ELEMENT 17 POLICY FORMS

02.A - Job Hazard Analysis
02.B - Field Level Risk Assessment
04.A - Safe Job Procedure Template
05.A - Non-compliance
07.A - Equipment & Tool Inspection
07.B - Monthly Vehicle Inspection
08.A - Orientation
08.B - Orientation Quiz
08.C - New & Young Worker Orientation
08.D - Toolbox Meeting
08.E - Record of Training
09.A - Jobsite Inspection
09.B - Office & Yard Inspection
10.A - Incident Investigation Report
11.A - First Aid Assessment
11.B - Emergency Contact Information
11.C - Emergency Drill
11.D - Emergency Response Plan
11.E - After Hours Transfer of First Aid Coverage
11.F - Working Alone Permit
12.A - Annual Incident & Injury Record
12.B - Monthly Incident & Injury Record
12.C - Safety Documentation Frequency & Retention Chart
14.A - JHSC Meeting Agenda
14.B - JHSC Meeting Minutes
15.A - First Aid Record
15.B - WorkSafeBC Patient Assessment
15.C - RTW Communication Log
15.D - Modified Work Offer
15.E - Worker Letter
15.F - Doctor Letter
15.H - Functional Abilities Assessment
16.A - Bullying & Harassment Complaint
16.B - Bullying & Harassment Investigation

DOMINION MASONRY LTD	02.A PRE-JOB HAZARD ANALYSIS FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: Jan 2026	Rev. 1.0

Date:	**Project Name:**	**Project Address:**
Supervisor Name:		**Supervisor Phone Number:**

Item #	Activity / Task	Potential Hazards	Hazard Control Measures / Procedures	Risk Rating (L,M,H)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Worker Name	Worker Signature	Date

DOMINION MASONRY LTD	02.B FIELD LEVEL RISK ASSESSMENT FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: Jan 2026	Rev. 1.0

Date:	Project Name:	Weather:

CONSIDER THE FOLLOWING POINTS BELOW BEFORE COMPLETING THE FLRA

- What hazards will be present during today's activities?
- Does the worker area need to be barricaded or signage posted?
- Have there been any incident completing these tasks prior?
- What do you need to do to ensure these tasks are completed incident free?
- Are safe work practices or procedures available for tasks?
- Are workers properly trained to complete the tasks?
- Is the work area well maintained and clean before/after the task?
- Is a Safety Coordinator or Supervisor required prior to completing tasks?

Physical Hazards - Noise, heat/cold stress, materials, airborne particulates, pinch point
Biological Hazards – Body fluids, needles, condoms, mould, viruses, bacteria
Chemical Hazards - Corrosives, oxidizers, skin irritants, lung irritants, reactive products
Ergonomic Hazards – Repetitive, Vibration, Awkward Position, Overexertion, weight

#	Task	Present & Potential Hazards	Hazard Rating: L,M,H	Controls (to reduce or eliminate risks)
1.				
2.				
3.				
4.				
5.				
6.				

PPE Required & Inspected				
	☐ CSA Approved Footwear	☐ CSA Approved Headgear	☐ Fall Protection Equipment	☐ Seatbelt
☐ High Vis Vest	☐ Dust Mask (N95)	☐ Safety Eyewear	☐ Hand & Finger Protection	☐ Face Shield
☐ Arc Flash Protection	☐ Respiratory Protection	☐ Hearing Protection	☐	☐

All workers involved in the task must print name and sign below

Print Name	Signature	Print Name	Signature

Supervisor Name:	Supervisor Signature:

	02.B FIELD LEVEL RISK ASSESSMENT FORM			
	OHS Program – Element 2 – Workplace Hazard Assessment & Control	Created: May 2024	Last review: Jan 2026	Rev. 1.0

Date:		**Site:**	
Project:		**Foreman:**	
Task:		**Task Location:**	
Weather:		**Wind Speed:**	

Break tasks into steps, Identify and Analyze the related hazards, the associated risk level from the matrix below, then identify how to eliminate or control the risk

Tasks/Steps	Hazards & who's affected	Initial Risk	Control methods	Remaining Risk

Site-wide hazards?	Controls Methods	Remaining Risk

Pre-use Inspection done for:			After job done / End of shift		
PPE (basic & specialized)	☐ YES	☐ NO	Area cleaned-up / Housekeeping done	☐ YES	☐ NO
Tools & Equipment for the job at hand	☐ YES	☐ NO	Any new hazards introduced as a result	☐ YES	☐ NO
Fall Pro. Equipment	☐ YES	☐ NO	↳ Such Hazards controlled/communicated	☐ YES	☐ NO
Equipment	☐ YES	☐ NO	Any need to update/review related SJPs	☐ YES	☐ NO
Applicable SWP/SJP Reviewed for the job?	☐ **YES**	☐ **NO**	**If yes, SJP name:**		

Work at height?		☐ N/A
Workers trained	☐ YES	☐ NO
Equipment available and suitable	☐ YES	☐ NO
Fall Pro Plan prepared if above 25 ft	☐ YES	☐ NO
Protecting surrounding trades / public		☐ N/A
Surrounding trades notified of work	☐ YES	☐ NO
Public protected? (if affected by work)	☐ YES	☐ NO
Risk of dropped objects controlled?	☐ YES	☐ NO
Work involving Silica Dust		☐ N/A
Exposure Control Plan applicable/followed	☐ YES	☐ NO
Workers Fit tested	☐ YES	☐ NO
Workers clean shaven	☐ YES	☐ NO
Use of Vacuum/Wetting prioritized	☐ YES	☐ NO

Risk Matrix

Use the matrix below to determine the risk level for each task step

RISK LEVEL ASSESSMENT MATRIX

Hazards are assessed for risk by considering the **SEVERITY & PROBABILITY** of the hazard causing injury or damage.

PROBABILITY	SEVERITY: 3 - LOW (CONCERN/STRESS)	2 - MODERATE (MEDICAL AID)	1 - HIGH (FATALITY/CRITICAL ILLNESS)
C - UNLIKELY (Unlikely to occur)	LOW	LOW	MODERATE
B - LIKELY (Likely to happen)	LOW	MODERATE	HIGH
A - CERTAIN (Almost certain)	MODERATE	HIGH	HIGH

> > > RISK RATING < < <

- **LOW** - Continue working with controls in place
- **MODERATE** - Report to Supervisor to discuss controls and develop plan
- **HIGH** - Stop all work and develop a plan

By signing the back of this page, I acknowledge that I have reviewed this hazard assessment, and the procedures to control the hazards with my supervisor and understand my responsibilities

All workers involved in the task must print name and sign below

Print Name	Signature	Print Name	Signature

Crew Foreman Name:		Signature:	

PART 1 – PROJECT INFORMATION	
Project Name:	Project Address:
Supervisor Name:	Phone #:
Project Superintendent:	Phone #:

PART 2 – HAZARD IDENTIFICATION

POTENTIAL HAZARDS

☐ Other Trades/Contractors	☐ Excavation or Trenches	☐ Limited Communication
☐ Limits of Approach (Power Lines)	☐ Heat or Cold Stress	☐ Violence
☐ Electrical Shock	☐ Noise - Above 85 Decibels	☐ Crane Misadventure
☐ Public Traffic	☐ Lifting or Twisting	☐ Working Near or Around Water
☐ Poor Driving Conditions	☐ Compressed Gases or Liquids	☐ Ergonomics
☐ Terrain Conditions	☐ Poor Soil Conditions	☐ Tools or Equipment
☐ Fall From Elevations	☐ Weather Conditions i.e., water, wind, sun	☐ Pedestrians
☐ Falling Objects	☐ Working Alone or Remote Location	☐ Hot Surfaces
☐ Climbing Obstructions	☐ Mobile Equipment	☐ Slippery Ground Conditions
☐ Arc Flash Potential	☐ Entanglement	☐ Spills
☐ Flying Debris	☐ Sharp Objects	☐
☐ Unsafe or Inadequate Access	☐ Crush/ Pinch Point Hazards	

CONTROLS (ELIMINATION, SUBSTITUTION, ENGINEERING, ADMINISTRATIVE, PPE, SUPPORTING DOCUMENTS ETC.)

Elimination is the process of removing the hazard from the workplace. It is the most effective way to control a risk because the hazard is no longer present. It is the preferred way to control a hazard and should be used whenever possible.

Substitution is the act of replacing something with another thing… in this case, a hazard is replaced with a less hazardous one.

ENGINEERING

☐ Isolation	Separating workers from the hazard by distance or the use of barriers
☐ Enclosures	Placing the material or process in a closed system (e.g., enclosed machines, booths, etc.)
☐ Guarding & Shielding	Using guards around moving parts of machinery
☐ Ventilation	Using local exhaust or general dilution ventilation to remove or reduce airborne products
☐ Mechanical Lifting Devices	Using mechanical methods to lift or move objects instead of manual lifting
☐ Guardrails	Using guardrails to prevent a fall

ADMINISTRATIVE

- ☐ Using job-rotation schedules or a work-rest schedule to limit the amount of time a worker is exposed to a substance.
- ☐ Preventative maintenance to keep equipment in proper working order
- ☐ Scheduling maintenance or high exposure operations for times when few workers are present (such as evenings, weekends)
- ☐ Restricting access to a work area.
- ☐ Restricting the task to only those competent or qualified to perform the work
- ☐ Using signs to warn workers of a hazard.

PERSONAL PROTECTIVE EQUIPMENT

☐		CSA Approved Footwear	☐		Hand & Finger Protection
☐		CSA Approved Headgear	☐		Safety Eyewear
☐		Fall Protection Equipment	☐		Hearing Protection
☐		Dust Mask (N95)	☐		Respiratory Protection
☐		High Visibility Vest (clothing)	☐		Face Shield
☐		Arc flash Protection	☐		Seatbelt
☐	Other		☐	Other	

RISK RATING AFTER CONTROLS -

PART 3 - RESPONSIBILITIES

MANAGEMENT AND SUPERVISORS' RESPONSIBILITIES

- Set a good example in all aspects.
- Ensure that they and all workers in their discharge comply with the Workers Compensation Act and OHS Regulation. Where non-compliance is observed, disciplinary action may be required.
- Ensure safe conditions in the workplace during all working hours.
- Ensure that this document remains effective during the work activity and update and / or revise, as necessary.
- Provide Site Specific SWP/SJP training to workers.
- Must provide all tools, materials, and equipment to conduct the required work.
- Provide training to workers in accordance with this document.
- Monitor workers to ensure everyone is working safely.

WORKER RESPONSIBILITIES

- Perform the task safely.
- If unable or unsure how to perform the task safely, contact the site supervisor immediately.
- Do not use tools or equipment that they do not know how to use, or that may be malfunctioning.
- Report all accidents, incidents, near misses and unsafe acts / conditions immediately.

PART 4 - PRE-JOB PROCEDURE

PART 5 - SAFE JOB STEPS

PART 6 - DOCUMENTS, APPLICABLE LEGISLATION, STANDARDS OR OTHER

PART 7 - PREVENTATIVE MAINTENANCE

Any defective equipment shall be tagged and designated as "Out of Service" and reported to the Site Supervisor and / or Management designate immediately. DO NOT USE ANY 'OUT OF SERVICE" equipment until required repairs have been conducted by a qualified person(s).
Records of all maintenance and inspections will be maintained and be readily available in accordance with the manufacturer's specifications and appliable standards.

PART 8 - EMERGENCY AND REPORTING REQUIREMENTS

In the event of an emergency:

- Work activities will stop immediately.
- The site CSO and / or Supervisor will be contacted immediately.
- The site CSO/OFA will assess any injured worker(s) and communicate the next required steps to the applicable personnel.

All accidents, incidents and near misses must be investigated in accordance with the BC OHS Legislation.

In the event this procedure no longer accurately reflects an accurate depiction of the task steps, the procedure will be reviewed and revised in consultation with the Worker Health and Safety Representative and Management Representatives.

