



WORKPLACE SAFETY AND HEALTH DIVISION

SAFETY and HEALTH PROGRAM ASSESSMENT TOOL



SAFE WORK

S SPOT THE HAZARD
A ASSESS THE RISK
F FIND A SAFER WAY
E EVERYDAY

April 2010

Company Name: _____ Assessor's Name: _____ Date: _____

Welcome to the Workplace Safety and Health Program Assessment Tool Part 1 of 2 System Compliance Requirements

This assessment tool is a follow-up to the Workplace Safety and Health Division's *Guide to Setting up a Workplace Safety and Health Program* (from now on referred to as "the guide"). It will help you to ensure that your workplace safety and health program is working effectively, meeting legislative requirements, and, in turn, will help prevent workplace incidents and injuries. Before using this assessment tool, it is important that you read the guide and understand its contents.

This assessment tool is split into 2 parts. To fully assess your safety and health program, you will need to complete both parts. Part 1 deals with the eleven elements of the documented safety and health program. Each section of the assessment tool (A-K) relates to one of the eleven chapters in the guide, which are repeated below:

- A – Chapter 1: Safety and Health Policy
- B – Chapter 2: Identifying and Controlling Your Hazards
- C – Chapter 3: Dealing with Emergencies
- D – Chapter 4: Responsibilities
- E – Chapter 5: Schedule of Inspections
- F – Chapter 6: Control Chemical and Biological Hazards
- G – Chapter 7: Safeguard Contracted Employers or Self Employed Persons at Your Workplace
- H – Chapter 8: Training Plan
- I – Chapter 9: Investigating Incidents and Refusals to Work
- J – Chapter 10: Worker Involvement
- K – Chapter 11: Evaluating Your Program

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

Each section of the assessment tool will require you to answer a number of questions aimed at making sure you are following the principles outlined in the associated chapter of the guide. In order to answer these questions, you will have to:

1. Review any safety and health related documents at the workplace
2. Interview workers, supervisors, and managers
3. Inspect your workplace

The assessment tool will help guide you in which of these methods you will need to use to answer the questions. You will need to answer “yes” or “no” to the questions in the assessment tool. If you cannot answer “yes” to all parts of the question, you will need to answer “no” and provide some comments as to what still needs to be completed. If you answer “yes” to the questions, you have completed the requirements for that section. For each item that is not yet completed, you must develop an action plan that will get you there. If you are confused about what any of the questions is asking, refer back to the guide for help.

Once you have marked off all of the items in the assessment tool as “yes”, you can take pride in the fact that you are meeting legislative requirements and helping to ensure the safety and health of workers in your workplace.

Finally, it is important to use this tool every three years or sooner (see requirements under Chapter 11 of the guide) to make sure that your safety and health program is up to date and working effectively.

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

A. SAFETY AND HEALTH POLICY

	Documentation	Interview	Inspection	Yes	No	COMMENTS
• Is the Safety and Health Policy in writing, signed by senior management, and dated?						
• Does the Safety and Health Policy reflect management's commitment to protect the safety and health of workers at the workplace?						
• Does the Safety and Health Policy summarize the responsibilities of managers, supervisors, and workers?						
• Is there a process in place to ensure that the Safety and Health Policy has been communicated to all workers?						
• Has the Safety and Health Policy been communicated to all workers?						
• Has the Safety and Health Policy been developed in consultation with the safety and health committee?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

