# Health and safety policy SAMPLE

This is one example of a health and safety policy**. If you choose to use this sample, make sure you customize it to your work and work site.**

## Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Company health and safety policy

This company is committed to a health and safety program that protects and maintains the health and safety of workers at our work sites. This company is also committed to the protection and maintenance of the health and safety of other persons in our workplace, including contractors that we engage and the general public.

The employer, supervisors and workers at our company are responsible and accountable for the company’s health and safety performance. Active participation by everyone, every day, in every job is necessary for the health and safety excellence that we expect. Health and safety excellence includes promoting and maintaining the highest degree of physical, psychological and social well-being.

Our goal is a healthy, injury-free workplace for all. By working together we can achieve this goal.

### **The** employer **will ensure:**

* The health, safety and welfare of workers at the work site.
* The health and safety of other persons at or near the work site, who may be affected by hazards from our work site.
* Workers are aware of their occupational health and safety rights and duties.
* Workers are not subject to, and don’t participate in, workplace harassment or violence.
* Supervisors are competent, and familiar with the occupational health and safety legislation.
* Workers have the training they need to work in a healthy and safe manner.
* Dangerous work is only carried out by a competent worker, or a worker who is working under the direct supervision of a competent worker.
* That the health and safety committee or representative complies with their legislated requirements.
* Health and safety concerns are resolved in a timely manner.
* Information related to work site hazards, controls, work practices and procedures is readily available to workers, the health and safety committee or representative, and the prime contractor.
* Current occupational health and safety legislation is readily available to workers and health and safety committee or representative.

### Supervisors **will:**

* Take all precautions necessary to protect the health and safety of every worker under their supervision and ensure:
  + The workers they supervise follow procedures and measures required by the occupational health and safety legislation.
  + The workers they supervise are not subject to and don’t participate in workplace harassment or violence.
* Advise every worker they supervise about all known or reasonably foreseeable hazards to health and safety in their work area.
* Report health and safety concerns to the employer.

### Workers will:

* Protect their own health and safety, as well as that of other people at or near the work site.
* Cooperate with their supervisors and employer to protect their own and others’ health and safety.
* Use all devices and wear all personal protective equipment required by the employer or the *Occupational Health and Safety Act* or Code.
* Refrain from causing or participating in workplace harassment or violence.
* Report health and safety concerns to the employer or supervisor.
* Participate in any training provided by the employer.
* Not perform work that may endanger themselves or other, unless they are directly supervised by a worker who is competent to perform the work.

Health and safety policy sample continues next page

### **In addition, the** employer, supervisors **and** workers **will**:

* Cooperate with any person exercising a duty imposed by the Occupational Health and Safety Act or Code.
* Comply with the Occupational Health and Safety Act and Code and any work site policies, procedures and codes of practice.

The company will ensure, to the best of its ability, that other parties at the work site (e.g. contractors, suppliers, or service providers) comply with the *Occupational Health and Safety Act* and Code, and work site policies**.**

Workers at every level must be familiar with the rights, duties and requirements of the Alberta occupational health and safety legislation as it relates to their work.

Company signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Formal hazard assessment and control TEMPLATE

This is one example of a formal hazard assessment and control report template. **If you choose to use this template, make sure you customize it to your work and work site.**

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| --- | --- | --- | --- |
| Job/position/work type: | | | Date of assessment: |
| Assessment performed by: | | | **Reviewed/revised:** |
| **Task** (List all tasks/activities of the job/position) | **Hazard**  (List **all** existing and potential health and safety hazards related to the identified tasks) | **Controls**  (List the controls for **each** hazard: elimination, engineering,  administrative, personal protective equipment or a combination thereof) | Date implemented: |
|
|  |  | Elimination:  Engineering:  Administrative:  PPE: |  |
|  |  | Elimination:  Engineering:  Administrative:  PPE: |  |
|  |  | Elimination:  Engineering:  Administrative:  PPE: |  |
|  |  | Elimination:  Engineering:  Administrative:  PPE: |  |
|  |  | Elimination:  Engineering:  Administrative:  PPE: |  |

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# Emergency response plan TEMPLATE

This is one example of an emergency response plan template. **If you choose to use this template, make sure you customize it to your work and work site.**

|  |  |  |
| --- | --- | --- |
| Company: | | Date: |
| Address: | |
| Completed by: | | |
| Potential emergencies  (e.g. medical event, flood, fire, robbery)  Refer to your hazard assessment to determine which hazards could require rescue or evacuation. |  | |