PART 9 - OTHER

EMPLOYEE ACKNOWLEDGEMENT		
All employees instructed in the contents of this SJP must print their full name clearly and sign, acknowledging they understand the instructions.		
PRINT NAME	**SIGNATURE**	**DATE**

SUPERVISORS REVIEW		
PRINT NAME	**SIGNATURE**	**DATE**

This document has been provided for the safety of all applicable workers on site during the course of our construction. Enforcement of the contents of this document WILL be provided through designated management on site (the above signed) at all times.

DOMINION MASONRY LTD	05.A NON-COMPLIANCE FORM			
	OHS Program – Element 5 – Company Rules	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION		
Date:	**Non-Compliance Date:**	**Time:**
Worker Name:	**Orientation Date:**	
Company Name:	**Supervisor Name:**	

NON-COMPLIANCE DETAILS

Violation: Is this a repeat Non-Compliance of a previous warning? ☐ Yes ☐ No

Minor Violation: ☐ 1st Offence – Verbal Warning ☐ 2nd Offence – Written Warning ☐ 3rd Offence Suspension or Termination

Major Violation: ☐ 1st Offence – Verbal Warning ☐ 2nd Offence – Suspension or Termination

Verbal Warning Date	Written Warning Date	Suspension Date	Return to Site Date	Termination Date

Description of Non-compliance (indicate policy and/or regulation reference)

Worker Corrective Action/Prevention

☐ Company Policy Reviewed ☐ Safe Work Practice/Safe Job Procedure Reviewed ☐ Job Training

Worker Corrective Action/Prevention Description

Copies Sent/Given To

☐ Supervisor ☐ Worker ☐ Human Resources ☐ Other_____

Issuer Name:	**Issuer Signature**
Supervisor Signature	**Worker Signature**

	07.A - TOOL & EQUIPMENT INSPECTION FORM			
DOMINION MASONRY LTD	OHS Program – Element 7 – Preventative Maintenance	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION		
Date:	**Location:**	**Inspector Name:**

Equipment Type (Saw, forklift)	**Make**	**Model**	**Serial Number**	**Safe Operating Condition**	**Tag out of service maintenance required**
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

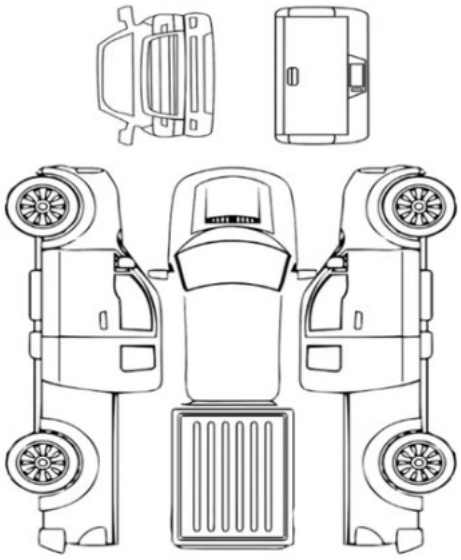
Description of what was taken out of service and maintenance performed.

MONTHLY VEHICLE INSPECTION CHECKLIST

Date:	**Driver/Operator Name:**
Vehicle Make:	**Vehicle Model:**
Vehicle Year:	**Vehicle #:**
Licence Plate #:	**Mileage:** km's

Inspection Item	OK	Service Required	Inspection Item	OK	Service Required
Insurance/Vehicle Registration	☐	☐	Headlights	☐	☐
Accident Form in Vehicle	☐	☐	Turn Signals	☐	☐
Oil Level	☐	☐	Hazard Lights	☐	☐
Antifreeze Level	☐	☐	Brake & Backup Lights	☐	☐
Windshield Wipers & Fluid Level	☐	☐	Mirrors	☐	☐
Transmission Fluid Level	☐	☐	Horn	☐	☐
Heater/Aid Conditioning	☐	☐	Parking Brake	☐	☐
Windshield	☐	☐	Spare Tire & Jack & Tools	☐	☐
Interior Condition/Cleanliness	☐	☐	Exterior Condition/Cleanliness	☐	☐
Emergency Equipment	☐	☐		☐	☐

Circle Damaged Locations



Notes:

Arrangements for Maintenance if any (describe):

Driver/Operator Signature:

DOMINION MASONRY LTD	08.A ORIENTATION FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION	
Company/Employer Name:	**Orientation Date:**
Worker Name:	**Project Address:**
Worker Contact/Cell Phone #:	**Occupation/Position:**
Emergency Contact Name:	**Emergency Contact #:**

Are you under the age of 25 and/or new to construction?
☐ Yes ☐ No *if yes, complete N&Y worker orientation in addition

TOPICS REVIEWED

SAFETY PROGRAM	Y	N	SAFE WORK PRACTICES & PROCEDURES	Y	N
Health & Safety Policies	☐	☐	Project/ Work Area Access	☐	☐
Rights & Responsibilities	☐	☐	Loading/Unloading & Traffic Control	☐	☐
Workplace Hazard Assessment & Control	☐	☐	Hazard Controls/ Control Zones	☐	☐
Company Rules & Disciplinary Policy	☐	☐	Electrical (Limits of approach, cords, panels etc)	☐	☐
Personal Protective Equipment (specialized/basic)	☐	☐	Fall Protection	☐	☐
Preventative Maintenance	☐	☐	Hot Works / Fire Watch / Fire Protection	☐	☐
Training & Safety Meetings	☐	☐	Working Alone	☐	☐
Inspections	☐	☐	Silica Exposure Control	☐	☐
Incident Reporting Requirements	☐	☐	Ladders	☐	☐
Emergency Preparedness	☐	☐	Scaffolding & Work Platforms	☐	☐
JHSC/ Health Safety Representatives	☐	☐	Mobile Equipment	☐	☐
Workplace Violence/Bullying & Harassment	☐	☐	Confined Space	☐	☐
Provincial Regulations & Legislation	☐	☐	Overhead Hazards/Leading Edge Work	☐	☐
Respiratory Protection Program	☐	☐	Public Safety	☐	☐
Hearing Conservation Program	☐	☐	Tools & Equipment	☐	☐
Ergonomics	☐	☐		☐	☐

Allergies/Illnesses/Medical Conditions:	
Please list all valid training certificates and attach copies:	
Worker Signature:	
Instructor/Orientator Name:	**Instructor/Orientator Signature:**

*Complete Form 08.B in conjunction with this orientation

DOMINION MASONRY LTD	08.B ORIENTATION QUIZ FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: Jan 2026	Rev. 1.0

QUIZ QUESTIONS	YES	NO
1. Is Management committed to providing a safe and healthy work environment?	☐	☐
2. Can you be fired or laid off if you refuse unsafe work?	☐	☐
3. Can an employee be terminated for intentional misuse of/or tampering with company property?	☐	☐
4. Could failure to don necessary PPE while at work result in disciplinary action?	☐	☐
5. Can you wait until the next day to report an incident or injury to your supervisor?	☐	☐
6. Are copies of the company H&S Manual and WorkSafeBC legislation available for your review?	☐	☐
7. List one company safety rule.		
8. Are you required to attend and participate in Health & Safety Meetings (toolbox talks)?	☐	☐
9. Are you allowed to walk under a suspended load?	☐	☐
10. What WHMIS symbol does the following pictogram represent? 		
11. If an area is barricaded by danger tape from another trade, are you allowed in the area?	☐	☐
12. Do you understand emergency procedures and where to obtain first aid support?	☐	☐

I have received a full company orientation with instruction regarding acceptable work standards that I am required to follow while in the workplace. I fully understand my responsibilities and agree to follow all policies and procedures of the company and all pertinent requirements of WorkSafeBC that pertain to the performance of my work activities.

I have been given proper instruction with regards to the safety performance of my duties while in the workplace and understand that failure to follow safety procedures, disciplinary action up to and including dismissal from this worksite in accordance with company safety policies may be exercised.

I have received instruction on the Injury Management and Return to Work Program. I will report and injury and/or incident immediately to my supervisor. If I'm injured at work and am required to seek medical aid, I will stay in constant communication as required under Bill 41. All information pertaining to my illness or injury with the company will be communicated to the Injury Management Coordinator or designate. All injury and claim information will be kept confidential with full respect to workers privacy.

I understand that if, at any time, I am unable to understand a certain activity or requirements to perform that activity in a safe manner I can request further instruction from my immediate supervisor and or other company representative.
I will ensure that I come to work fit for duty which includes not being under the influence of illegal drugs, alcohol, cannabis medications that will impact my ability to perform work safely.

I agree to not take photos or videos or post information on social media that could impact the reputation of the company without managements approval.

Worker Signature:

*Complete Form 08.A in conjunction with this quiz

DOMINION MASONRY LTD	08.C NEW & YOUNG WORKER ORIENTATION FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION	
Company/Employer Name:	**Orientation Date:**
Worker Name:	**Project Address:**
Worker Contact/Cell Phone #:	**Occupation/Position:**
Emergency contact Name:	**Emergency Contact #:**

COMPANY ORIENTATION

General – this section to be confirmed was completed during company orientation session

☐ Safety Program	☐ Health and Safety Policy	☐ Worker Rights	☐ Drug & Alcohol Policy
☐ Hazard Awareness/Controls	☐ Reporting Procedures	☐ Ask for Instructions	☐ PPE
☐ Hearing Conservation	☐ Responsibilities	☐ General Safety Rules	☐ Disciplinary Process
☐ Violence in the Workplace	☐ Preventative Maintenance	☐ Training	☐ Equipment Operation
☐ Ergonomics	☐ Safe Driving	☐ WHMIS	☐ Workplace Inspections
☐ Accident Investigations	☐ First Aid	☐ Emergency Procedures	☐ Safety Committee
☐ WorkSafeBC Claim Process	☐ Bullying & Harassment	☐	☐
☐	☐	☐	☐

Supervisor/Foreman Section: Please ensure that your new employee has been orientated and instructed (with demonstration when necessary) on all topics that are applicable for your project. Project orientation items are listed below in the checklist. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your employees' responsibilities.

PROJECT ORIENTATION

☐ Workplace Walkthrough	☐ Smoking	☐ PPE	☐ Supervisor Contact Info
☐ Safety Committee	☐ Equip/Vehicle Inspections	☐ Incident Reporting	☐ Emergency Procedures
☐ Toolbox Meetings	☐ WorkSafeBC Regulations	☐ Emergency Exits	☐ Safety Board
☐ Muster Station	☐ First Aid	☐ Fire Extinguishers	☐ Tool Area
☐ (M)SDS Location	☐ Attendance	☐ Housekeeping	☐
☐	☐	☐	☐

SAFE JOB PROCEDURES & SAFE WORK PRACTICES

☐ Excavations & Trenching	☐ Confined Spaces	☐ Fall Protection
☐ Lock-out/Energy Isolation	☐ Hoisting & Rigging (Cranes)	☐ Working Alone
☐ Silica	☐ Hand & Power Tools	☐ Safe Driving
☐ Scaffolding & Ladders	☐ Mobile Equipment	☐ Hot Works
☐ Fueling Operations	☐ Flammable Liquids & Storage	☐ Deliveries, Unloading/Offloading
☐ Compressed Air & Gas	☐ Heat Stress	☐ Acid Wash
☐ Traffic Control	☐ Spills	☐ Masonry/Block Cutting & Install
☐ PPE	☐	☐

The following section is to assist Supervisors in identifying the required authorization and training prior to a new employee using any equipment. All equipment orientation and training performed must be recorded and maintained as documentation. Identify all required training.