A. SAFETY AND HEALTH POLICY

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

B. IDENTIFYING AND CONTROLLING HAZARDS

		Documentation	Interview	Inspection	Yes	No	COMMENTS
• Do you have a system in place for identifying your hazards (i.e. Inspections, job site assessments)?	<input type="checkbox"/>						
• Do you have a system in place for assessing your hazards (i.e. Risk assessment model)?	<input type="checkbox"/>						
• Do you have a system in place for controlling your hazards (i.e. Tracking systems, control hierarchy – controlling at source first, along path then at worker's level)?	<input type="checkbox"/>						
• Have you reviewed the regulatory requirements of MR 217/2006 (the Workplace Safety and Health Regulation) to assist with and ensure compliance when identifying, assessing and controlling your hazards (i.e. MSI assessment, working alone requirements, PPE requirements)?	<input type="checkbox"/>						
• Do you have a list of Safe Work Procedures required?	<input type="checkbox"/>						
• Do you have a system in place for developing your Safe Work Procedures (including consultation with the Safety and Health Committee)?	<input type="checkbox"/>						
• Have your Safe Work Procedures been developed (in consultation with the Safety and Health Committee)?	<input type="checkbox"/>						
• Do you have a system in place to ensure all workers are trained in current Safe Work Procedures?	<input type="checkbox"/>						
• Are all workers trained in your current Safe Work Procedures?	<input type="checkbox"/>						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

B. IDENTIFYING AND CONTROLLING HAZARDS:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

C. PEOPLE AND RESOURCES REQUIRED IN EMERGENCIES

	Documentation	Interview	Inspection	Yes	No	COMMENTS
• Is there a list of possible emergencies that may occur at the workplace?	<input type="checkbox"/>					
• Are there written emergency response plans for all identified emergencies?	<input type="checkbox"/>					
• Do all workers clearly understand the content of the emergency response plans?	<input type="checkbox"/>					
• Have all workers with specific responsibilities outlined in the emergency response plans been trained on their responsibilities?	<input type="checkbox"/>					
• Have your emergency response plans been developed in consultation with the Safety and Health Committee?	<input type="checkbox"/>					
• Have you reviewed the regulatory requirements of MR 217/2006 (the Workplace Safety and Health Regulation) to ensure compliance when developing your emergency response plans (i.e. First aid requirements, serious incident reporting)?	<input type="checkbox"/>					

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

C. PEOPLE AND RESOURCES REQUIRED IN EMERGENCIES:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

D. STATEMENT OF RESPONSIBILITIES

	Documentation	Interview	Inspection	Yes	No	COMMENTS
<ul style="list-style-type: none"> Have specific safety and health responsibilities been identified for all levels of management and workers? 						
<ul style="list-style-type: none"> Have specific responsibilities as outlined in W210 (the Workplace Safety and Health Act) and MR 217/2006 (the Workplace Safety and Health Regulation) been addressed (i.e. Training and monitoring workers to ensure compliance with Safe Work Procedures, purchasing department to obtain MSDS sheets or supplier documentation, duties of everyone in W210)? 						
<ul style="list-style-type: none"> Has everyone been trained in the safety and health responsibilities? 						
<ul style="list-style-type: none"> Is there a process in place to monitor compliance with safety and health responsibilities (i.e. Performance reviews, inspections)? 						
<ul style="list-style-type: none"> Has the compliance monitoring or evaluation been conducted and documented as per identified process? 						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

D. STATEMENT OF RESPONSIBILITIES:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

E. SCHEDULED INSPECTIONS

		Documentation	Interview	Inspection	Yes	No	COMMENTS
• Do you have a list of the different types of inspections that need to be conducted?	<input type="checkbox"/>						
• Do you have an inspection schedule that identifies the type and frequency of inspections and responsibilities for the inspectors?	<input type="checkbox"/>						
• Are inspections conducted as per inspection schedule?	<input type="checkbox"/>						
• Are those responsible for conducting inspections adequately trained to conduct those inspections?	<input type="checkbox"/>						
• Have your inspections addressed applicable requirements as outlined in W210 (the Workplace Safety and Health Act) and MR217/2006 (the Workplace Safety and Health Regulation) (i.e. does the inspection checklist reflect 1 st aid requirements, fire extinguishers, PPE, etc.)?	<input type="checkbox"/>						
• Have you verified that hazards and recommendations identified from the inspections are being controlled or addressed appropriately?	<input type="checkbox"/>						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

