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| SAFETY MANAGEMENT ASSESSMENT (S.M.A.)YEARLY MAINTENANCE REVIEW |
| COMPANY NAME:CONTACT NAME: | **Date:** |
| **SECTION 1: Leadership and Commitment** | **Score****Possible** | **Score****Achieved** |
| **1.0** | **Does management demonstrate their commitment to Health & Safety by:** |  |  |
| **1.0.2****R** | **Is the policy statement signed by senior management?***-signed by the most senior person on site and/or the company president/CEO* | 1 |  |
| **1.0.3****R** | **Is the policy statement reviewed at least annually and revised as necessary?** [OHSA s.25(2) (j)]*-reviewed by senior management and dated within one calendar year* | 1 |  |
| **1.0.4**R | **Is the policy statement posted?** [OHSA s.25(2) (k)]*-posted at a conspicuous place in workplace – specified safety bulletin board or posting area - not only in health and safety manual or pamphlet* | 1 |  |
| **1.0.6** | **Is the policy statement communicated to employees?***-new employee orientation**-minutes of a safety meeting**-policy signed or initialed by employees* | 2 |  |
| **1.0.8** | **Are the H&S targets reviewed on a quarterly basis and revised as needed?***-reviewed by safety rep, JHSC, OBS coordinator* | 2 |  |
| **1.0.9** | **Are the targets communicated to all employees?***-posted on bulletin board**-safety meeting minutes**-quarterly updates* | 2 |  |
| **1.0.16** | **Does management demonstrate commitment to health and safety regularly by:***-monitoring safety suggestions**-conducting informal site walkthroughs**-attending safety meetings monthly/quarterly**-attending toolbox talks monthly/quarterly* *-hold -holding meetings quarterly in which health and safety is an agenda item* *–rev -reviewing and analyzing injury and occupational illness causes as required* | 2-10 |  |
| **1.0.19** | **What improvements, in workplace health and safety, has the company implemented in the past year?***-revised policies/procedures**-equipment/PPE upgrades**-increased compliance with procedures**-action plan based on last audit**-other* | 1-4 |  |
|  **1.0.20** | **Does the company encourage off-the-job health and safety for all workers?***-agenda item at safety meeting**-equipment loaning policy/program**-newsletters (including IEC newsletter)**-hazard alerts**-other* | 3 |  |
|  |  |  |  |
| **SECTION 2: Roles & Responsibilities and Control** | **Score****Possible** | **Score****Achieved** |
| **2.0** | **OHS Legislated duties & responsibilities:** |  |  |
| **2.0.6** | **Have performance reviews of legislated health and safety duties and responsibilities been held and documented within the last 12 months?***-performance reviews/checklists dated within past 12 months* | 2 |  |
| **2.1** | **OHS Advisor/Coordinator:** |  |  |
| **2.1.1** | **Is there a role within the organization with responsibility for OHS Program development and implementation?***-documentation; identified in a job description* | 2 |  |
| **2.1.2** | **Does the person responsible for OHS Program development & implementation have basic experience and knowledge in pre-job assessments, training, field monitoring/coaching, safety measures and reporting, incident response, investigation, and auditing?***-interview; responses confirm competencies**-documentation; training records* | 2 |  |
| **2.1.3** | **Does the person responsible for OHS Program development & implementation engage directly with the workforce and provide support that improves safety culture, knowledge, and improved performance?***-interview; confirmation from workers* | 2 |  |
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| **SECTION 3: Documents, Procedures, Reports &** **Communication** | **Score****Possible** | **Score****Achieved** |
| **3.0** | **Are the following documents available and posted in the workplace?** |  |  |
| **3.0.1****R** | **Occupational Health and Safety Act and Construction Regulations** **[OHSA s.25(2) (I)]***-readily accessible in a common area, lunchroom, shop, where employees can find it easily* | 1 |  |
| **3.0.2****R** | **Health and Safety at Work Poster***-posted in a readily accessible common area* *-effective October 1, 2012, the poster must be displayed in English and the majority language of the workplace* | 1 |  |
| **3.0.3****R** | **W.S.I.B. Form 82 [Reg. 1101 s.1,3]***-must be displayed at the first aid station**-posted in conspicuous place in the workplace* | 1 |  |
| **3.0.4****R** | **W.S.I.B. First Aid Regulation 1101***-near first aid box* | 1 |  |
| **3.0.6****R** | **MOL orders and inspection report***-posted in a prominent place for 14 days after issuance* | 1 |  |