SITE EQUIPMENT AUTHORIZATION AND TRAINING IDENTIFICATION

☐ Confined Space	☐ Ladders	☐ Storage of Material
☐ Fall Protection	☐ Scaffolding	☐ Rought Terrain Forklift
☐ Mobile Elevated Work Platform	☐ Pressure Washer	☐ Trailer Towing
☐ Traffic Control	☐ First Aid	☐ Light Vehicles
☐ Skidsteer	☐ Cranes	☐ Hand Tools
☐ Electrical	☐ Fire Extinguisher	☐ Power Tools
☐ TDG & WHMIS	☐	☐
☐ Hydro Mobile Lift	☐	☐

EQUIPMENT AUTHORIZATION AND TRAINING IS THE RESPONSIBILITY OF THE SUPERVISOR

Supervisor Comments/Notes:

Identified Field Mentor/Supervisor Name: ☐ N/A

The identified field mentor is used to ensure an employee is oriented during their exposure to fieldwork. Field mentors must ensure a new employee does not attempt to perform tasks they have not been authorized or trained to do so If this is not necessary, check N/A.

I have been instructed and understand the foregoing information.
Employee Signature: Date:

I have instructed the foregoing information with the above employee and believe that they have an acceptable understanding of the information and have demonstrated competency.

Date:

Supervisor Name: Supervisor Signature:

Orientator/Trainer Name: Orientator/Trainer Signature:

DOMINION MASONRY LTD	08.D TOOLBOX MEETING FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION	
Project Name:	**Project Address:**
Supervisor Name:	**Date:**

SAFETY TOPICS DISCUSSED

SAFE WORK PRACTICES OR SAFE JOB PROCEDURES REVIEWED

RECOMMENDATIONS OR ACTIONS TO BE COMPLETED

INCIDENTS REVIEWED

SUPERVISOR AND WORKER COMMENTS - RECOMMENDATIONS

RECORD OF ATTENDANCE (SIGNATURE)	

DOMINION MASONRY LTD	08.E RECORD OF TRAINING FORM			
	OHS Program – Element 8 – Training & Communication	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION					
Project/Location:		**Date:**		**Instructor:**	
Training Topic(s):					
#	**Name (Print)**	**Signature**	**#**	**Name (Print)**	**Signature**
1.			**17.**		
2.			**18.**		
3.			**19.**		
4.			**20.**		
5.			**21.**		
6.			**22.**		
7.			**23.**		
8.			**24.**		
9.			**25.**		
10.			**26.**		
11.			**27.**		
12.			**28.**		
13.			**29.**		
14.			**30.**		
15.			**31.**		
16.			**32.**		

	09.A JOBSITE INSPECTION FORM			
DOMINION MASONRY LTD	OHS Program – Element 9 – Inspections	Created: May 2024	Last review: Jan 2026	Rev. 1.0

INFORMATION

Project Name:	**Project Address:**	
Site Supervisor Name:	**Date:**	**Time:** am ☐ pm ☐
General work activities taking place:		

Hazard Classification:
A - HIGH (Immediate action without delay)
B - MODERATE (Action within 1 day)
C – LOW (Action as indicated by inspector)

Items Inspected	Items Inspected	Items Inspected
☐ 1. Access/Egress	☐ 15. Hand Tools	☐ 30. Respiratory Protection
☐ 2. Air Quality	☐ 16. Hazards Barricaded	☐ 31. Rigging
☐ 3. Adequate Supervision	☐ 17. Housekeeping	☐ 32. Scaffolding
☐ 4. Due Diligence	☐ 18. Ladders	☐ 33. Smoking
☐ 5. Dust Control	☐ 19. Lighting	☐ 34. Warning Signs & Labels
☐ 6. Electrical wiring, cords, GFCI, etc.	☐ 20. Lockout/Energy Isolation	☐ 35. WHMIS
☐ 7. Emergency Procedures	☐ 21. Material Storage	☐ 36. Work Platforms
☐ 8. Enclosed/Confined Spaces	☐ 22. Mobile Equipment	☐ 37. Work Surfaces
☐ 9. Environmental	☐ 23. Noise	☐ 38. Safe Work Practices/Procedures
☐ 10. Excavations	☐ 24. Overhead Work	☐ 39. Supervision Worker Conduct
☐ 11. Fall Protection	☐ 25. PPE	☐ 40. Toolbox Meetings
☐ 12. Fire Protection/Equipment	☐ 26. Personal Clothing	☐ 41. Other Safety Documentation
☐ 13. First Aid Attendant/Supplies	☐ 27. Power Tools	☐ 42.
☐ 14. Flammable Liquids/Storage	☐ 28. Proper Lifting	☐ 43.
☐ 15. Floors and Stairs	☐ 29. Public Safety	☐ 44.

No#	Inspection Observations	Hazard Class (A,B,C)	Action (Controlled/Unsafe)

Supervisor/Inspector Name:	**Supervisor/Inspector Signature:**
Worker Rep Name:	**Worker Rep Signature:**

DOMINION MASONRY LTD	09.B OFFICE & YARD INSPECTION FORM			
	OHS Program – Element 9 Inspections	Created: May 2024	Last review: Jan 2026	Rev. 1.0

Location/Address:	Date:	Time:

HAZARD IDENTIFICATION

Instructions: Use a √ for sufficient/safe items. Mark an X for and deficient or hazardous items. Mark **N/A** if not inspected/applicable

Area / Topic		Description		Description
Electrical		1. Do all appliances have 3-pronged plugs for grounding?		2. No exposed wiring, electrical hazards
Emergency Preparedness		3. Emergency access/egress free of obstructions		4. Are emergency contacts and numbers, fire procedures, map & directions to hospital posted?
		5. Every office desk has space underneath for earthquake shelter		6. Earthquake/Emergency kits are stocked/available
		7. Are emergency exit signs functional i.e. not burnt out?		8. Are personnel familiar with the emergency evacuation plan, including egress routes, pull stations, extinguisher location, muster station?
Fire Safety		9. Correct size / type of fire extinguisher available in each area of the office		10. Fire extinguishers inspected monthly
		11. Are pull stations clearly visible?		12. Is the fire extinguisher accessible and seal intact?
First Aid		13. First Aid Attendants designated		14. First Aid supplies stocked & available
Office ladder / Dolly		15. In good working condition		16. Setup / stored properly
Material Storage		17. Stored in a secure manner		18. Overhead material hazards (i.e., boxes) secured
Office Equipment		19. Free from damage and modifications		20. Used safely
Workplace Conditions		21. Housekeeping		22. Lunchroom clean, tidy, no spills
		23. Lighting		24. Floors Walkways & work environment
WHMIS		25. SDS readily available in office		26. Controlled products labelled
PPE		27. Accessible when needed		28. Good condition
Postings		29. JHSC/Safety Meetings posted		30. Previous inspection reports posted (3 months)
		31. Near Miss/Incident investigation reports posted		
		32. BC OHS Regulations readily available in office		
		33. Office Safe Work Practices & Safe Job Procedures readily available in office		

Corrective Action Plan (log all deficiencies here

Priority
High – Potential loss of life, body part, or extensive loss of structure, equipment or material.
Medium – Potential serious injury, illness, or property damage
Low – Potential non-disabling injury or non-disruptive property damage

LIKELIHOOD OF OCCURRENCE	SEVERITY OF LOSS		
	LOW	MEDIUM	HIGH
UNLIKELY	LOW	LOW	MEDIUM
LIKELY	LOW	MEDIUM	HIGH
CERTAIN	MEDIUM	HIGH	HIGH

#	Deficiency	Corrective Action	Priority	By Whom	Target Date	Corrected

Communcation (was this posted on the safety board or discussed in a safety talk?

How was this inspection report communicated to affected workers?

Performed By	Name / Position	Signature
Worker Rep		
Worker Rep		
Reviewed By		
Management Rep		

HAZARD IDENTIFICATION KEY	
Area/Topic	**Questions**
Electrical 1. Do all appliances have 3-pronged plugs for grounding? 2. No exposed wiring, electrical hazards	Are electrical cords in good condition? Is there clear access to electrical panels? Are electrical cords secured to prevent tripping hazards? Are plugs, sockets, and switches in good condition?
Emergency Response 3. Emergency access/egress free of trip hazards 4. Emergency contacts, fire procedure, map & directions to hospital posted on board. 5. Every office desk has space underneath for earthquake shelter. 6. Earthquake/emergency kits are stocked & available. 7. Are emergency exits signs functional i.e., not burnt out. 8. Are personnel familiar with the emergency evacuation plan, including egress routes, pull stations, extinguisher location and assembly areas?	Is there safe access/egress for employees and visitors? Are emergency exits clear of materials/equipment/debris? Are emergency exit signs working? Does emergency lighting work? Are emergency contact phone numbers located close to phones? Are smoke and fire alarms in place and working? Does the panic button at the front desk work?
Fire Extinguisher 9. Correct size/ type available in each area of the office 10. Fire extinguishers inspected monthly. 11. Are pull stations clearly visible. 12. Is the fire extinguisher accessible and the seal intact	Are fire extinguisher locations clearly marked? Are fire extinguishers properly installed and secured on walls? Are fire extinguishers maintained, inspected, and tagged as required?
First Aid 13. First Aid Attendants designated. 14. First aid supplies stocked & available	Is the first aid kit accessible and clearly labelled? Is the first aid kit stocked according to WorkSafeBC Regulations Section 3 (i.e., Basic OFA kit) Is the required number of qualified first aid attendants available? Is the AED charged and ready (green light) with no expired items? Are emergency numbers posted? Are first aid and incident forms readily available?
Office Ladder / Dolly 15. In good working condition 16. Setup / stored properly	Are ladders safe, secured, and in good condition? Has building management made aware of any materials or equipment obstructing stairs or access points? Are ladders and stairs provided equipped with anti-slip treads?
Material Storage 17. Stored in a stable and secure manner. 18. Overhead material hazards, (i.e., boxes) secured	Are supplies and materials properly stored on shelves to prevent injury? Does storage layout minimize injuries from manual lifting? Are trolleys or dollies available to move heavy items? Are floors and shelves clear of materials/clutter? Are racks and shelves in good condition and secure?
Office Equipment 19. Free from damage and modifications 20. Used safely	Are surfaces of office equipment clean and dust free? Is maintenance for all owned or leased office equipment scheduled regularly? Do space heaters shut of automatically when tipped over? Are space heaters unplugged when not in use? Are display screens free of dust?

Workplace Conditions 21. Housekeeping 22. Lunchroom clean, tidy, no spills 23. Lighting 24. Floors and Walkways 25. Work environment	Are lighting levels in work areas adequate? Are windows covered with blinds, drapes, or other means of controlling light in high glare/contrast areas? Are lunchroom areas clean, disinfected regularly and garbage removed regularly? Are aisles clear of materials or equipment? Are doorways clear of materials or equipment? Are flooring in good condition, free of loose or lifting carpeting? Are floors clean and free of water, slipping/tripping hazards? If supplies or materials are stored on the floor, are they clear of doors and aisles and stacked not more than 4' or boxes high? Does indoor air quality appear to be adequate? Are workers protected from cool drafts or excessive or irritating noise?
WHMIS 26. SDS readily available in lunchroom 27. Controlled Products Labelled	Are SDS provided for all hazardous products or other products? (Cartridge toners, cleaning supplies, disinfectants) Are products correctly and clearly labelled? Are hazardous/other products used, handled, stored, and disposed of properly?
PPE (Personal Protective Equipment) 28. Accessible when needed	Is PPE accessible and in good condition?
Postings 29. JHSC/Safety Meeting Minutes 30. Previous inspection reports posted (3months) 31. Near Miss/Incident investigation reports posted 32. WorkSafeBC Regulations readily available 33. Office Safe Work Practices & Safe Job Procedures readily available	Are all required documents posted? *See below list Are posted documents current? (List of JHSC members, list of first aiders, OHS Regulations)

Required Documents for Health & Safety Board - Example	
• WorkSafeBC Handi Guide or Notice Informing Workers • (M)SDS (most current versions) • Safe Work Practices/Safe Job Procedures Reference to location • Health & Safety Policy Statement • H&S Program Binder • JHSC Member List • Company Office Rules • Notice to Workers • Communicable Disease Prevention Plan	• First Aid Assessment • First Aid Certificates • Emergency Response Plan • Map to Hospital/Clinics • Office Emergency Contact List • Safety Meeting Minutes • Safety Plan/Map of property

