



2018

Occupational Health & Safety Program

Corporate Manual – Subcontractor





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1 - Health & Safety Policy

1.1 Company Commitment

Revised: 01/27/2017

Safe Work Environment

1. The company recognizes the rights of all workers to work in a safe, healthy and productive environment, and is committed to providing such a workplace for all employees and subcontractors.
2. In fulfilling this commitment, a comprehensive occupational health and safety program has been designed and implemented as a means of:
 - reducing the occurrence of illness, injuries, accidents, near-misses, and/or property damage through employee education, participation, and empowerment
 - communicating, consulting, and cooperating with employees to address health and safety issues and concerns
 - ensuring worksite compliance with relevant legislative requirements

Injury Management

1. The company has developed and implemented a **Stay at Work/Return to Work Program**, and is fully committed to the rehabilitation of its employees and will provide service and support to all employees who suffer from a work related injury/illness as a means to:
 - establish a clear process for all employees following an injury/illness
 - ensure full communication and co-operation between employee, employer and the treating health professional
 - provide the best possible response to the management of workplace injuries, so injured workers can stay at work or return to work at the earliest appropriate time
 - reduce the costs associated with work related injuries/illnesses

Responsibilities

1. Health and Safety is the responsibility of all personnel in the workplace; more specific details are outlined in the corresponding section (1.2).

Endorsement

1. All aspects of this document have been reviewed and endorsed by the employer.

Clay Vickberg, Co-Owner/Director

Date

Definitions

1. "Multiple employer worksite" means a worksite where workers of 2 or more employers are working at the same time.
2. "Owner" means the person(s) responsible for the land/premises that are being used as a workplace.
3. "Supervisor" means a person who directs, guides, and monitors workers as part of their job responsibilities.
4. "Prime contractor" means:
 - the party who enters into a written agreement with the owner of that workplace to be the prime contractor, or
 - the owner of the workplace if there is no written agreement
5. "Subcontractor" means any employer working at the worksite that has not been designated as the prime contractor.

Workers

1. All workers have the right to:
 - know the hazards that they may potentially be exposed to
 - participate in the safety program
 - refuse unsafe work in accordance with company procedure (13.2)
2. No worker will carry out or cause to be carried out any work activity he/she has reasonable cause to believe would create an undue hazard to the health/safety of the employee or anyone else at the worksite.
3. Every worker will take reasonable care to protect their own health and safety and the health and safety of other persons who may be affected by their acts or omissions.
4. In addition to (3), workers will:
 - know and follow all health and safety requirements
 - ask for training before beginning any task if they do not know how to do it safely
 - work safely and encourage their co-workers to do the same
 - correct or report unsafe conditions in accordance with company procedure (13.2)
 - report all injuries in accordance with company procedure (10.1)
 - take the initiative and make suggestions to improve health and safety

Supervisors

1. Every supervisor will:

- ensure the health and safety of all workers under their direct supervision
- be knowledgeable about the *Workers Compensation Act* and *OH&S Regulation* applicable to the work being supervised

2. In addition to (1), a supervisor will:

- instruct workers in safe work practices/job procedures
- ensure all workers are properly oriented and trained
- ensure work is performed safely
- ensure that only authorized, adequately trained workers operate tools and equipment, or use hazardous materials
- ensure that equipment and materials are properly handled, stored, and maintained
- enforce health and safety requirements
- correct unsafe acts and conditions
- identify workers with problems that could affect safety at the worksite
- ensure the workplace is inspected regularly for hazards

Safety Coordinator

1. The Safety Coordinator will:

- assist in the Safety Program development, organization and implementation.
- interact constantly with personnel, the safety committee and the project team
- help conduct training, new hire orientations and safety meetings (as applicable)
- ensure related documentation is organized, filed and summarized
- act as the primary point of contact and coordinate applicable activities in accordance with company procedure (15.1)

