12. Can you read/access our emergency information?  
Yes/No: \_\_\_\_\_

If No, what would make this information available to you?  
\_\_\_\_\_

13. If you need help to evacuate, what instructions do people need to help you?  
\_\_\_\_\_

14. If you need other accommodations in an emergency, please list them here.  
Accommodations: \_\_\_\_\_

## **SECTION 21 - SMOKING POLICY**

Spira Fire Protection Ltd. has instituted a policy to provide a smoke-free environment for all employees, visitors and on all job sites.

This policy covers the smoking of tobacco or any substance. Smoking will be not allowed within the building or on any job site at any time.

There will be no smoking in company vehicles at any time.

Employees are to ensure that any and all smoking policies in effect on any job site or at any facility that they are required to work at are adhered to by them as if part of this policy.

Any violations of this policy will be handled through standard disciplinary procedures.

**MINISTRY OF LABOUR LIST - SECTION 22**

<b>CENTRAL REGION</b>	<b>PHONE</b>	<b>FAX</b>
Toronto North	416-235-5330	416-235-5080
Toronto West	416-235-5330	416-235-5090
Peel North & Peel South	1-800-268-2966,905-273-7800	905-615-7098
Toronto East	416-314-5300	416-314-5410
Durham	1-800-263-1195,905-665-4979	905-665-4983
Barrie	1-800-461-4383,705-722-6642	705-726-3101
York	1-888-299-3138,905-715-7020	905-715-7140
<b>EASTERN REGION</b>	<b>PHONE</b>	<b>FAX</b>
Ottawa West & East	1-800-267-1916,613-228-8050	613-727-2900
Kingston	1-800-267-0915 613-545-0989	613-545-9831
Peterborough	1-800-461-1425 705-755-4700	705-755-4724
<b>NORTHERN REGION</b>	<b>PHONE</b>	<b>FAX</b>
Sudbury West & East	1-800-461-6325 705-564-7400	705-564-7435
Sault Ste. Marie	1-800-461-7268 705-945-6600	705-949-9796
Elliot Lake	1-800-461-7268	705-848-8055
Thunder Bay	1-800-465-5016 807-475-1691	807-475-1646
Dryden	1-800-465-5016 807-223-4898	807-223-4344
Timmins & Kapuskasing	1-800-461-9847 705-235-1900	705-235-1925 705-335-8330 (Kapuskasing)
North Bay	1-800-461-6325	705-497-6850
<b>WESTERN REGION</b>	<b>PHONE</b>	<b>FAX</b>
Hamilton, Brant & Halton	1-800-263-6906 905-577-6221	905-577-1200(Hamilton) 905-577-1324 (Brant & Halton)
Niagara	1-800-263-7260 905-704-3994	905-704-3011
London North & South	1-800-265-1676 519-439-2210	519-672-0268
Guelph, Kitchener & Wellington County	1-800-265-2468 519-885-3378	519-883-5694
Windsor	1-800-265-5140 519-256-8277	519-258-132

**SECTION 23 - HEALTH & SAFETY ACKNOWLEDGMENT FORM**

**Employee copy**

*( please complete and leave in your copy of the Health and Safety Policy and Program )*

This is to acknowledge that I have received my copy of the Spira Fire Protection Ltd. Health and Safety Policy and Program. I have read all of its contents and have been made aware of Company practices. I am also aware that if I have any concerns regarding health and safety that I will refer them to my immediate supervisor and/or the Spira Fire Protection Ltd. Health and Safety Representative.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Company: \_\_\_\_\_

**SPIRA HEALTH & SAFETY ACKNOWLEDGMENT FORM**

**Office copy**

*( please complete and return to Spira Fire Protection Ltd., 31 Hayes Ave., Guelph ON N1E 5V6 )*

This is to acknowledge that I have received my copy of the Spira Fire Protection Ltd. Health and Safety Policy and Program. I have read all of its contents and have been made aware of Company practices. I am also aware that if I have any concerns regarding health and safety that I will refer them to my immediate supervisor and/or the Spira Fire Protection Ltd. Health and Safety Representative.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Company: \_\_\_\_\_