DOMINION MASONRY LTD	10.A INCIDENT INVESTIGATION REPORT			
	OHS Program – Element 10 – Investigations & Reporting	Created: May 2024	Last review: Jan 2026	Rev. 1.0

PROJECT AND INCIDENT INFORMATION	
Project Name:	**Project Address:**
Incident Date:	**Incident Time:** ☐ AM ☐ PM
Report Date:	**Report Time:** ☐ AM ☐ PM
Company Involved:	**Project Superintendent Name:**
Weather:	**Employee Supervisor Name:**
Witness #1 Name:	**Witness #1 Phone:**
Witness #2 Name:	**Witness #2 Phone:**
Witness #3 Name:	**Witness #3 Phone:**

INCIDENT CLASSIFICATION	
☐ **Environmental** ☐ **Property Damage** ☐ **Near Miss** ☐ **Report Only** ☐ **Medical Aid** ☐ **Lost Time** ☐ **First Aid**	
☐ **48hr Pre-liminary Investigation Report** ☐ **30-Day Final Investigation Report**	
Reportable to WorkSafeBC: ☐ Yes ☐ No	**WorkSafeBC Contact Name:**

INCIDENT DESCRIPTION
Describe the Incident Location:
What were the conditions at the time of the incident? (i.e., weather, temperature, poor housekeeping, maintenance, etc)
Sequence of events that preceded the Incident (required in pre-liminary report):

Describe and unsafe conditions, acts or procedures that significantly contributed to the incident:

Was the worker(s) involved carrying out their regular duties: ☐ Yes ☐ No
What instructions were given to the worker(s) prior to commencing their task?

Description of the Incident, summarize the sequence of events, unsafe factors, and the result:

Were written work procedures available? ☐ Yes ☐ No	**Were work procedures being followed?** ☐ Yes ☐ No

If no, why?

INCIDENT CAUSES (check all that apply)			
☐ Combative Person(s)	☐ Improper Guarding	☐ Inadequate Lighting	☐ Unsafe Storage
☐ Defective Equipment	☐ Inadequate Ventilation	☐ Contact w/ Irritants	☐ Hazardous Weather
☐ Distractions by Others	☐ Inadequate Warning	☐ Unsafe Surface	☐ Faulty Safety Equipment
☐ Faulty / Poor Design	☐ PPE Not Used	☐ Contact w/ Toxin	☐ Unsecured Equipment
☐ Hazardous Procedures	☐ Insect / Animal Attack	☐ Poor Housekeeping	☐ Unsafe Procedures
☐ Unauthorized Use	☐ Incorrect Tool Used	☐ Inhaled Toxin	☐ Unsafe Rate of Work
☐ Insufficient Training	☐ Improper Apparel	☐ Unsafe Position	☐ Unsafe Positioning
☐ Worker Error	☐ Failure to Follow/observe Policy, Rules, or Regulations		☐ Lack of Supervision
☐		☐	
Other Causes:			

CONTRIBUTING FACTORS

What were the contributing factors to this incident?

CORRECTIVE MEASURES

Action Item	**Assigned To** (Name & Job Title)	**Expected Completion Date** (YYYY-MM-DD)	**Completion Date** (YYYY-MM-DD)
1.			
2.			
3.			
4.			
5.			

REPORT ACKNOWLEDGEMENTS		
Investigator Name	**Signature**	**Date Signed**
Investigator Name	**Signature**	**Date Signed**
Manager/Supervisor Name	**Signature**	**Date Signed**
Safety Coordinator	**Signature**	**Date Signed**
Other	**Signature**	**Date Signed**
Other	**Signature**	**Date Signed**

DISTRIBUTION		
☐ Site Supervisor/Prime Contractor	☐ WorkSafeBC (if applicable)	☐ WorkSafeBC
☐ Worker H&S Representative	☐ Worker's Employer (trade)	☐ Other
☐ Manager/Supervisor	☐ Joint Health & Safety Committee	☐ Other

Using this worksheet

Every employer in B.C. needs to prepare a written first aid assessment for each of their workplaces. Use this worksheet to document the minimum first aid required for your workplace. Consult G3.16 of the Occupational Health and Safety (OHS) Guidelines for more information, including how to determine the number of workers and hazard rating for your workplace.

INFORMATION	
Employer's Name:	Location Assessed:
Shift and/or Time:	Assessment Date:
Worker Reps Consulted:	Date(s) of consultation(s) with JHSC and/or Workers:
Assessment Complete By:	Contact Number:

MINIMUM FIRST AID

Determine the number of workers per shift:

Count every worker at your worksite or on each shift, including dispatched workers, managers and supervisors.

Maximum number of workers at this location or on this shift

Determine your hazard rating:

1. Is this a separate administrative location?
   - ☐ **Yes**
     If yes, your hazard is **Low** (skip question 2 and check off, "Low" at bottom of page)
   - ☐ **No**
     If no, refer to the Workplace hazard ratings document (click the link) to find the hazard rating assigned to your classification unit (CU).

     What is your Classification Unit # (CU)?
     What is the hazard rating assigned to your Classification Unit?

2. **Are work activities at this location typical of your CU?**

   ☐ **Yes**
   higher

   Check off the hazard rating assigned to your CU

   ☐ **No,** work activities are more consistent with activities of another CU with a

   hazard rating.

   ☐ **No,** this is a multiple employer workplace where the work is phased
   Alternative CU:
   Reasoning (tasks performed):
   Check off the hazard rating assigned to alternative CU

Hazard Rating

☐ Low ☐ Moderate ☐ High

Determine if your workplace is remote and / or less accessible:

1. **Determine if your workplace is remote.**

How long does it typically take to drive from your workplace to the nearest ambulance station operated by British Columbia Emergency Health Services (BCEHS)? *(use an online mapping tool to estimate time during a typical work shift)*

Note: Workplaces located on roads that cannot be made accessible to BCEHS ambulance must be considered remote.

Time to BCEHS station:

If 30 minutes or less to BCEHS station ➤ ☐ Not Remote **If more than 30 minutes** ➤ ☐ Remote

2. **Determine if your workplace is less accessible.**

Are workers working in any of the following areas?

Group 1 Areas	**Group 2 Areas** (hazardous areas)
☐ Backcountry areas only accessible by all-terrain vehicle (ATV), snowmobile or similar means ☐ Areas where the only means of access involves steep or slippery slopes or embankments (with walkways) ☐ Private, industrial or resource roads that cannot be made accessible to BCEHS ☐ Areas with rough or complex terrain ☐ Areas where there is significant risk of avalance, landslide, flood, or other natural hazards ☐ A ferry If you checked one or more of the boxes in **Group 1**, your workplace is **less accessible**.	☐ Confined spaces or areas where there is a risk of entrapment ☐ Underground work areas ☐ Excavations ☐ Areas that are only accessible by ladders, scaffolding, or temporary work Platforms ☐ Work areas at high angles, or where an unguarded fall hazard exists ☐ Areas where drowning hazard exists (work on or over water) ☐ Areas requiring specialized personal protective equipment (PPE) or areas where hazardous atmospheres may exist ☐ Other hazardous areas not accessible to BCEHS attendants Describe: If you checked one or more of the boxes in **Group 2**, your workplace is **less accessible, unless <u>all</u> the following conditions are met:** ☐ Workplace is note remote ☐ No boxes in Group 1 are selected ☐ Alternative provisions are in place to safely rescue workers from the hazardous area to an area accessible to BCEHS **If all boxes are selected, your workplace is **not less accessible**

If BCEHS ambulance can access your workplace and there area no hazardous areas where BCEHS attendants will not access, or if workers are prevented from accessing these areas, your workplace is **not less accessible.**

☐ Workplace is l**ess accessible** ☐ Workplace is **not less accessible**

Determine your workplace class

Based on your answers about remoteness and accessibility, check off the box below for your workplace class. Refer to the minimum first aid requirements document (click the link or scan the QR Code) for tables that list the minimum requirements for your class.

Remote	Less Accessible	Workplace Class	Schedule 3-A Table	Schedule 3-A Tables
No	No	☐ **Class 1**	**Table 3-1**	
Yes	No	☐ **Class 2**	**Table 3-2**	
No	Yes	☐ **Class 3**	**Table 3-3**	
Yes	Yes	☐ **Class 4**	**Table 3-4**	

Document your minimum first aid requirements

Based on the **maximum number of workers** at your workplace, your **hazard rating**, and your **workplace class**, consult the applicable Schedule 3-A table to determine your minimum first aid requirements and document below.

Refer to the First aid equipment, supplies, and facilities

Document (click the link or scan the QR Code) to see what equipment your first aid kit(s) and first aid facilities must include.

First aid kit

☐ Pesonal
☐ Basic
☐ Intermediate
☐ Advanced

First aid facilities

☐ None

First aid attendant(s)

☐ None
☐ Basic: ☐ 1 or ☐ 2
☐ Intermediate: ☐ 1 or ☐ 2 or ☐ 3
☐ Advanced: ☐ 1 ☐ 2
☐ Transport Endorsment

Emergency transportation

☐ For 1 worker
☐ For 2 workers
☐ None

Describe type of emergency transportation (if applicable)

Additional first aid

Consider the following additional factors that may affect your ability to promptly provide an injured worker first aid or transportation to medical treatment:

- Risk and hazards unique to the workplace
- Risks and hazards not typical of your CU
- Types of injuries that have previously occurred at the workplace or similar workplaces
- Barriers that could limit or delay a worker's access to first aid
- Equipment that may be necessary to safely recue a worker from less accessible areas
- Known barriers that may affect BCEHS response time or time to transport to hospital

Document any additional factors applicable to the workplace being assessed	
Document first aid services provided at this workplace Based on the minimum first aid services required by Schedule 3-A and your consideration of the additional factors above, **document the first aid services provided at this workplace.** ☐ The minimum first aid services required by Schedule 3-A are provided at this workplace. If services provided are different than the minimum required, document below.	
First aid kits (number or kits and kit types)	First aid attendant(s) (number of attendants and certification level for each)
Supplemental first aid supplies or equipment	Total at this workplace
First aid facilities (types of facilities)	Emergency transportation (type of transport and number of workers that can be transported at the same time)

Next Steps

Your assessment must be updated as required and be available at the workplace you have assessed so that workers, supervisors, and WorkSafeBC prevention officers can validate its accuracy and confirm availability of the required first aid.

