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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; employee’s name blacked out* | | 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 |  |
|  | | |  | |  |  |
| **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*  *-company policy/program to manage stressors that originate in the workplace*  *-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)* <https://lambtonbases.ca/short-service-worker-program/>  *- 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 |  |
|  | | |  | |  |  |
| **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 |  |
|  | | |  | |  |  |
| **SECTION 7: Hazard Recognition, Assessment**  **and Control** | | | | | **Score**  **Possible** | **Score**  **Achieved** |
| **7.0** | | | **Does the employer have hazard recognition/assessment programs:** | |  |  |
| **7.0.6** | | | **Do you have a Dropped Objects Prevention Program that includes:**  *- Stop the Drop Checklists*  *- Dropped Objects Prevention Plan*  *- Hazards and Mitigations identified and documented for Tiered Work*  *-Training on Prevention of Dropped Objects*  *-Tools/equipment available for preventing dropped objects; tool lanyards, netting, fire blanket, hard hat lanyards/straps*  *(1 pt per indicator to a max. 4 pts.)* | | 1-4 |  |
| **7.0.7** | | | **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 |  |
| **7.0.8** | | | **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 |  |
| **7.0.12** | | | **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 |  |
| **7.0.14**  **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 |  |
| **7.0.15**  **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 |  |
| **7.0.16**  **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** | | **124** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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\** | 96 |  |
|  |  |  |  |
|  | **TOTAL** | **96** |  |
|  | **LESS N/A’s** |  |  |
|  | **NET SCORE** |  |  |
|  | | POSSIBLE | ACHIEVED |