E. SCHEDULED INSPECTIONS:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

F. IDENTIFYING AND CONTROLLING CHEMICAL AND BIOLOGICAL HAZARDS

	Documentation	Interview	Inspection	Yes	No	COMMENTS
• Do you have a system in place for identifying your chemical and biological hazards (i.e. annual inventory, inspections, job site assessments)?						
• Do you have a system in place for assessing your chemical and biological hazards (i.e. Risk assessment model)?						
• Do you have a system in place for controlling your chemical and biological hazards (i.e. Tracking systems, control hierarchy)?						
• Have you reviewed the regulatory requirements of MR 217/2006 (the Workplace Safety and Health Regulation) to ensure compliance when identifying, assessing and controlling your chemical and biological hazards (ie. Occupational exposure limits, monitoring requirements, proper storage and handling)?						
• Do you have a list of Safe Work Procedures required for working with chemical and biological hazards?						
• Do you have a system in place for developing your Safe Work Procedures for chemical and biological hazards (including consultation with the Safety and Health Committee)?						
• Have your Safe Work Procedures for chemical and biological hazards been developed in consultation with the Safety and Health Committee?						
• Do you have a system in place to ensure all workers are trained in current Safe Work Procedures for chemical and biological hazards?						
• Are all workers trained in your current Safe Work Procedures for chemical and biological hazards?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

F. IDENTIFYING AND CONTROLLING CHEMICAL AND BIOLOGICAL HAZARDS:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

G. SAFEGUARDING CONTRACTED EMPLOYERS OR SELF-EMPLOYED PERSONS

	Documentation	Interview	Inspection	Yes	No	COMMENTS
• Is there criteria in place for evaluating the safety and health of contracted employers or self-employed persons prior to selection?						
• Are contracted employers or self-employed persons aware of your safety and health expectations?						
• Is there a system in place to monitor the contracted employers or self-employed persons while in your workplace?						
• Do you have a system in place to recognize when a prime contractor is needed in your workplace (requirements in W210 (Workplace Safety and Health Act), Section 7(1))?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

G. SAFEGUARDING CONTRACTED EMPLOYERS OR SELF-EMPLOYED PERSONS:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

H. TRAINING PLAN

		Documentation	Interview	Inspection	Yes	No	COMMENTS
<ul style="list-style-type: none"> Have you identified the different types of training required at the workplace as per the requirements of W210 (the Workplace Safety and Health Act) and MR217/2006 (the Workplace Safety and Health Regulation) (ie. General Orientation, Safe and Health Committee, manager/supervisor, Safe Work Procedures, specialized tools/equipment, powered mobile equipment, fall protection, violence & MSI prevention etc.) 	<input type="checkbox"/>						
<ul style="list-style-type: none"> Have you established a schedule for the training you identified as being required? 	<input type="checkbox"/>						
<ul style="list-style-type: none"> Has the training been conducted as per the training schedule (i.e. Records, training matrix)? 	<input type="checkbox"/>						
<ul style="list-style-type: none"> Do you evaluate the workers to ensure competency with the training provided? 	<input type="checkbox"/>						
<ul style="list-style-type: none"> Do you evaluate the training program to ensure the program is effective? 	<input type="checkbox"/>						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

H. TRAINING PLAN:

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

I. INVESTIGATING INCIDENTS, DANGEROUS OCCURRENCES, AND RIGHTS TO REFUSE

	Documentation	Interview	Inspection			COMMENTS
				Yes	No	
<ul style="list-style-type: none"> Do you have a procedure for investigating incidents as per MR 217/2006 (Workplace Safety and Health Regulation), Part 2.9? 						
<ul style="list-style-type: none"> Do you have a procedure for investigating right to refuse situations as per W210 (Workplace Safety and Health Act), Section 43, 						
<ul style="list-style-type: none"> Are those investigations conducted as per your procedure? 						
<ul style="list-style-type: none"> Are those responsible for conducting investigations adequately trained to conduct those investigations? 						
<ul style="list-style-type: none"> Have you verified that any hazards identified are being controlled and any short or long term recommendations identified from the investigations are being addressed appropriately? 						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

I. INVESTIGATING INCIDENTS, DANGEROUS OCCURRENCES AND RIGHTS TO REFUSE

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

J. WORKER PARTICIPATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
• Is there a plan to involve workers in safety and health at the workplace which includes a process in which workers can address concerns?	<input type="checkbox"/>					
• Do workers know how to raise a safety and health concern?	<input type="checkbox"/>					
• Have you verified that hazards and recommendations identified from worker concerns are being controlled or addressed appropriately?	<input type="checkbox"/>					
• Is there a Safety and Health Committee that meets and functions as per W210 (the Workplace Safety and Health Act) and Part 3 of MR 217/2006 (the Workplace Safety and Health Regulation)?	<input type="checkbox"/>					
• Are workers aware of their Safety and Health Committee and what role it has in the workplace?	<input type="checkbox"/>					