PROJECT INFORMATION	
Project Name:	**Project Address:**
Company Name:	**Date:**

EMERGENCY INFORMATION	
Emergency Response Team Names:	
Nearest Hospital:	
Hospital Address:	**Hospital Phone #:**
Nearest Medical Centre / Clinic:	
Medical Centre / Clinic Address:	**Medical Centre / Clinic Phone #:**
Gas Company: Fortis BC 1-800-663-9911 (24hrs)	**Electrical Utility Provider:** BC Hydro 1-888-769-3766
Call Before you Dig: BC OneCall 604-257-1940	
City Water Dept Phone #:	**Environmental Agency Phone #:**
WorkSafeBC Emergency Reporting Phone #: 604-276-3100	
Supervisor Name:	**Supervisor Phone #:**
Assistant Supervisor/Foreman Name:	**Assistant Supervisor/Foreman Phone #:**
CSO/OFA Name:	**CSO/OFA Phone #:**
Head Office Address:	**Head Office Phone #:**
Name of Person Completing this Document:	**Signature of Person Completing this Document:**

IN CASE OF EMERGENCY, CALL 911 (POLICE, FIRE, AMBULANCE)

DOMINION MASONRY LTD	11.C EMERGENCY DRILL FORM			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: Jan 2026	Rev. 1.0

EMERGENCY DRILL INFORMATION			
Project Name:		**Project Address:**	
Date of Practice Drill:		**Emergency Drill Coordinator Name:**	
Select Type of Emergency Drill Tested	☐ Fire ☐ First Aid (specify type): _____ ☐ Medical Aid (serious incident) ☐ Jobsite Evacuation ☐ Confined Space ☐ Excavation Collapse	☐ Gas Leak ☐ Water Main Leak ☐ Electrical Emergency ☐ Dedicated Emergency Platform (DEP) ☐ Suspended Worker (fall protection) ☐ Chemical Spill ☐ Other	
Start Time: ☐ AM ☐ PM		**Completed Time:** ☐ AM ☐ PM	

EMERGENCY DRILL EVALUATION
Describe what went well:
Describe opportunities for improvements:
Next Emergency Drill Date:

DRILL REVIEW & SIGN-OFF RECORD	
Supervisor Name:	**Supervisor Signature:**
CSO/OFA Name:	**CSO/OFA Signature:**
Name of Person Completing this Form:	**Signature of Person Completing this Form:**

EMERGENCY RESPONSE PLAN INFORMATION			
Project Name:		**Project Address:**	
Date:		**Supervisor Name:**	
Potential Emergencies	☐ Fire ☐ First Aid ☐ Medical Aid (serious incident) ☐ Jobsite Evacuation ☐ Confined Space ☐ Excavation Collapse	☐ Gas Leak ☐ Water Main Leak ☐ Electrical Emergency ☐ Dedicated Emergency Platform (DEP) ☐ Suspended Worker (fall protection) ☐ Chemical Spill ☐ Other	

EMERGENCY RESPONSE EQUIPMENT & SUPPLIES	
Equipment or Supplies	**Location of Equipment or Supplies**
☐ Air horn	
☐ Fire Extinguisher	
☐ First Aid Kit, AED and Oxygen	
☐ Eye Wash Station	
☐ Spill Kits	
☐ Blankets	
☐ Burn Kit	
☐ Spine Board & Basket Carrier	
☐ Designated Emergency Platform (DEP)	

EMERGENCY RESPONSE TEAM		
First & Last Name	**Role**	**Phone #**
	Emergency Coordinator (Primary)	
	Emergency Operation Coordinator (Secondary)	
	Fire Safety Director	
	Deputy Fire Safety Director	
	First Aid Attendant (Primary)	
	First Aid Attendant (Secondary)	
	Ambulance Escort #1	

EMERGENCY PROTOCOLS

These protocols will be communicated to all workers during their site safety orientation.

As the project progresses it may be necessary to revise the emergency procedures to reflect new hazards or account for changes to the protocols on site. In these situations, it is imperative that all affected personnel be made aware of these changes before they take effect.

Workers must only use designated emergency routes when evacuating work areas. No other egress routes are authorized due to the possibility of injury. If a worker uses a route which is not authorized, and they become injured we may not find them in a timely manner which could complicate their injury.

Person who discovers the incident:

- Ensure there is no danger to yourself or anyone else within the immediate area.
- Control the scene by assessing the area, stop work, shut down equipment as necessary.
- Provide First Aid as needed if trained and as needed, caution worker(s) not to move. (Do not move injured unless necessary, the emergency response team will perform rescue)
- Report the incident to a supervisor and/or emergency response coordinator immediately.
- Commence rescue efforts to level of training.

For All Emergencies

- Obtain basic facts and determine what type of emergency occurred.
- Contact Site Safety Coordinator/ OFA and Site Supervisor immediately.
- Call for additional assistance if the incident is of higher severity by phone or radio.
- Clearly state your name and give them a call back number.
- Provide details as to the number of injuries and nature of injuries.
- Provide details of serious hazards or special help/needs required.
- Provide Emergency Meeting Point information.
- When sending someone to retrieve supplies/equipment be sure to give clear instructions
- If possible, do not disturb the scene unless for emergency response.
- Keep workers and pedestrians away from the scene who are not part of the emergency response.

EMERGENCY EVACUATION ROUTE

Emergency evacuation routes will be identified and assessed frequently to ensure access remains clear of any obstructions or hazards. All routes are identified on the site plans and signage will be posted if the route is through an area which is not regularly accessed by workers. Access routes are inspected during Pre-Shift Inspection to confirm all workers in the starting shift have unobstructed access and evacuation routes. Workers are instructed not to work in any area with limited or restricted access without proper emergency and evacuation procedures.

Evacuation routes during the excavation phase will be primarily _____.
In the event an injured worker cannot be transported up the stairs a secondary means of extracting a worker would be by use of the Designated Emergency Platform in conjunction with the tower crane or by davit arm located on the stair tower.

COMMUNICATIONS

First Aid/Medical Assistance:

- 3 short air horn blasts.
- Summoning via first aid designated radio.
- Summoning via use of general site radio system.
- Summoning via call on mobile phone.

Fire/Evacuation:

- 1 long air horn blast for uncontrollable fire and 2 short blasts for small/manageable fires
- Use of closest fire pull station.
- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Audible yelling.

Rescue:

- Per established, written rescue procedures and designated communication devices/ systems.

Hazardous Substance Spills:

- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Personal notification report to superior or company representatives.

Natural Disasters:

- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Audible yelling.
- Personal notification report to superior or company representatives.

Threat:

- Summoning via use of general site radio system.
- Summoning via call on mobile phone.
- Audible yelling.
- Personal notification report to superior or company representatives.

In addition, all personnel are required to follow the below response protocols:

1) Observing person(s) immediately, without delay, contact the closest Company's representatives in the area.
2) If a Company representative is not close by or otherwise unavailable, observing person(s) contact, if required, external emergency services (using Emergency Contact List).
3) Company representatives determine the most appropriate and prompt response to the specific emergency.
4) When 9-1-1 (where applicable) is contacted, observing person(s) inform operator of the following:
   a) Location of premises (e.g. address, GPS coordinates etc.).
   b) Nature and type of emergency.
   c) Possible or known type(s) of injury.
   d) Location and number of injured Patient(s).

e) Location of emergency vehicle entrances (referring to available site maps or plot plans); and
f) If known, location of designated rescue or evacuation staging areas.

5) Company representatives designate appropriate number of individuals to:
   a) Promptly mobilize to designated emergency vehicle entrance.
   b) Flag down emergency services upon their arrival.
   c) Direct and or lead service provider(s) to location of emergency scene.
6) If not yet performed, Company representatives notify executive leadership/management and apprise them of the emergency.
7) Executive leadership/management (or other Company representative) promptly initiate, if required, Incident Command or Crisis Management protocols, and ensure coordination and cooperation with emergency response personnel or teams.

Radio Communications

Voice Clarity – Your voice should be clear and understandable. Speaking too fast or too slow can create confusion.
Simplicity – Keep your communication simple enough for intended listeners to understand.
Brevity – Use a few words when speaking, be precise and to the point.
Security – Do not transmit confidential information on the radio.

Once an incident has been reported over the radio, only those who are involved in the incident and/or part of the Emergency Response Team are allowed to communicate. Those with radios who are not part of the ERT are to ensure there is no radio activity as this will have a negative impact on communication and emergency response.

The designated radio channel for emergency response is _____

EMERGENCY TRANSPORTATION

Transportation must be either by provincially licensed ambulance or other means of transportation in accordance with regulations. Injured persons or those experiencing trauma must be accompanied and not driving themselves to initial first aid. Transportation via company vehicle accompanied by a qualified OFA 2 with transport or OFA 3 certificate would be required.

FIRE

When a fire is discovered, all personnel must follow the R.E.A.C.T. principle:
R = REMOVE those in immediate danger.
E = ENSURE room doors/windows are closed.
A = ACTIVATE the emergency communication devices.
C = CALL 9-1-1 and inform operator of emergency situation, including site address.
T = TRY to extinguish or control the fire (if trained and comfortable).

Small/minor fires shall only be extinguished by personnel if:

- They are trained and equipped to do so.
- They will not place themselves or others in danger.
- The correct type of fire extinguisher is available in the immediate vicinity.
- An escape route is available.
- If the person is untrained or unequipped, they shall not put the fire out and must escape from the area via the closest exit point/route.

- Where personnel may be required to use fire extinguishers at the specific workplace, and for select tasks such as hot work, those individuals shall be trained in the proper use of available fire extinguishers, including the "P.A.S.S." principle:
- P = PULL There is a small pin that prevents the fire extinguisher from accidentally being discharged, all you have to do is pull it out and continue on to the next step.
- A = AIM Aim the nozzle of the fire extinguisher low at the base of the fire.
- S = SQUEEZE Squeeze the trigger you just pulled the pin out of. Remember to squeeze it slowly and evenly, so the extinguisher is as effective as possible.
- S = SWEEP Sweep the extinguisher from side to side to cover all areas the fire may have spread

When a fire alarm is heard, or upon being notified of a fire, all personnel must:

- Promptly/safely stop their work tasks.
- Safely switch off/shut down all their tools, equipment and/or machinery.
- Ensure any potentially flammable, combustible, or explosive liquids, materials, or substances, are removed from the work area if possible (without putting themselves in danger).
- Close all doors and windows when they exit an area, where applicable.
  Assist with, if safe to do so, evacuating fellow workers or persons from the work area and/or premises.
- Proceed along the safest and closest escape route, closing doors behind them (if present)
- Proceed, in a timely manner, to the closest designated muster (assembly) point for head counting and verifications.
- Follow all directions from designated personnel or emergency response forces.
- Not re-enter the area or move from or leave the muster point until instructed to do so.

Personnel are not permitted to do the following:

- Move anywhere other than to the closest escape route (e.g. "upstairs", to other rooms/areas, etc.).
- Enter a building or area where the alarm is sounding or where the fire is located.
- Carry bags or other bulky articles with them.
- Use elevators (if present).
- Loiter near building/facility entrances/exits.
- Move vehicles, equipment, or machinery.
- Leave tools, equipment or materials in locations that obstruct pathways or exit points; or
- Block any access roads.

When a Person is on Fire

- Stop, drop, cover your face and roll.
- Do not run, Running will only fuel the fire.
- Smother the fire by covering the person in heavy fabric.
- Do not try and suppress the fire on a person with nearby liquid.

EARTHQUAKE

Earthquakes are shelter-in-place emergencies, but in your immediate vicinity. Staying inside and sheltering in place is safer than going outdoors.

Whenever an earthquake starts, stop what you are doing. If indoors:

- Drop, Cover and Hold on.
- Drop on the ground.
- Cover your body under a table or similar.
- Hold on to the table to make sure you shake together.
- Do not go outside until it is safe to do so.
- Avoid any doors, windows or any heavy fragile objects.
- If you are in an elevator during the earthquake, hit all the floor buttons, and get out as soon as you can.

After the earthquake:

- Stay calm.
- Help others if needed.
- Listen to the news over radio or TV for more info from authorities.
- Use caution with windows, doors, or other heavy fragile objects till you confirm their stability.
- Disconnect any lights or electrical appliances that got damaged during the earthquake, from the electrical panel, light switch, or unplugging.

If outdoors:

- If possible, move to an open area.
- Do not stand under formwork, freshly poured concrete or any scaffold under construction.
- Assume a safe position and keep low.
- Stay away from stored materials, trees, mobile equipment, gas or chemical storage, motor vehicles, crew and office trailers or any other objects than can fall and crush you.
- After the shaking has stopped, move to the emergency muster area and report in with your name and injuries. If you are hurt and unable to move, remain calm to conserve energy and call out for help.
- Be prepared for aftershocks.

After the earthquake has ended, the superintendent or his designate will ensure:

- Triage and first aid of injured workers has started.
- A head count will be conducted listing the last known location of missing workers.
- Rescue teams will be formed to assist the injured and to search for any missing workers.
- If necessary, hazardous utilities gas/electricity will be located and shut off.
- No worker is to leave the site without authorization.