| **3.0.7** | **Safety performance graphs updated & posted regularly?***-e.g., injury rates, OBS graphs, or similar graphs/safety statistics to communicate progress toward enhanced safety performance to the employees* | 2 |  |
| **3.1** | **Does the employer have written procedures and/or rules for:** |  |  |
| **3.1.14** | ***Work-related Mental Stress Policy?****-WSIB Operational Policy 15-03-20 and 15-03-14**-bill 127 effective January 2018**-promoting work-life balance**-reducing ineffective or unnecessary tasks* | 1 |  |
| **3.1.15** | ***Fit for Duty Policy?****-establish an employer’s position regarding impairment, ensure qualified and objective fit for duty evaluations and appropriate training for signs of impairment.**-a service provider and procedure for testing* | 1 |  |
| **3.1.16****R** | ***The Accessibility for Ontarians with Disabilities Act 2005 Training?****includes all disabilities: physical, visible, and non-visible, such as learning and mental health disabilities**Employees trained/certified?* | 1 |  |
| **3.1.17** | ***Lone Worker Policy or Procedure?****-risk assessment and controls in place for lone worker hazards (better practice)* | 1 |  |
|  |  |  |  |
| **SECTION 5: Training** | **Score****Possible** | **Score****Achieved** |
| **5.0** | **Does the employer document employee training:** |  |  |
| **5.0.1****R** | **Have company personnel received WHMIS 2015 training?** [OHSA s.42(1) – (4); Reg. 860]*-training and instruction provided in accordance with WHMIS 2015* | 2 |  |
| **5.0.2****R** | **Does the company review WHMIS training needs annually?** [OHSA s.42(3(4)]*-training and instruction provided to workers must be reviewed at least annually, in consultation with the JHSC or H&S Representative, if any* | 2 |  |
|  **5.0.6** | **Does the employer have a SSW program in place to manage new/young workers exposed to industry for the first time?***-follow link for SSW Program/Procedure (Sarnia)* <http://www.iecpartnership.com/services/safety-management-assessment-sma/>*- points awarded for SSW initial assessment document, Mentor program components, SSW identifier, SSW graduation procedure.**(1 point for each item verified)* | 1-4 |  |
|  **5.0.7** | **Documentation of SSW program followed?***-list of SSW’s currently employed by contractor**-list of approved/trained Mentors for SSW program**-written evaluation/mentorship plan for the SSW**-graduation from SSW status to mature worker documented/signed-off (mentor & supervisor endorsement)**(1 point for each item verified)* | 1-4 |  |
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| **SECTION 6: Health And Safety Representative** **Joint Health and Safety Committee** | **Score****Possible** | **Score****Achieved** |
|  **6.0** | **Joint Health & Safety Committee:** |  |  |
| **6.0.1****R** | **Where a worksite health and safety committee is required, is it structured and functioning in accordance with legal requirements in regard to composition and recordkeeping?**  *[OHSA s.9(6) – (9)]**-maintain and keep minutes* | 2 |  |
| **6.0.3****R** | **Does the JHSC meet the legal requirements for meeting frequency (at least every three months)?** [OHSA s.9(33)] | 2 |  |
| **6.0.4****R** | **Does the JSHC meet the legal requirements for workplace inspections?** *-monthly (entire workplace within one year)* *[OHSA s.9(23) -(29)]* | 2 |  |
|  **6.0.9**  | **Does the JHSC distribute/communicate health and safety information at least quarterly?***-posted minutes**-hazard alerts**-review of any outstanding items* | 2 |  |
|  **6.1** | **Health & Safety Representative:** |  |  |
| **6.1.1****R** | **Where no health and safety committee is required but a health and safety representative is required, are legal requirements being met in regard to selection/appointment/training?** *[OHSA s.8(1) – (5)]* | 1 |  |
| **6.1.2****R** | **Does the health and safety representative meet the legal requirements for workplace inspections?** *[OHSA s.8(6) – (8)]* | 2 |  |
|  **6.2** | **JHSC and/or H&S Representative:** |  |  |
|  **6.2.4** | **Have the JHSC members or the H&S representative been acknowledged for their participation?***-documented recognition/acknowledgement by the company management* | 2 |  |
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| **SECTION 7: Hazard Recognition, Assessment** **and Control** | **Score****Possible** | **Score****Achieved** |
| **7.0** | **Does the employer have hazard recognition/assessment programs:** |  |  |