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

J. WORKER PARTICIPATION

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

K. EVALUATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
<ul style="list-style-type: none"> Is there a process in place to evaluate the Safety and Health Program? 	<input type="checkbox"/>					
<ul style="list-style-type: none"> Do you have an evaluation schedule that includes who will be conducting the evaluation and when the evaluation will be conducted (i.e. Technology change, workplace location change, minimum every three years)? 	<input type="checkbox"/>					
<ul style="list-style-type: none"> Has the Safety and Health Committee been consulted on establishing the program evaluation tool and schedule for conducting the evaluation? 	<input type="checkbox"/>					

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- SYSTEM COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

K. EVALUATE AND REVISE YOUR PROGRAM REGULARLY

Comments:

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

Welcome to the Workplace Safety and Health Program Assessment Tool Part 2 of 2 Physical Compliance Requirements

This assessment tool is a follow-up to the Workplace Safety and Health Division's *Guide to Setting up a Workplace Safety and Health Program* (from now on referred to as "the guide"). It will help you to ensure that your workplace safety and health program is working effectively, meeting legislative requirements, and, in turn, will help prevent workplace incidents and injuries. Before using this assessment tool, it is important that you read the guide and understand its contents.

This assessment tool is split into 2 parts. To fully assess your safety and health program, you will need to complete both parts. Part 2 deals with the legislative requirements of the Workplace Safety and Health Regulation. Each section of the assessment tool (Part 3 – Part 43) relates to the corresponding part of the Workplace Safety and Health Regulation, which are repeated below:

3. Workplace S&H Committees and Representatives	17. Welding and Allied Processes	31. Roof Work
4. General Workplace Requirements	18. Radiation	32. Precast Concrete
5. First Aid	19. Fire and Explosive Hazards	33. Demolition Work
6. Personal Protective Equipment	20. Vehicular and Pedestrian Traffic	34. Explosives
7. Storage of Materials, Equipment, Machines and Tools	21. Emergency Washing Facilities	35. WHMIS
8. Musculoskeletal Injuries	22. Powered Mobile Equipment	36. Chemical and Biological Substances
9. Working Alone or in Isolation	23. Cranes and Hoists	37. Asbestos
10. Harassment	24. Pile Driving	38. Electrical Safety
11. Violence in the Workplace	25. Work in the Vicinity of Overhead Electrical Lines	39. Health Care Facilities
12. Hearing Conservation and Noise Control	26. Excavation and Tunnels	40. Forestry and Arboriculture
13. Entrances, Exits, Stairways and Ladders	27. Work in a Compressed Air Environment	41. Oil and Gas
14. Fall Protection	28. Scaffolds and Other Elevated Work Platforms	42. Firefighters

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

15. Confined Spaces	29. Falsework and Flyforms	43. Diving Operations
16. Machines, Tools and Robots	30. Temporary Structures	

Each part of the assessment tool will require you to answer a number of questions aimed at making sure you are following the requirements of the Workplace Safety and Health Regulation. If a part of the Workplace Safety and Health Regulation does not apply to your workplace, skip it and move on to the next applicable part. In order to answer these questions, you will have to:

1. Review any safety and health related documents at the workplace
2. Interview workers, supervisors, and managers
3. Inspect your workplace

The assessment tool will help guide you in which of these methods you will need to use to answer the questions. You will need to answer “yes” or “no” to the questions in the assessment tool. If you cannot answer “yes” to all parts of the question, you will need to answer “no” and provide some comments as to what still needs to be completed. If you answer “yes” to the questions, you have completed the requirements for that section. For each item that is not yet completed, you must develop an action plan that will get you there. If you are confused about what any of the questions is asking, refer back to the guide for help.

Once you have marked off all of the items in the assessment tool as “yes”, you can take pride in the fact that you are meeting legislative requirements and helping to ensure the safety and health of workers in your workplace.