Additional Considerations:

- Do not leave for home. Power can be out, leaving traffic lights out also.
- Traffic congestion can occur, people will panic, and emergency vehicles may not be unable to respond to the injured-on time.
- Have a home plan to give your family its best chance of safely surviving the earthquake.
- Stay where you are needed until advised by emergency services. If you are not part of the solution, you are part of the problem.

In case of a major disaster, emergency shelter locations will be broadcast by Emergency Services Radio. At this time the local authorities will be advised on how to contact family members.

TRENCH AND EXCAVATION COLLAPSE

In the event of an excavation collapse do not react by impulse and jump into the excavation to the aid of an injured or buried worker. There is a 50% potential reoccurrence in all failed excavations, and you could become a victim too. Instead, do the following:

- Phone 911 for assistance if there is an injured person.
- Size up the situation, consider a safe approach if one is possible. If it is possible to safely assist the injured or trapped person do so.
- Secure the following areas:
- Upper edge turn off all equipment – Equipment on the edge of excavations are at an extreme risk of falling in should the slope fail.
- Remove debris and if safe to do so remove equipment from around excavation.
- Stop or reroute traffic that might create vibrations and cause secondary cave-in.
- Keep everyone who is not directly involved in the rescue/recovery a safe distance away from the excavation.
- Fire/rescue arrives, and rescue/recovery begins. Be sure to stay away from the area during the rescue/recovery and keep your fellow workers back to allow plenty of working room for the rescuers.
- Do not attempt to dig the victim out with a backhoe or excavator unless authorized by emergency first responders.
- Secure the area to your best ability. Do NOT allow access for media, public, and other.
- Assist the appropriate people in the investigation process by relating what you saw or details you remember

UTILITY DAMAGE

Emergencies Involving Powerlines

We will take necessary action to ensure power lines in the immediate work area guarded, rerouted or de- energized prior to commencement of work as required in OHSR Part 19. Our superintendent will contact the owner of the power system, typically BC Hydro, to arrange a pre-planning meeting to analyze any potential risks.

Maintaining a safe distance from all electrical conductors is the best way to prevent power line accidents. For safe limits of approach refer to OHSR 19.24.1. If for some unforeseen circumstance, contact with an energized conductor occurs, the following must be taken into consideration:

Overhead Electrical

If for some unseen circumstance, contact with an energized electrical equipment occurs:

1) If you are in mobile equipment, remain inside the cab and don't panic, you are safer where you are.
2) Alert other personnel to what has happened and instruct them to keep their distance from any machine, load, lines or ground affected by the power lines. The machine, load, lines and the ground will carry electrical current.
3) Try to remove the contact - move the equipment away from the line in the reverse direction to that which caused the contact (for example, if you swung left into the wire, swing right to break the contact).
4) Once an arc has been struck, it can draw out a considerable distance before it breaks. Keep moving away from the line until the arc breaks and then continue moving until you are at least 3 to 4.5 m (10 to 15 ft) away from the line.
5) If a crane's ropes appear to be welded to the powerline do not move away from the line as it may snap and whip. Stay where you are until help arrives.

6) If mobile equipment cannot be moved away or disengaged from the contact, remain inside the mobile equipment until the electrical authorities de-energize the circuit and confirm that conditions are safe.
7) Report every incident involving contact with a live line to your supervisor who will in turn notify the electrical utility so that inspections and repairs can be made to prevent damaged powerlines from failing at a later date. (WorkSafeBC must also be notified by the supervisor.)
8) If it is necessary for the operator to leave mobile equipment while it is still in contact with the electrical conductor, they must jump clear and land with both feet together. They must never step-down allowing part of their body to be in contact with the ground while any other part is touching the machine.
9) Because of the hazardous voltage differential in the ground the operator should jump with his feet together, maintain balance and shuffle slowly across the affected area. Keep your feet evenly together. Take very small steps without moving feet apart at all. Do not take large steps because it is possible for one foot to be in a high voltage area and the other to be in a lower voltage area. The difference between the two can kill.
10) Completely inspect equipment that has contacted a power line for possible damage caused by the electrical contact. Affected sections of wire rope should be replaced if it touched a line since the arc is usually of sufficient power to weld, melt or badly pit the rope.

A high voltage contact can result in electrical current transferring down the boom through the equipment and into the ground. The ground will then be energized with high voltage near the equipment surrounding area lessening further away.

Stay Put
If your equipment contacts a power line, stay inside the cab. DO NOT EXIT. Call 911 and your electric cooperative for help and warn anyone nearby not to approach your equipment. Only exit the machinery after you are told by the authorities that it is safe to do so.
Exiting equipment that has contacted energized power lines can cause electrocution. The downed power lines could be charging the equipment with electricity and, if you step out, you will become the electricity's path to the ground and could be killed by electric shock.

Jump Clear
If you must get out of your equipment because of a fire, tuck your arms across your body and jump with your feet together as far as possible from the equipment so no part of your body touches the equipment and the ground at the same time.
Move away from the equipment with your feet together, either by hopping or shuffling, until you are at least 40 feet away. Electricity spreads through the ground in ripples. Keeping your feet together prevents one foot from stepping into a higher voltage zone than the other foot, which could cause electrocution.

Stay Away
When you are clear of the area, call for help and keep others away. DO NOT approach your vehicle again until utility crews and emergency responders tell you it is safe.

Underground Electrical

Contact with underground electrical utilities should be treated very seriously and similar to overhead power lines. If contact or damage to an electrical utility occurs:

- Have someone who is not within the affect area notify your supervisor immediately.
- If possible and safe, back the equipment away and off the power line.
- Secure the area and ensure no one enters the area at minimum 30 feet away from the damaged utility.
- If workers are required to evacuate, they should use the hop or shuffle method.
- Do not attempt to rescue someone within a live electrical area until the power has been shut off by the utility owner and deemed safe. If a worker has been injured call Emergency Services immediately.
- Contact the owner of the utility and continue to secure the area until power can be safely shut off.
- Do not re-enter the area until directed by the power utility owner.

Water Main

In the event of a water utility strike the following procedures should be used:

- Evacuate the excavation and surrounding area immediately.
- Notify your supervisor.
- Continue to maintain a safety perimeter.
- If already pre discussed with the owner of the utility, locate the closest water valve and shut it off.
- If you have not been given permission to shut off the water valve, call the owner of the water utility immediately. Maintain the scene as best as possible until the owner arrives to shut off the water.
- If the supervisor determines it is a major release of water Emergency Services will be contacted.

Gas

If there is an incident where gas is accidentally released either through a bottle source or gas utility line, the following should be followed:
If an operator notices they have struck a gas line or a worker notices the gas odor, or suspects a gas leak:

- Warn all others in the immediate area.
- Prevent any source of ignition- cigarettes, naked flames, grinding, welding or other hot works. Shut down all equipment immediately.
- Notify your supervisor immediately. They will contact the owner of the utility if applicable.
- Evacuate the area and prevent others from entering. Muster area should be up wind.

Sanitary/Storm Line

If contact with a live storm or sanitary sewer has been contacted the following procedures should be followed:

- Evacuate the excavation.
- Notify your supervisor and owner of the utility.
- If you are able to control the flow of the sewer with pumps, use to them control until further instructions have been given by the owner of the utility.

CHEMICAL SPILLS

Response to a spill is dependent on several factors: nature and type of substance, amount spilled, and area in which it occurred, etc.

General response in all instances should be:

- Notify your supervisor immediately and provide details of the incident, persons involved, likelihood of chemical/ substances entering the drainage systems, identity of the chemical/ substance.
- Attain a copy of the SDS sheet for reference of any safety precautions.
- Control any further substance from spilling and spreading if safe to do so.
- Assist affected persons where it is possible without endangering yourself.
- Check immediate area are for any possible incompatible substances.
- Check to see if there is a possibility of spilled chemicals/substances in the drainage system and protect where possible.

Spills should be cleaned up as per SDS sheet and disposed of accordingly.

Refer to the Environmental Management Act: Spill Reporting Regulations for the requirement to report spills.

EXCAVATION OR TRENCH COLLAPSE

In the event of a trench or excavation collapse the following procedures should be followed:

- The immediate area should be evacuated.
- If a worker is required to be rescued from the trench, emergency personnel should be called. The scene should be assessed by the Supervisor and First Aid attendant before entering to assist the worker. Do not enter an unstable or un-shored excavation wait for emergency personnel.
- Try to locate the victim. Look for evidence of tools or materials.
- If it is safe to enter the excavation, use small shovels to gently dig and remove material from around the victim. Use extreme caution to avoid further injury to the victim. Do not stand on top of material that may be on top of the victim.
- When near the victim use hands to clear away the material. If the victim is conscious, first aid will continue to stabilize until emergency personnel arrive. If victim is unconscious check for breathing, CPR may be required.
- Do not remove the victim from the trench unless there is imminent danger (flooding, dangerous gases, water or further trench collapse, etc.). Where possible leave the victim until ambulance or emergency personnel arrive.
- An incident investigation should be performed immediately after by the Safety Coordinator and Site Supervisor.

Bulk Excavation

In the event a worker needs to be rescued from a bulk excavation the following procedures should be followed:

- If possible, for minor injuries or emergency evacuation, a worker should be able to self-rescue by walking up the material ramp or scaffolding stairs provided. Evacuation procedures will be followed on site using 1 long air horn blast, or 3 short blasts for first aid.
- For a medical emergency where a worker is not able to self-rescue the follow steps will be used:

Stage 1:
Beginning of bulk excavation and shotcrete shoring. A stable material ramp will be maintained for emergency access/egress. A ladder system can be installed for general worker access/egress as long as emergency access is maintained.

Stage 2:
In the event a stable material ramp cannot be maintained and before scaffolding stairs are installed, an evacuation plan must be coordinated by the Prime Contractor with the High Angle Rescue Emergency Responders. Temporary general access/egress of the site will be maintained through a ladder system. The notification reference number must be available on the site safety board.

Stage 3:
Engineered scaffolding stairs will be installed by Qualified Persons and Prime Contractor. The scaffolding stairs will be set up as per site requirements (built in full, or suspended scaffolding). If it is installed top-down during the excavation process, and adequate access/egress cannot be maintained without a ladder, the High Angle Rescue Emergency Responders will be notified by the Prime Contractor for emergency medical procedures that a worker is unable to self-rescue via the ladder/scaffolding set up.

Stage 4:
Crane or DEP box rescue. When the excavation is at final grade, the Prime Contractor will install a tower crane (if applicable) and a complete set of scaffolding stairs. Emergency medical rescue can be completed through the DEP box on the crane. Self-rescue and evacuation can be completed through the scaffolding stair system.

CONFINED SPACE

Confined spaces pose a significant risk to workers required to enter them. If a worker is injured inside a confined space rescue will be done by qualified personnel only. As much as is reasonable we will call on the applicable emergencies services to assist us with this type of rescue.

Under no circumstances will any worker enter a confined space to rescue a worker. If the atmosphere is dangerous (e.g. oxygen level below 20.9%) no work will enter space unless equipped with and trained in air supply equipment.
More details on confined space rescue can be found in the confined space section of our program.

STRUCTURE COLLAPSE

Although unlikely, the collapse of a structure is possible. A more likely scenario would be the collapse of form or false work. In either case the scene of the collapse must be controlled to prevent any worker from entering. In the event of a structural failure the general evacuation alarm will be sounded, and all workers will leave the site and report to the marshalling area.

Supervisors will do a head count and report to the site superintendent the status of their workers. If a worker is missing the supervisor will notify the site superintendent who will coordinate a rescue effort on site.

The rescue party will assess the area of the collapse and determine if it is safe to attempt a rescue. If the area is

deemed safe, then a survey will be conducted to locate any trapped worker(s). Any shoring required to secure the area will be added as the rescue part progresses. Red danger tape will be placed on either side of the access/egress route to mark the limits where rescue workers can go safely.
The goal of this procedure is to clear a path to the collapsed area so that specialized rescue crews and equipment can access the area safely.