Employer

1. The employer will ensure the health and safety of all workers onsite, and will:

- provide a safe and healthy workplace
- ensure workers are adequately oriented and trained
- keep written records of orientations and training
- establish and maintain a comprehensive OH&S program
- support supervisors, safety representatives, and workers
- immediately act upon reports of potentially hazardous situations
- immediately investigate all incidents/accidents
- report serious incidents/accidents to WorkSafeBC
- provide adequate first aid facilities and services for workers
- provide personal protective equipment where required

Owner

1. The owner will:
 - provide/maintain the owner's premises in a manner that ensures the health and safety of persons at or near the workplace
 - give to the prime contractor known information that is necessary to effectively manage hazards at the workplace
 - ensure the prime contractor designated is qualified to accept/perform their legislated responsibilities

Multiple Employer Worksites

1. The prime contractor (or owner if no written agreement) of a multiple-employer worksite will:
 - ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated
 - will establish and maintain a system or process that will ensure compliance with all applicable legislated requirements in respect of the workplace
2. Each employer (subcontractor) of workers at a multiple employer worksite will give to the prime contractor the name of the person they have designated to supervise their workers at that workplace.
3. Where in the opinion of the subcontractor the prime contractor fails to meet their full obligations, the crew supervisor or designate prior to commencing work will notify the prime contractor and either:
 - ensure the prime contractor provides the necessary resources to achieve compliance for the worksite in a reasonable amount of time, or
 - provide the necessary resources to achieve compliance for all workers under their direct supervision



2 - Workplace Hazard Assessment & Control

2.1 Hazard Assessments

Revised: 05/31/2017

Definitions

1. "Hazard" means a thing or condition that may expose a person to an injury or occupational disease.
2. "Critical task" means any work related activity involving a hazard that may cause death or major injury to a worker.

Assessment

1. All potential hazards will be identified and documented on page 1 of the Hazard Assessment Form.
2. Anytime the crew supervisor or designate becomes aware of a hazard at the worksite, he/she will assess to determine if it involves a critical task.
3. The following hazards have been assessed and determined by the employer to be critical tasks and include but are not limited to:

Use of Mobile Equipment	Working at Heights
Use of Rolling Scaffolds	Working with Hazardous Products
Use of Ladders	Use of Gasoline Powered Tools
Use of Stilts	Working near Energized Equipment

Elimination & Control

1. The crew supervisor or designate will ensure all hazards are addressed as follows:
 - all potential hazards will be identified and then prioritized according to the Hazard Priority Rating System found at the top of page 9
 - all hazards must be assessed without any controls in place
 - once controls are put in place, hazards will be re-assessed to ensure that controls are adequate
2. All controls will be addressed following the Hierarchy of Controls:
 - elimination
 - substitution
 - engineering
 - administrative
 - personal protective equipment (PPE)

Hazard Priority Rating System

All hazards must be assessed without any controls in place

SEVERITY + PROBABILITY = PRIORITY RANKING (E.g. Working at height without fall protection is 1A)	
SEVERITY	PROBABILITY
1. Imminent Danger (causing death, widespread occupational illness, loss of facilities)	A. Probable: Likely to occur immediately or soon
2. Serious (severe injury, serious illness, property/equip damage)	B. Reasonably Probable: Likely to occur eventually
3. Minor (non-serious injury, illness, or damage)	C. Remote: Could occur at some point
4. OK (minor injury, requiring first aid or less)	D. Extremely Remote: Unlikely to occur

Once controls are put in place re-assess the hazards to ensure that the controls are adequate

3. Priority ranking, corrections and controls will be documented on page 2 of the Hazard Assessment Form.

Communication

1. Workers will be notified of all elimination/control measures, as appropriate to their job, via review and signing of the Hazard Assessment Form.
2. Hazard Assessments will be posted on the window closest to the front door, (when practicable) or kept in the crew supervisor's job binder.