## List and location of emergency equipment and facilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emergency equipment including fire protection requirements  (e.g. alarms, sprinklers,  fire suppression systems, fire extinguishers, hoses, fire doors) | Equipment | Location | | Operating procedures |
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| First aid  (e.g. type and location of first aid kit and supplies, first aiders/shift, transportation) | **First aid kit:** | | **Location:** | |
| **First aid supplies and first aid room:** (as applicable) | | **Location:** | |
| **First aiders** | | | |
| Morning shift: | Afternoon shift: | | Night shift: |
| **Transportation plan:** | | | |

Emergency response plan template continues next page

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List and location of emergency facilities  (e.g. fire station, hospital, police, walk-in clinic) | Facility name | | | Address/distance | |
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| Alarm and emergency communication requirements  (e.g. type of alarm system, paging or PA system) |  | | | | |
| Rescue and evaluation procedures |  | | | | |
| Emergency response procedures  (Detailed procedures to be followed for each identified emergency, including who is responsible for what) | **Emergency situation** | | **Procedures** | | |
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| Emergency response training and requirements  (List the positions or names of workers trained to use each type of emergency equipment and those trained in rescue and evaluation procedures) | **Position or name** | | | **Training received** | **Frequency** |
| Morning  shift | Afternoon shift | Night  shift |
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# Work site inspection TEMPLATE

Consider using a form like this to record your work site inspection findings, as well as any actions taken during the inspection, and who issues were referred to for employer follow-up. **If you choose to use this template, make sure you customize it to your work and work site.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer: | | | | Date: |
| Location: | | | |
| Inspection carried out by: | | | | |
| Area/equipment/activity being inspected | **Observations** | **Hazards identified**  (if applicable) | **Action taken**  (if applicable) | **Referred to**  (if applicable) |
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| This inspection report was provided to the health and safety committee or representative on (date): | | | | |

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# Worker orientation record TEMPLATE

Consider using a checklist like this when training new workers on health and safety in your workplace. **If you choose to use this template, make sure you customize it to your work and work site.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Worker’s name:** | | | **Date of orientation:** |
| **Date of hire:** | | | Supervisor’s name: |
| **Orientation topics covered** | Yes | No | **Written work procedures:** |
| Site orientation |  |  |
| Rights of workers: | | |
| * Right to know |  |  |
| * Right to participate |  |  |
| * Right to refuse |  |  |
| Work site party responsibilities |  |  |
| Health and safety committee or representative identification |  |  |
| Employer’s health and safety policies |  |  |
| Workplace violence prevention plan |  |  |
| Workplace harassment prevention plan |  |  |
| How to report harassment and/or violence incidents |  |  |
| Review of hazards and controls |  |  |
| How to report unsafe/unhealthy conditions and other health and safety concerns |  |  |
| How to report incidents |  |  |
| Review the emergency response plan |  |  |
| Location of fire exit(s) and fire extinguisher(s) |  |  |
| How to get first aid treatment |  |  |
| Location of first aid kit(s) and supplies |  |  |
| Ergonomics |  |  |
| WHMIS training (if applicable) |  |  |
| Safety data sheet locations (if applicable) |  |  |
| Use of personal protective equipment (if applicable) |  |  |
| *(List any other topics relevant to the work site.)* |  |  |
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| **Worker signature:** | | | Supervisor signature: |

This form is a sample only and is for employer reference. Employers are responsible for complying with any applicable privacy or other legislation concerning the collection of worker information. Employers should review the law and confirm its application related to the collection of personal information of workers (e.g., *Personal Information Protection Act*, *Electronic Documents Act*, *Human Rights Act* etc.). Further, completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated, and implemented in accordance with the legislation. Neither the Crown, nor its agents, employees, or contractors, will be liable to you for any damages, direct or indirect, arising out of your use of this form.

# Training record TEMPLATE

Consider using a form like this to document health and safety training in your workplace. **If you choose to use this template, make sure you customize it to your work and work site.**

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| --- | --- | --- | --- | --- |
| Employer: | | | | |
| Name of training course: | | | | |
| Course description: | | | | |
| Recertification requirements: | | | | |
| Names of workers in attendance | Training date | Training location | Facilitator/instructor | Course requirements completed |
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