Crane Collapse

Should a crane tip over or a crane boom collapse, immediately turn off electrical generators/power supply and water supply. When approaching the crane ensure there is no danger from further collapse of the equipment or the load or any other hazards that may be present (e.g. power line contact).

Personnel safety is most important and takes precedence over any property damage concerns. If there are any injuries, immediately summon first aid and, if necessary, an ambulance. If the operator can be safely removed from the machine without further injury, do so. If the operator has injured their back or neck do not attempt to remove him/her from the machine - wait for the ambulance.

Do not change anything at the incident location except to prevent further injury. Immediately call the office and inform the supervisor of the occurrence. The supervisor will contact the appropriate Regulatory Agency to report the collapse.

LIGHTNING

Lightning is a powerful burst of electricity that happens very quickly during a thunderstorm. Lighting is caused by an electrical charge in the atmosphere that is unbalanced, it is a common occurrence in Canada during the summer months.

When there is lightning you need to determine the distance: Count the seconds between the flash of the lightning strike and the next boom of thunder. If it's under 30 seconds, the storm is less than 10 km away.

When a strike occurs within 30km the supervisor must warn all employees on site and all cranes must shut down.
If a strike gets as close as 10km away you must have a full lightning stand down, all equipment must shut down and all employees must seek shelter. Work will not resume for 30 consecutive minutes without a strike within 10 km.
The supervisor will use their discretion based on the duration of shut down whether work will commence or not.

EMERGENCY RESPONSE PLAN RECORD OF TRAINING			
First & Last Name	**Position**	**Signature**	**Date**

DOMINION MASONRY LTD	11.E AFTER HOURS TRANSFER OF FIRST AID COVERAGE FORM			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: Jan 2026	Rev. 1.0

PROJECT INFORMATION	
Project Name:	**Project Address:**
Company Name:	**Date:**
Date of Coverage: (DD/MM/YY)	**Time of Coverage:** **to** ☐ AM ☐ PM
Superintendent Name:	**Superintendent Phone #:**

FIRST AID INFORMATION	
First Aid Assessment completed: ☐ Yes ☐ No	**Total workers during shift:**
I am a Certified Occupational First Aid Attendant Level: **1** ☐ **2** ☐ **3** ☐ (check one)	
OFA Certificate Expiry Date: (DD/MM/YY) *Photocopy of certificate must be on file/attached	
First Aider Name:	**First Aider Phone #:**
First Aiders Supervisor Name:	**First Aiders Supervisor Phone #:**

AFTER HOURS WORK CHECKLIST	
Item	**Yes**
1. All workers including myself have been orientated to site.	☐
2. Workers and I have reviewed and understand the project emergency response plan protocols.	☐
3. Designated supervisors are competent and understand procedures in the event of emergency.	☐
4. Supervisors and I understand incident reporting requirements.	☐
5. I have been provided access to first aid equipment necessary to render first aid.	☐
6. A minimum of 2 workers will remain at the project until completion of work.	☐
7. I agree to provide first aid services for the workers to the best of my abilities.	☐
8. If I am unable, for any reason, to provide first aid on the date specified above, I agree to inform my supervisor, site safety coordinator, or site superintendent as soon as possible so that other first aid arrangements can me made.	☐

AUTHORIZATION	
Superintendent Signature:	**After Hours First Aider Signature:**
Site Safety Coordinator Name:	**Site Safety Coordinator Signature:**

DOMINION MASONRY LTD	11.F WORKING ALONE PERMIT			
	OHS Program – Element 11 – Emergency Preparedness	Created: May 2024	Last review: Jan 2026	Rev. 1.0

PROJECT INFORMATION	
Project Name:	**Project Address:**
Company Name:	**Date:**
Supervisor Name:	**Supervisor Phone #:**

EMPLOYEE WORKING ALONE DETAILS		
Alone Worker Name:	**Alone Worker Phone #:**	
Company Name:	**Time In:** ☐ AM ☐ PM	**Time Out:** ☐ AM ☐ PM
Project/work area location description:		
Expected duties/tasks:		

Risk/hazard level:	☐ **Low**	☐ **Moderate**	☐ **High**

COMMUNICATION PROCEDURES			
Site Contact:			
Check-in Period	☐ **15 minutes**	☐ **One (1) Hour**	☐ **Three (3) Hours**
	☐ **30 minutes**	☐ **Two (2) Hour**	☐ **Four (4) Hours**
Method of Contact	☐ **Radio**	☐ **Cellular Phone**	**Number:**
	Tested/Working ☐ Yes ☐ No	**Tested/Working** ☐ Yes ☐ No	
Check-in Questions	1. **Location of Worker:**		
	2. **Status of Worker:**		

RESPONSE PROCEDURES			
Response period	☐ **Immediate**	☐ **10 Minutes**	☐ **20 Minutes**
	☐ **5 Minutes**	☐ **15 Minutes**	☐ **25 Minutes**
NOTE	**If the worker cannot be reached by either modes of contact or does not respond within the specified response period, then the designated site contact will arrange for face-to-face contact to be made with the employee by the following:**		
Contact Method	☐ **Foot/Walking**	☐ **Security**	☐ **Other**
	☐ **Vehicle**	☐ **Field Individual**	
Unsafe Situation	**If an unsafe situation is encountered while working alone or in isolation, the worker shall immediately contact the designated project contact, and where necessary 9-1-1**		

DOMINION MASONRY LTD	12.A ANNUAL INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: Jan 2026	Rev. 1.0

Date: January 20___ to December 20___													**Person completing form:**
Injury Location	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	**Total**
Head													
Eye													
Neck													
Shoulder													
Back													
Chest													
Abdomen													
Pelvic													
Arm													
Hand & Wrist													
Leg													
Knee													
Ankle													
Foot													
Totals													
Incident Classification													
Report Only													
First Aid													
Medical Aid													
Lost Time													
Near Miss													
Property Damage													
Environmental													
Totals													
Reviewed by Manager/Owner Name:											**Manager/Owner Signature:**		

DOMINION MASONRY LTD	12.B MONTHLY INCIDENT & INJURY RECORD FORM			
	OHS Program – Element 12 – Records & Statistics	Created: May 2024	Last review: Jan 2026	Rev. 1.0

Month:	**Person completing form:**

INCIDENT & INJURY TOTALS

# Employees Injured	RO	FA	MA	LTI	NM	PD	ENV	Total

Date *(mm/dd/yyyy)*	Workers Name	Incident/Injury Type	Injury Location	Injury/Incident Cause

INCIDENT & INJURY CODES

C/#	Injury Location	C/Letter	Injury Type	C/abbr	Incident Type
1.	Head	A.	Abrasion/Laceration	CC	Chemical Contact
2.	Eye	B.	Bite (Insect, animal etc)	CR	Crush
3.	Neck	C.	Bruise	DFG	Dust, Fumes, Gas
4.	Shoulder	D.	Burn/Chemical Reaction	ES	Electrical Shock
5.	Back	E.	Fracture/Dislocation	FFE	Fall from Elevation
6.	Chest	F.	Infection/Illness	FFG	Falls from Grade
7.	Abdomen	G.	Irritation	FO	Falling Objects
8.	Pelvic	H.	Puncture	FLO	Flying Objects
9.	Arm	I.	Sprain/Strain	HO	Heat Exposure
10.	Hand & Wrist	J.	Recurring Injury	OE	Overexertion
11.	Leg	K.	Fatal	PI	Pinch
12.	Knee	L.	Other	RM	Repetitive Motion
13.	Ankle	M.		SOO	Step on Object
14.	Foot	N.		SA	Struck Against
				SB	Struck By

Document/Form	Frequency	Retain for how Long?
02.A - Job Hazard Analysis	Prior to job start	1 Year
02.B - Field Level Risk Assessment	Daily	1 Year
05.A – Non-Compliance	As required	7 Years
07.A – Tool & Equipment Inspection	Annually	1 Year
07.B – Monthly Vehicle Inspection	Monthly	1 Year
08.A – Orientation	Prior to job start	7 Years
08.B – Orientation Quiz	Prior to job start	7 Years
08.C – New & Young Worker Orientation	Prior to job start	7 Years
08.D – Toolbox Meeting	Weekly	2 Years
08.A – Jobsite Inspection	Monthly or as required	1 Year
10.A – Incident Investigation Report	As required	3 Years
11.A – First Aid Assessment	As required	1 Year
11.B – Emergency Contact Information	Prior to job start	1 Year
11.C – Emergency Drill	Annually	2 Years
11.D – Emergency Response Plan	Prior to job start	2 Years
11.E – After Hours Transfer of First Aid	As required	1 Year
11.F – Working Alone	As required	1 Year
12.A – Annual Incident & Injury Record	Annually	5 Years
12.B – Monthly Incident & Injury Record	Monthly	5 Years
14.A – JHSC Meeting Agenda	As required	2 Years
14.B – JHSC Meeting Minutes	As required	2 Years
15.A – First Aid Record	As required	3 Years
15.B – WorkSafeBC Patient Assessment	As required	3 Years
15.C – RTW Communication	As required	3 Years
15.D – Modified Work Offer	As required	3 Years
15.E – Worker Letter	As required	3 Years
15.F – Doctor Letter	As required	3 Years
15.G – Functional Abilities Assessment	As required	3 Years
16.A – Bullying & Harassment Complaint	As required	3 Years
16.B – Bullying & Harassment Investigation	As required	3 Years
Worker Training Records (equipment, SWP's, hearing)	As required	3 Years

JOINT HEALTH & SAFETY COMMITTEE MEETING AGENDA		
Date:	**Time:**	**a**m ☐ pm ☐
Location		
Roll call:		
☐	☐	☐
☐	☐	☐
☐	☐	☐
Adoption of minutes of last meeting:		
REPORTS		
First aid statistics / summary:		
Incidents:		
Inspections:		
Education & Training:		
Old Business:		
New Business:		
Adjourn		

DOMINION MASONRY LTD	14.B JOINT HEALTH & SAFETY COMMITTEE MEETING MINUTES FORM			
	OHS Program – Element 14 – Joint Health & Safety Committee	Created: May 2024	Last review: Jan 2026	Rev. 1.0

JHSC MEETING INFORMATION		
Meeting Date:	**Call to order:** am ☐ pm ☐	**Adjourned:** am ☐ pm ☐
Previous meeting date:	**Next meeting date:**	
Minutes approved: yes ☐ no ☐		
Last committee evaluation:	**Next committee evaluation:**	

COMMITTEE MEMBERS PRESENT	
Yes ☐ No ☐	Yes ☐ No ☐
Yes ☐ No ☐	Yes ☐ No ☐
Yes ☐ No ☐	Yes ☐ No ☐
Yes ☐ No ☐	Yes ☐ No ☐

REPORT TOTALS

Date	Risk assessments conducted	Site inspections conducted	OHS program reviews	Training courses	Recommendations made to the employer
This period					
This period last year					
Year-to-date					

REPORTS	
First aid summary reports	• • •
Incidents	• • •
Inspections	• • •
Other OHS reports	• • •
Training and education	• • •

OLD BUSINESS

Item #	Details	Who	Action due date

NEW BUSINESS			
Item #	**Details**	**Who**	**Action due date**

FIRST AID REPORT	
Name (first & last):	**Phone number:**
Project Name/address:	**Occupation:**
Reporting date/time: am ☐ pm ☐	**Date/time of Injury/Illness:** am ☐ pm ☐
Report sequence #:	**Follow-up report date/time:** am ☐ pm ☐

DETAILED DESCRIPTION OF INCIDENT (what happened?)

DETAILED DESCRIPTION OF THE NATURE OF THE INJURY, EXPOSURE OR ILLNESS (what did you see - signs & symptoms)

DETAILED DESCRIPTION OF THE TREATMENT GIVEN (what did you do?)