Intervals

1. **Pre-Job;** The Painting Manager/Estimator will ensure all potential hazards and subsequent controls are identified prior to work commencing onsite and are included in the estimate/bidding process and documented on the Pre-Job Risk & First Aid Assessment.
2. **Pre-Job;** If the Painting Manager's assessment form is unavailable for posting then a Hazard Assessment Form must be completed and/or reviewed by the applicable crew/trade and posted (when practicable), before work commences at job start-up.
3. **Ongoing;** Hazard Assessments will be completed weekly, Monday morning when practicable, (monthly for shop and office) and documented on the Hazard Assessment Form.



3 - Safe Work Practices

3.1 SWP's

Revised: 03/14/2017

Definitions

1. "Safe Work Practice" (SWP) means a set of positive guidelines or "do's and don'ts" on how to perform a specific task that may not always be done in a certain way.

Scope and Availability

1. Safe Work Practices are written for the purpose of providing insight and guidance to assist the end-user in identifying acceptable solutions/answers to hazards identified at the worksite.
2. The SWP's are located hereafter in this manual and are also available on our website: www.vanbergpainting.com. under the safety heading.

General

1. Anytime work is conducted above 10 feet, or less than 10 feet where there is a greater risk of injury than impact on a solid flat surface, a means of fall protection will be provided to control the hazards using the following methods in the order described whenever practicable:
 - **guardrails**
 - fall restraint system
 - fall arrest system
 - control zone
 - safety monitoring system
2. Anytime work is conducted above 25 feet (where not protected by permanent guardrails) the Safety Coordinator and the crew supervisor or designate will complete a Fall Protection Work Plan.
3. Anytime a guard, guardrail, or handrail is removed to accommodate work, the following will take place:
 - only the portion necessary to allow the work to be done will be removed
 - access will be restricted only to workers involved in the work activity
 - the removed section will be replaced as soon as practicable by the worker who removed it if the work area is left unattended, or work is completed and the area requires further guarding
4. All permanent guardrails or handrails in a building will be:
 - appropriate for the use and occupancy of the area
 - compliant with applicable building codes and other legislative requirements

Use

1. Guardrails will be used as a protective barrier meeting specific structural requirements used to prevent workers from fall hazards or inadvertent entry into hazardous areas.
2. Permanent guardrails will be installed to withstand a horizontal load of 125 lbs applied at any point along the rail, and a downward load of 100 lbs per foot along the top rail.
3. Temporary guardrails will:
 - not be made of fibre or wire rope without the prior approval of WorkSafeBC

- withstand a load of 125 lbs applied perpendicular to the span in a horizontal or vertically downward direction at any point on the top rail
 - be built to meet the requirements of (4)
4. Unless designed by an engineer, temporary wooden guardrails will:
 - have posts spaced no more than 8 feet apart, except a scaffold may have posts spaced no more than 10 feet apart
 - have at least 2" x 4" wooden top rails for a span of up to 8 feet between supports, and at least 2" x 6" wooden top rails for a span of 8 to 10 feet between supports
 - have 1" x 6" or 2" x 4" wooden mid-rails
 - have wooden rails secured to the tops or inner sides of their vertical supports
 - have at least 2" x 4" wooden guardrail posts installed with the narrow dimension facing the open edge
 5. An appropriately secured plastic or wire mesh fence of adequate strength may be used in place of the mid rail.
 6. Anytime a worker is elevated above the floor, and the effective height of guardrails or walls is thus reduced to less than 40", additional guardrails will be installed.

General

1. Anytime work is conducted above 10 feet, or less than 10 feet where there is a greater risk of injury than impact on a solid flat surface, a means of fall protection will be provided to control the hazards using the following methods in the order described whenever practicable:
 - guardrails
 - **fall restraint** system
 - fall arrest system
 - control zone
 - safety monitoring system
2. Anytime work is conducted above 25 feet (where not protected by permanent guardrails) the Safety Coordinator and the crew supervisor or designate will complete a Fall Protection Work Plan.