Finally, it is important to use this tool every three years or sooner (see requirements under Chapter 11 of the guide) to make sure that your safety and health program is up to date and working effectively.

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 3 – Workplace Safety and Health Committees and Representatives						
• Does your Safety and Health Committee meet at minimum quarterly?						
• Does your Safety and Health Committee have documented rules of procedure?						
• Does your Safety and Health Committee keep minutes of its meetings and are they sent to the Workplace Safety and Health Division?						
• Does your Safety and Health Committee have a dedicated bulletin board to post items it recommends?						
Part 4 – General Workplace Requirements						
• Do you have adequate air quality?						
• Do you have slipping or tripping hazards?						
• Do you have drinking water available to workers?						
• Is there adequate lighting for the type of work being conducted?						
• Are toilet facilities adequate and sanitary?						
• Are thermal conditions adequate for the type of work being conducted?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 5 – First Aid						
• Do you have the right number of First Aiders per shift?						
• Do you have appropriate First Aid kits available? Are they stocked?						
• Do you need a First Aid room? If so, is it adequately equipped?						
Part 6 – Personal Protective Equipment (PPE)						
• Is PPE used, stored, and maintained as per manufacturer's recommendations?						
• Does the PPE used meet the Standard requirements?						
Part 7 – Storage of Materials, Equipment, Machines and Tools						
• Are materials stored in a condition of safe loading?						
• Do racking systems meet design requirements?						
• Are racking systems protected from powered mobile equipment?						
Part 8 – Musculoskeletal Injuries (MSI)						
• Have you assessed the risk of work activities that may lead to MSIs?						
• Have control measures been implemented for identified risks?						
• Are workers informed of the risks and control measures implemented?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No		COMMENTS
Part 9 – Working Alone or in Isolation (if applicable)							
• Have you assessed the risk of workers working alone?	<input type="checkbox"/>						
• Have Safe Work Procedures been developed for working alone?	<input type="checkbox"/>						
• Are the Safe Work Procedures posted?	<input type="checkbox"/>						
Part 10 - Harassment							
• Has a Harassment Prevention Policy been developed?	<input type="checkbox"/>						
• Does it include all required statements as per MR 217/2006 (Workplace Safety and Health Regulation)?	<input type="checkbox"/>						
• Is the Harassment Prevention Policy posted?	<input type="checkbox"/>						
Part 11 – Violence in the Workplace (if applicable)							
• Have you assessed the risk of violence to workers?	<input type="checkbox"/>						
• Has a Violence Prevention Policy been developed?	<input type="checkbox"/>						
• Have workers been trained on the Violence Prevention Policy and has it been posted?	<input type="checkbox"/>						
Part 12 – Hearing Conservation and Noise Control (if applicable)							
• Have you conducted a noise assessment of areas where workers may be exposed to noise levels in excess of 80dBA?	<input type="checkbox"/>						
• Do you have a program in place for noise levels over 85 dBA	<input type="checkbox"/>						
• Do you have hearing protection for workers where noise levels are above 80dBA?	<input type="checkbox"/>						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 13 – Entrances, Exits, Stairways and Ladders						
• Do you have safe access and egress to all work areas?						
• Are emergency exits clearly marked and accessible?						
• Do ladders conform to specific requirements from manufacturer?						
• Are appropriate ladders in use at the workplace?						
Part 14 – Fall Protection (if applicable)						
• Do you have adequate fall protection for all areas where required?						
• Do you have Safe Work Procedures to prevent falls at the workplace?						
• Are workers trained in fall protection requirements and Safe Work Procedures?						
Part 15 – Confined Spaces (if applicable)						
• Do you have Safe Work Procedures for workers in confined space situations?						
• Are workers trained in the Safe Work Procedures for confined space situations?						
• Is appropriate equipment in place for confined space situations?						
• Do you have an emergency response plan for confined space situations?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 16 – Machines, Tools and Robots						
• Do you have Safe Work Procedures for machines, tools and robotic systems?	<input type="checkbox"/>					
• Are machines or tools used, inspected and maintained in accordance with the manufacturer's recommendations?	<input type="checkbox"/>					
• Are safeguards in place on all machines, tools, or robotic systems where required?	<input type="checkbox"/>					
• Are operating controls appropriately located, protected, and clearly identifiable?	<input type="checkbox"/>					
• Do you have lock out procedures when required?	<input type="checkbox"/>					
• Do you have safeguards in place for conveyors if applicable?	<input type="checkbox"/>					
Part 17 – Welding and Allied Processes (if applicable)						
• Do you have Safe Work Procedures for welding and allied processes?	<input type="checkbox"/>					
• Do you have flashback arrestors on all gas welding units?	<input type="checkbox"/>					
Part 18 – Radiation (if applicable)						
• Do you have Safe Work Procedures for using radiation?	<input type="checkbox"/>					
• Are workers aware of the potential hazards associated with radiation exposure?	<input type="checkbox"/>					