|  **7.0.6** | **Are you evaluating if the hazard recognition programs and procedures are being followed?***-results of OBS observations**-TASC or HCR review**-workplace inspections**- site audits**-site walkthroughs**-provide documentation for above during audit* | 1-3 |  |
|  **7.0.7** | **Are you monitoring “leading” indicators to measure safety performance?***-TASC**-OBS observations**-Site audits**-Near Miss/Hazardous Condition reports**-Safety suggestions**-other/ unsafe acts**(2 points per indicator to a max. 10 pts)* | 2-10 |  |
| **7.0.11** | **If you are using TASC, are TASC cards audited for quality?***- audited in the field by Foreman/Safety Advisor; signature on card for verification**-turned in to Foreman/Safety Advisor/Safety Admin for post-task audit/review.* | 2 |  |
| **7.0.13****R** | **Do you have a policy and procedure to address workplace harassment?** *(Bill 168)***-***reviewed within one year**-posted at conspicuous place within workplace***OHSA s.32.0.7** | 2 |  |
| **7.0.14****R** | **Do you have a policy and procedure to address workplace violence?** *(Bill 168)***-***reviewed within one year**-posted at conspicuous place within workplace***OHSA s.32.0.1** | 2 |  |
| **7.0.15****R** | **Do supervisors conduct weekly workplace inspections? [O. Reg. 213/91, S.14(3),(4)]***-machinery and equipment including fire extinguishers, sanitation, electrical installations…means of access and egress* | 2 |  |
|  |  |  |  |
| **SECTION 8:** **Tools, Equipment, and Vehicle** **Maintenance** | **Score****Possible** | **Score****Achieved** |
| **8.0** | **Is there a program for inspection, calibration and maintenance of tools, equipment, and vehicles which includes:** |  |  |
|  **8.0.7** | **Are the frequency and documentation being met [Reg. 213/91, s.94]?****-***documentation to show compliance* | 2 |  |
|  |  |  |  |
| **SECTION 9: Accident/Incident Investigation and**  **Follow-up** | **Score****Possible** | **Score****Achieved** |
| **9.0** | **Does the constructor/employer maintain and accident/investigation program that includes:** |  |  |
|  **9.0.10** | **Communication of recommendations to all workers?** | 3 |  |
|  |  |  |  |
| **SECTION 10:** **First Aid, Medical Aid, and Return to** **Work** | **Score****Possible** | **Score****Achieved** |
| **10.0** | **Does the employer comply with the WSIB first aid requirements in Reg 1101?** |  |  |
| **10.0.2****R** | **Do the first aid stations comply with the WSIB first aid requirements with respect to the required components based on the number of employees? [Reg. 1101, s.8, 9, 10, 11]***-Stretcher, 2 blankets, and basin for more than 15 and fewer than 200 workers [s.10]* | 3 |  |
| **10.0.3****R** | **Does the employer maintain a quarterly inspection of all first aid boxes and their contents? [Reg. 1101, s.6]***- inspection card required for each box**- inspection date, inspection signature* | 2 |  |
| **10.0.5** | **Does the employer ensure that a recertification program for qualified first aiders is maintained?***-training matrix or training records* | 2 |  |
| **10.0.6****R** | **Are first aid certificates posted in compliance with Reg. 1101** | 2 |  |
| **10.0.8****R** | **Is all first aid treatment/advice recorded?****[Reg. 1101, s.5]** | 2 |  |
|  |  |  |  |
| **SECTION 11: Proactive Safety Systems** | **Score****Possible** | **Score****Achieved** |
| **11.0** | **Does the employer have programs to identify & correct unsafe conditions/behaviors:** |  |  |
| **11.0.4** | **Are trained observers meeting their weekly or monthly goals for frequency of observations? (***refer to item 11.0.1 of full audit* | 1 |  |
| **11.0.7** | **Have you taken action to address improvement opportunities arising from your observation program?** *(1 point for each action – maximum 3 points)* | 1-3 |  |
| **11.0.9** | **Has Near Miss Reporting/Hazardous Condition Reporting resulted in a positive change to job procedures, process or equipment?***(1 point per example; maximum of 3 points)* | 1-3 |  |
|  **11.0.10** | **Are the recommended BSO Plus safety topics completed monthly?***- documentation required* | 3 |  |
|  **11.0.11** | **Are the recommended BSO Plus annual refresher tests completed, annually?***- documentation required* | 3 |  |
|  | **Possible Total Points** |  **120** |  |

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| **SECTION 12: Field Visit** | **Score****Possible** | **Score****Achieved** |
| **\*12** | **Scores for this section are entered from the questions on the field visit form***\* field visit date must occur within 12 months of audit/re-audit date to remain valid\** | 94 |  |
|  |  |  |  |
|  | **TOTAL** | **94** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  | POSSIBLE | ACHIEVED |