NAME OF WITNESS & PHONE NUMBER (must provide & attach all statements)	
1.	**2.**

ARRANGEMENTS MADE RELATING TO THE WORKER (return to work/ medical aid/ ambulance/ follow-up)

Provided worker handout: yes ☐ no ☐ **Alternate duties discussed:** yes ☐ no ☐	**A form to assist in return to work and follow-up was with the worker to medical aid?** yes ☐ no ☐
Provided report to worker: yes ☐ no ☐	**Rejected first aid:** yes ☐ no ☐ (if yes, why?)
Supervisor notified: yes ☐ no ☐	**Supervisor's name** (first/last):
Patients signature:	

DOMINION MASONRY LTD	15.B WORKSAFEBC FIRST AID PATIENT ASSESSMENT FORM			
	OHS Program – Element 15 – Injury Management	Created: Jan 2025	Last review: Jan 2026	Rev. 1.0

Date of illness/injury (yyyy-mm-dd)	Time of illness/injury AM PM	Date reported to first aid (yyyy-mm-dd)	Time reported to first aid AM PM
Time of arrival at first aid (walk in) AM PM	Time on scene (if applicable) AM PM	Employee's name	Date of birth (yyyy-mm-dd)

Employer's name	Employee's doctor	Contact person

AVPU

A – Alert
V – Responds to voice
P – Responds to pain
U – Unresponsive

GCS

Eye opening response	Best verbal response	Best motor response
4 Spontaneously	**5** Orientated	**6** Obeys commands
3 To speech	**4** Confused	**5** Localizes pain
2 To pain	**3** Inappropriate words	**4** Withdraws from pain
1 No response	**2** Incomprehensible sounds	**3** Flexes to pain (decorticate)
	1 No response	**2** Extends to pain (decerebrate)
		1 No response

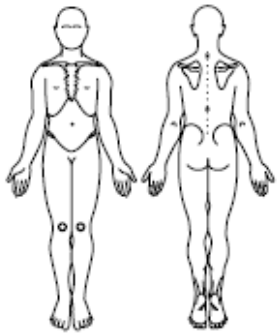
Chief complaint

P	R
P	S
Q	T
R	

AVPU (circle)	A V P U	A V P U	A V P U	A V P U
GCS LOC	Total E V M	Total E V M	Total E V M	Total E V M
Vital signs	Time	Time	Time	Time
Resp.				
SPO2				
Pulse				
Pupils = / +				
Skin				

Mechanism of injury/history of illness

Please mark injured or exposed areas



Physical findings

Changes in patient's condition (specify)

Allergies

Medications

Interventions

☐ Airway cleared ☐ Maintained ☐ OPA ☐ Suction
☐ Ventilated ☐ PKT mask ☐ BVM ☐ Control bleed
☐ Tourniquet applied (time) _____
☐ Oxygen applied (time _____ LPM _____

Definitive treatment

☐ Spinal motion restriction ☐ Immobilized ☐ Splinted
☐ Additional treatment (please specify)

Recommendations

☐ First aid followup ☐ RTW
☐ Medical aid

Transport

☐ ETV ☐ Industrial ambulance ☐ BC ambulance
☐ Air evacuation ☐ Other (please specify)

F.A.A. name	F.A.A. signature	OFA certification no.	OFA level ☐ 1 ☐ TE ☐ 2 ☐ 3

Name of witness (please print)	Employer's mailing address	
Employee's signature	City/town	Postal code

DOMINION MASONRY LTD	15.C RETURN TO WORK COMMUNICATION LOG FORM			
	OHS Program – Element 15 – Injury Management	Created: May 2024	Last review: Jan 2026	Rev. 1.0

WORKER INFORMATION			
Worker last name:	First name:		Middle initial:
Occupation:			
Usual work schedule:			
Phone number: *(include area code)*	Cell: *(include area code)*		Work number: *(include area code)*
Supervisor name:			
WorkSafeBC contact name and number: *(include area code)*		Nurse advisor name and number: *(include area code)*	
Date of injury: *(yyyy-mm-dd)*	Area of injury:		
Date received physician's functional assessment:		Date worker will return to regular job:	
Type of accommodation: ☐ Modified duties ☐ Alternate duties ☐ Modified hours			
Start date of return-to-work plan:		Plan prepared by:	

COMMUNICATION LOG		
Date	**Discussion**	**Follow-up date**

COMMUNICATION LOG		
Date	**Discussion**	**Follow-up date**

	15.D – MODIFIED WORK OFFER			
DOMINION MASONRY LTD	OHS Program – Element 15 – Injury Management	Created: May 2024	Last review: Jan 2026	Rev. 1.0

First Name:	Last Name:	Date (yyyy-mm-dd)

In keeping with our commitment to provide accommodation opportunities that are individualized, and employee focused, we are offering the following duties to promote recovery and rehabilitation:

Job Position:	
Temporary Limitations:	
Specific Duties:	
Hours of Work per Day:	**Number of Days per Week:**
Start Date (yyyy-mm-dd):	**Finish Date (yyyy-mm-dd):**
Manager/Supervisor Name:	

Please remember that you are only to do the duties that are allowed and are within your current limitations. If you have any questions or concerns with the work, you have been assigned, please discuss it with your manager immediately.

We will meet with you daily to review your progress. The first meeting is scheduled for:	**Start Date (yyyy-mm-dd)**
Employee Signature:	**Date (yyyy-mm-dd)**
Manager/Supervisor Signature:	**Date (yyyy-mm-dd)**

Employee Name:	**Date:**

We are committed to supporting your recovery and rehabilitation by providing a modified and flexible work environment to accommodate your needs.

If you've been injured at work, please follow these steps:

☐ Go to first aid for treatment.

☐ Notify your manager/supervisor.

☐ Obtain a Recovery at Work package from your supervisor.

☐ Take the Recovery at Work package to your health care provider to complete the Functional Abilities Assessment Form

☐ Contact WorkSafeBC at 1-888-967-5377 or www.worksafebc.com to report your injury and to establish a claim.

☐ Following your appointment, return the completed Functional Abilities Assessment form to our supervisor for review and discussion.

SAME DAY OR NEXT SHIFT

Meet with your supervisor:

☐ Review the completed Functional Abilities Assessment Form

☐ Discuss modified duties and work together to develop a Recovery at Work Plan.

ONGOING

☐ Participate in treatment recommended by your healthcare provider

☐ Participate in your Recovery at Work Plan

☐ Meet with your supervisor daily to discuss your progress, changes in your condition, or any other concerns related to your recovery.

☐ Follow-up with WorkSafeBC to discuss your recovery progress.

Notes:

Dear Healthcare Provider,

We are committed to supporting our ill/injured employees by providing modified or alternate duties tailored to meet their unique needs. With appropriate support in the workplace, employees' recover faster and are less likely to have long term health effects or other common health conditions.

Please complete the Functional Abilities Assessment form on the reverse side. Y

our recommendations regarding any temporary limitations or restrictions will help us work collaboratively with you and your patient to develop a safe and sustainable recover at work plan. Please consider if your patient could do work of some kind before advising they are unfit for work.

If you have any questions and/or concerns, please contact me at ( )

We are willing to pay a fee of up to $ _____for the completion of the Functional Abilities Assessment form. Please mail or fax the invoice to_____ .

Sincerely,

Date:

EMPLOYEE INFORMATION

First Name:	**Last Name:**	**Middle Initial:**
Dominant Hand (if applicable) ☐ Left ☐ Right	**Date Of Assessment** (yyyy-mm-dd)	
Occupation:		
Nature of Injury (please indicate left of right)		

LIMITATIONS

These typical physical limitation guidelines are based on the official disability guidelines (ODG) published by the Work Loss Data Institute.

☐ **Neck**	☐ **Shoulder**	☐ **Elbow/Forearm**	☐ **Wrist/Hand**
Limit ☐ Activities with arms above shoulder level, including reaching down. ☐ Activities with lifting and carrying to light or medium l loads. ☐ Hanging Weights ☐ Ladder Climbing **Avoid** ☐ Lifting and carrying with arms above shoulder level ☐ Extremes of looking up, down, or over the shoulder especially if sustained for more than a few seconds	**Limit** ☐ Climbing ladders ☐ Activities using arm above shoulder level, including reaching down. ☐ Activities which require lifting and carrying light or mediums loads. **Avoid** ☐ Holding the arm outstretched for periods especially while holding weights and applying force. ☐ Lifting and carrying with arm above shoulder level	**Limit** ☐ Repetitive or sustained gripping, especially where high forces are required. ☐ Repetitive elbow bending ☐ The total time spent keyboarding or driving. ☐ The use of impact tools (including power tools and hammers) **Avoid** ☐ Hanging weights ☐ Forearm rotations, pressure on the elbow	**Limit** ☐ Repetitive gripping, especially where high or sustained forces are needed. ☐ Lifting and carrying to light or medium loads. ☐ The total time keyboarding or driving. **Avoid** ☐ Extreme postures of the wrist, especially with force. ☐ Long durations of time

☐ **Low Back**	☐ **Knee**	☐ **Ankle**
Limit ☐ Walking on uneven ground ☐ Lifting and carrying to light or medium loads, depending on frequency and postures **Avoid** ☐ Jarring ☐ Repetitive bending ☐ Long static standing or sitting ☐ Extreme bending of the back ☐ Twisting of the back	**Limit** ☐ Walking on uneven ground **Avoid** ☐ Long periods of standing or walking ☐ Deep squatting, kneeling, or crouching ☐ Pivoting the knee ☐ Participating in activities requiring bracing, balancing, or running. ☐ Stair use or ladder climbing	**Limit** ☐ The use of stairs **Avoid** ☐ Long periods of standing or walking ☐ Walking on uneven ground ☐ Climbing ladders ☐ Deep squatting and crouching ☐ Activities requiring balancing, bracing, or running

Additional recommendations or comments

Healthcare Providers Name (please print)	**Healthcare Providers Signature**
Clinic Name	**Clinic Phone Number**

	16.A BULLYING & HARASSMENT COMPLAINT FORM			
DOMINION MASONRY LTD	OHS Program – Element 16 - Bullying & Harassment	Created: May 2024	Last review: Jan 2026	Rev. 1.0

REPORTING INFORMATION

Project Name:	**Date Incident Occurred:**	**Approx Time:**
Name of person reporting complaint:	**Employer/Company name:**	
Occupation:	**Contact/cell phone #:**	

Types of Bullying/Harassment (check all that apply)

Verbal ☐	**Physical** ☐	**Psychological** ☐	**Other (specify)** ☐

Person(s) Involved First/Last Name:	**Company Name:**	**Job Title/Position:**
1)		
2)		
3)		
Witnesses to the Incident First/Last Name:	**Company Name:**	**Job Title/Position:**
1)		
2)		

Personal statement instructions:

Please describe in as much detail as possible the bullying and harassment incident(s), including:

- the names of the parties involved
- any witnesses to the incident(s)
- the location, date, and time of the incident(s)
- details about the incident(s) (behavior and/or words used)
- any additional details that would help with an investigation

Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.

Signature:	**Date:**

	16.B BULLYING & HARASSMENT COMPLAINT INVESTIGATION FORM			
DOMINION MASONRY LTD	OHS Program – Element 16 - Bullying & Harassment	Created: May 2024	Last review: Jan 2026	Rev. 1.0

REPORTING INFORMATION			
Project Name:	**Date Incident Occurred:**		**Approx Time:**
Supervisor Name:		**Employer/Company name:**	
Occupation:		**Contact/Cell Phone #:**	
Types of Bullying/Harassment (check all that apply)			
Verbal ☐	**Physical** ☐	**Psychological** ☐	**Other (specify)** ☐
First & Last Name of Investigator(s): 1) 2)			
Full description of the situation *(dates, words, actions, etc) and impact (e.g., humiliated, intimidated)*			
Did workplace bullying or harassment occur? Yes ☐ **No** ☐		**Reported to WorkSafeBC? Yes** ☐ **No** ☐	
Reason(s) for this conclusion:			
Corrective actions/measures *(training, disciplinary etc*):			