**IEC SAFETY MANAGEMENT ASSESSMENT – FIELD VISIT**

**Date: Contractor name: Client Site:**

**Worker name: Auditor:**

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| **Health and Safety Policy and Targets** | | **Possible**  **Possible**  **Score** | **Score**  **Score**  **Achieved** |
| 12.1.1 | Is the Health and Safety Policy posted, signed and dated within the past 12 months? Where can you find it? | 2 |  |
| 12.1.2 | Are you familiar with your company’s Health and Safety Targets? Can you give me an example of one? | 2 |  |
| 12.1.3 | What is your company’s actual safety performance so far this year? | 2 |  |
| 12.1.4 | Have you been acknowledged for meeting the safety targets? In what way? | 2 |  |
| **Roles & Responsibilities and Control** | |  |  |
| 12.2.1 | Did you receive an orientation when you first started work? | 2 |  |
| 12.2.2 | Who is your health and safety rep? (the worker rep) | *2* |  |
| 12.2.3 | Have you received training re: Bill 168 - workplace violence/harassment? | *2* |  |
| 12.2.4 | What are your rights, as a worker, under the OHS Act? | *2* |  |
| 12.2.5 | What is the procedure for reporting violence or harassment in the workplace? | *2* |  |
| 12.2.6 | Describe your company’s progressive discipline procedure. | *2* |  |
| **Documents, Procedures, Reports & Communication** | |  |  |
| 12.3.1 | Occupational Health and Safety Act posted? Where can you find it? | 2 |  |
| 12.3.2 | Health & Safety at Work Poster? (English & majority workplace language) | 2 |  |
| 12.3.3 | WSIB Form 82 posted? (In Case of Injury/Illness at Work; 1,2, 3, 4) | 2 |  |
| 12.3.4 | WHMIS Safety Data Sheets- do you have access and know where to find them? | 2 |  |
| 12.3.5 | What would you do in the event of an emergency? (give example) | 2 |  |
| 12.3.6 | How do you resolve safety issues? | 2 |  |
| **Health and Safety Program Promotion and Communication** | |  |  |
| 12.4.1 | Does your company promote off-the-job health and safety? In what ways? | 2 |  |
| 12.4.2 | What was the topic of the most recent toolbox talk? | *2* |  |
| **Proactive Safety Systems** | |  |  |
| 12.5.1 | Participated in your company’s behavior-based observation program in the last month? As an observer or the observed worker? | 2 |  |
| 12.5.2 | Is positive reinforcement included with the feedback on the observation form? | 2 |  |
| 12.5.3 | How are observation results/shared learnings communicated to all employees? | 2 |  |
| 12.5.4 | Is your company using a pre-job safety analysis program like T.A.S.C.? | 2 |  |
| 12.5.5 | Do supervisors perform random TASC audits in the field for quality? How often? | 2 |  |
| 12.5.6 | Does the job description on the form adequately describe the job’s key steps? | 2 |  |
| 12.5.7 | Are hazards identified and listed for each job step? | 2 |  |
| 12.5.8 | Are control measures listed for each hazard? | 2 |  |
| 12.5.9 | Do you have programs/procedures/tools/equipment that help to prevent dropped objects? Give 2 examples. | 2 |  |
| 12.5.10 | What is the procedure to report a near miss or hazardous condition? | 2 |  |
| 12.5.11 | Do you complete pre-use checklists?  For which equipment/tools? | *2* |  |
| 12.5.12 | Does the supervisor conduct workplace inspections? (weekly/monthly) | *2* |  |
| **Personal Protective Equipment** | |  |  |
| 12.6.1 | With respect to PPE expectations for your tasks; does your company provide what you need and do you wear your PPE as required? | 2 |  |
| 12.6.2 | Have you received training on how to properly inspect and use the required PPE? | 2 |  |
| **Tools, Equipment, and Resources** | |  |  |
| 12.7.1 | Are the tools the company provides you with the right tools for the job tasks? | *2* |  |
| 12.7.2 | How do you report defective tools? | *2* |  |
| 12.7.3 | Is drinking water readily available to workers? | *2* |  |
| 12.7.4 | Are fire extinguisher inspections up to date? Who does them? | *2* |  |
| **Safety Training/Procedures** | |  |  |
| 12.8.1 | Have you received Working At Heights training? | *2* |  |
| 12.8.2 | For Working at Heights activities, is a Fall Protection rescue plan developed and communicated? | *2* |  |
| 12.8.3 | Does the company have a SSW/Mentor program for New/Young workers? | *2* |  |
| 12.8.4 | SSWs identified by an orange hard hat? (or other means if hard hat not required) | *2* |  |
| 12.8.5 | Are you aware of why you are considered a SSW? (question for SSWs only) | *2* |  |
| 12.8.6 | What restrictions/limitations do you have as a SSW? (question for SSWs only) | *2* |  |
| 12.8.7 | Can you, SSW, tell me who your Mentor is? (question for SSWs only) | *2* |  |
| 12.8.8 | Is your Mentor aware of his/her role/responsibilities? (question for SSWs only) | *2* |  |
| 12.8.9 | Who is the trained first aider on site? | *2* |  |
| 12.8.10 | Where is the nearest first aid station? | *2* |  |
| 12.8.11 | Is your BSO Plus annual refresher test completed to date? | *2* |  |
| 12.8.12 | Do you receive training in the BSO plus monthly/company safety topics? | *2* |  |
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|  | **TOTAL** | **96** |  |

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