Use

1. A fall restraint system will be used to prevent the worker from reaching the edge where they may fall from a height.
2. A fall restraint system will consist of the following components:
 - anchorage
 - connecting components
 - full body harness
3. All fall restraint equipment will:
 - consist of compatible and suitable components
 - be sufficient to support fall restraint forces
 - meet and be used in accordance with applicable CSA or ANS/ standards

Inspections

1. Equipment used in a fall protection system must be inspected by a qualified person before use on each work-shift and documented on the fall protection pre-shift inspection checklist in accordance with company procedure (9.1).
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

3. Damaged or defective fall protection system component that are permanent fixtures will not be used until they have either been replaced, or inspected and re-certified by the manufacturer or an authorized agent of the manufacturer.

Anchorage

1. Only one personal fall restraint system will be connected to each anchor point at any time unless designed by an engineer.
2. Each temporary anchor used for fall restraint will have an ultimate load capacity in any direction of at least 800 lb. or four times the weight of the worker to be connected to the system.
3. All permanent anchors will be installed in accordance with manufacturer's or engineer's specifications, and will be labelled "For Fall Protection Use Only."

Connecting Components

1. All connectors used in a personal fall restraint system will:
 - have an attached and legible manufacturer's tag or stamp indicating CSA or ANSI approval
 - not be marked on the software or engraved on the hardware
2. All snap hooks and carabineers will be:
 - fitted with a functioning self-closing and self-locking mechanism
 - used in a manner that prevents forced roll-out, three-way loading, cross-gate loading, or gating over an edge
3. Vertical lifelines will be free of knots and secondary splices.
4. Rope grabs will be used at all times with the arrow pointed toward the anchor.
5. Only a single lanyard will be used in each personal fall restraint system, and will not be tied back to itself unless specifically designed to do so and clearly indicated as part of the manufacturer's instructions.
6. Self-retracting lanyards will:
 - be connected with the non-mechanical end closest to the user
 - not be used horizontally unless specified by the manufacturer

Full Body Harnesses

1. Only full-body harnesses will be used, and will:

- have an attached and legible manufacturer's tag indicating CSA or ANSI approval
- be at least "Type A" equipped with dorsal D-ring
- be fitted properly for each qualified end-user
- not be marked with felt pen on the webbing or engraving on the D-ring

Care & Storage

1. When not in use, all fall restraint system components will be:
 - stored indoors whenever possible, or
 - stored in a cool, dry environment away from direct sunlight and rain if possible
 - kept free of dirt, oil, grease, markers, chemicals, abrasive materials, and anything else that may damage the equipment
2. Harnesses, belts and lanyards can be washed with a solution of mild soap and cold water. Rinse thoroughly with cold water and hang up to dry out of the sun and away from exposure to high heat.

General

1. Anytime work is conducted above 10 feet, or less than 10 feet where there is a greater risk of injury than impact on a solid flat surface, a means of fall protection will be provided to control the hazards using the following methods in the order described whenever practicable:
 - guardrails
 - fall restraint system
 - **fall arrest** system
 - control zone
 - safety monitoring system
2. Anytime work is conducted above 25 feet (where not protected by permanent guardrails) the Safety Coordinator and the crew supervisor or designate will complete a Fall Protection Work Plan.

Use

1. The crew supervisor or designate will ensure the fall arrest system will stop a worker's fall before the worker hits the surface below and within the maximum free fall distance as follows:
 - 4 feet without an energy absorber
 - 6.5 feet with an energy absorber
2. All fall arrest systems will consist of the following equipment:
 - anchorage
 - connecting components
 - full body harness
 - shock absorbing lanyard or self-retracting lifeline
 - rescue plan
3. All fall arrest equipment will:
 - consist of compatible and suitable components
 - be sufficient to support fall arrest forces
 - meet and be used in accordance with applicable CSA or ANSI Standards

Inspections

1. Equipment used in a fall protection system must be inspected by a qualified person before use on each work-shift and documented on the fall protection pre shift inspection checklist in accordance with company procedure (9.1).
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2)
3. Damaged or defective fall arrest system components that are permanent fixtures will not be used until they have either been replaced, or inspected and re-certified by the manufacturer, or an authorized agent of the manufacturer.