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 19 – Fire and Explosive Hazards (if applicable)						
• Do you have Safe Work Procedures for fire or explosive hazards?						
• Do you have the appropriate type and number of fire extinguishers?						
• Do you have appropriate containers for flammable or combustible materials and for contaminated materials?						
• Do you have any flammable or combustible materials in the atmosphere?						
Part 20 – Vehicular and Pedestrian Traffic (if applicable)						
• Do you have Safe Work Procedures for traffic control?						
• Do you need walkway protection?						
• Do you have adequate fencing?						
• Do you have trained flag persons where required?						
• Do you have trained signal persons where required?						
Part 21 – Emergency Washing Facilities (if applicable)						
• Is the appropriate emergency washing equipment in place for your hazards?						
• Is the emergency washing equipment installed, tested, and maintained according to the appropriate Standard?						
• Are all workers trained in the use of the emergency washing equipment?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 22 – Powered Mobile Equipment (if applicable)						
• Do you have Safe Work Procedures for the use of powered mobile equipment?						
• Do you have a maintenance and inspection schedule for your powered mobile equipment?						
• Do you have operator's manuals for all powered mobile equipment?						
• Are guards in place to prevent contact with moving parts or hot surfaces?						
• Is powered mobile equipment equipped with audible warning devices, fire extinguisher, braking system, and parking brake?						
• Are seatbelts in place and operable?						
• Are lights operable where needed?						
• Is protection from falling objects in place where required?						
• Are workers transported as was intended by the manufacturer?						
• Are tires serviced by competent persons as per manufacturer's requirements?						
• Are approved Rollover Protective Structures (ROPS) in place where required?						
• Do powered lift truck drivers have current certification?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 23 – Cranes and Hoists (if applicable)						
• Do you have Safe Work Procedures for using cranes or hoists?						
• Are crane operators certified when required?						
• Are crane or hoist operators properly trained?						
• Do you have a maintenance and inspection schedule for your cranes or hoists?						
• Do you have a log book for cranes (1 tonne or more capacity)						
• Are warning devices in place when necessary?						
• Do vehicle lifts meet the requirements of the Standards?						
• Are there appropriate means of securing a suspended load when a worker needs to work under it?						
Part 24 – Pile Driving (if applicable)						
• Do you have Safe Work Procedures for pile driving equipment?						
Part 25 – Work in the Vicinity of Overhead Electrical Lines (if applicable)						
• Are Safe Work Procedures in place for working near overhead electrical lines (within 3 meters)						
• Do you have a process in place to notify electrical authority when required?						
• Is there an emergency plan in place if contact with the overhead electrical lines takes place?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 26 – Excavations and Tunnels (if applicable)						
• Do you have Safe Work Procedures for excavation work?						
• Do you have a registration number to do excavation work?						
• Do you have a process in place to notify the Workplace Safety and Health Division when required?						
• Do you have a supervisor appointed for the excavation?						
• Have you assessed all risks associated with excavation work?						
• Are support structures or shoring adequate?						
• Are appropriate requirements in place for deep foundation work?						
• Do you have engineered systems where required?						
Part 27 – Work in a Compressed Air Environment (if applicable)						
• Do you have Safe Work Procedures for working in a compressed air environment?						
Part 28 – Scaffolds and Other Elevated Work Platforms (if applicable)						
• Do you have Safe Work Procedures in place for using scaffolds or elevated platforms?						
• Are scaffolds or elevated platforms used in accordance with manufacturer specifications and required Standards?						
• Do you have systems engineered where required?						
• Have you notified the Workplace Safety and Health Division for suspended work platforms?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

		Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 29 – Falsework and Flyforms (if applicable)							
• Do you have Safe Work Procedures for falsework and flyform systems?	<input type="checkbox"/>						
• Do you have engineered systems where required?	<input type="checkbox"/>						
Part 30 – Temporary Structures (if applicable)							
• Do you have Safe Work Procedures for constructing or using temporary structures?	<input type="checkbox"/>						
• Do you have appropriate flooring where required?	<input type="checkbox"/>						
• Are openings in floors appropriately guarded?	<input type="checkbox"/>						
• Do you have appropriate stairs and landings?	<input type="checkbox"/>						
• Are temporary ramps, runways or platforms adequate?	<input type="checkbox"/>						
Part 31 – Roof Work (if applicable)							
• Do you have Safe Work Procedures for roof work?	<input type="checkbox"/>						
Part 32 – Precast Concrete (if applicable)							
• Do you have Safe Work Procedures for precast concrete work?	<input type="checkbox"/>						
• Do you have engineered specifications where required?	<input type="checkbox"/>						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 33 – Demolition Work (if applicable)						
• Do you have Safe Work Procedures for demolition work?						
• Have neighboring structures or individuals been addressed?						
Part 34 – Explosives (if applicable)						
• Do you have Safe Work Procedures for the use of explosives (including removing misfires)						
• Do you have certified blasters?						
Part 35 – Workplace Hazardous Materials Information System (WHMIS) (if applicable)						
• Do you know what controlled products your workers may be exposed to?						
• Do you have a WHMIS training program?						
• Are all controlled products labeled appropriately?						
• Do you have current MSDS for all controlled products?						
Part 36 – Chemical and Biological Hazards (if applicable)						
• Do you have Safe Work Procedures for chemical or biological hazards?						
• Have you assessed your chemical and biological hazards in consultation with the Safety and Health Committee?						
• Are you monitoring to ensure workers are not over exposed to airborne health hazards?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 37 – Asbestos (if applicable)						
• Do you have an inventory of asbestos containing materials?						
• Do you have an asbestos control plan?						
• Do you have Safe Work Procedures for abatement or removal of asbestos containing materials?						
Part 38 – Electrical Safety (if applicable)						
• Do you have Safe Work Procedures for electrical work?						
• Do electrical workers do electrical work?						
• Are electrical defects repaired or corrected appropriately?						
• Are electrical systems installed and protected as required?						
Part 39 – Health Care Facilities (if applicable)						
• Do you have Safe Work Procedures for infectious materials?						
• Do you have Safe Work Procedures for patient handling?						
• Do you have Safe Work Procedures for the use of laser equipment?						
• Do you have Safe Work Procedures for waste and laundry?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ Assessor's Name: _____ Date: _____

MR 217/2006 WORKPLACE SAFETY AND HEALTH REGULATION

	Documentation	Interview	Inspection	Yes	No	COMMENTS
Part 40 – Forestry and Arboriculture (if applicable)						
• Do you have Safe Work Procedures for forestry and arboriculture operations?						
• Are haul roads constructed according to requirements?						
Part 41 – Oil and Gas (if applicable)						
• Do you have Safe Work Procedures for drilling, operating or servicing of wells?						
• Are you conducting required inspections?						
• Do you have a logbook for the rig?						
Part 42 – Firefighters (if applicable)						
• Do you have Safe Work Procedures for firefighters responding to an emergency?						
• Do you have appropriate vehicle and equipment requirements?						
• Is equipment inspected?						
Part 43 – Diving Operations (if applicable)						
• Do you have Safe Work Procedures for diving operations that meets the requirements of the Standards?						

SAFETY AND HEALTH PROGRAM ASSESSMENT TOOL- PHYSICAL COMPLIANCE REQUIREMENTS

Company Name: _____ **Assessor's Name:** _____ **Date:** _____