Anchorage

1. Only one personal fall arrest system will be connected to each anchor point at any time unless designed by an engineer; select a structure directly above the work area whenever practicable to minimize swing-fall hazard.
2. Each temporary anchor used for fall arrest will have an ultimate load capacity in any direction of at least 5,000 lb.
3. All permanent anchors will be installed in accordance with manufacturer's or engineer's specifications, and will be labelled "For Fall Protection Use Only."

Connecting Components

1. All connectors used in a personal fall arrest system will:
 - have an attached and legible manufacturer's tag or stamp indicating CSA or ANSI approval
 - not be marked on the software or engraved on the hardware
2. All snap hooks and carabineers will be:
 - fitted with a functioning self-closing and self-locking mechanism
 - used in a manner that prevents forced roll-out, three-way loading, cross-gate loading, or gating over an edge
3. Vertical lifelines will:
 - reach within 4 feet of the ground if used with a swing stage
 - be free of knots and secondary splices
4. Rope grabs will be used at all times with the arrow pointed toward the anchor.

5. Only a single lanyard will be used in each personal fall arrest system, and will not be tied back to itself unless specifically designed to do so and clearly indicated as part of the manufacturer's instructions.
6. Steel-cable lanyards will only be used in conjunction with an energy absorber.
7. Only a single energy absorber will be used in each personal fall arrest system, and will be connected in a manner that positions it closest to the user.

Full Body Harnesses

1. Only full-body harnesses will be used, and will:
 - have an attached and legible manufacturer's tag indicating CSA or ANSI approval
 - be at least "Type A" equipped with dorsal D-ring
 - be fitted properly for each qualified end-user
 - not be marked with felt pen on the webbing or engraving on the D-ring

Care & Storage

1. When not in use, all fall protection system components will be:
 - stored indoors whenever possible, or
 - stored in a cool, dry environment away from direct sunlight and rain if possible
 - kept free of dirt, oil, grease, markers, chemicals, abrasive materials, and anything else that may damage the equipment
2. Harnesses, belts and lanyards can be washed with a solution of mild soap and cold water. Rinse thoroughly with cold water and hang up to dry out of the sun and away from exposure to high heat.

Rescue/Suspension Trauma

1. Any time workers use a fall arrest system, the crew supervisor or designate will ensure appropriate equipment is available at all times for self-rescue, including suspension trauma safety straps.
2. Only trained rescue personnel (ex: Fire Department) will attempt a high angle rescue.

General

1. Anytime work is conducted above 10 feet, or less than 10 feet where there is a greater risk of injury than impact on a solid flat surface, a means of fall protection will be provided to control the hazards using the following methods in the order described whenever practicable:
 - guardrails
 - fall restraint system
 - fall arrest system
 - **control zones**
 - safety monitoring system
2. Anytime work is conducted above 25 feet (where not protected by permanent guardrails) the Safety Coordinator and the crew supervisor or designate will complete a Fall Protection Work Plan.

Use

1. Control zones will only be used on level or low-sloped work surfaces where the slope is less than 4 vertical in 12 horizontal.
2. Control zones will not be used for skeletal structure work or scaffold erection and removal.
3. The width of a control zone will be at least 6.5', with additional distance if any of the following conditions exists:
 - the working surface is slippery
 - the work is carried out at an elevation relative to the unguarded edge
 - the risk of falling is increased by the use of equipment near the control zone

Raised Warning Line

1. If a worker will be working within 6.5' of the control zone, a line defining the control zone will be established by a raised warning line or other equally effective means at all times during such work.
2. The raised warning line will:
 - include a line of high-visibility material, or a line flagged or clearly marked with high-visibility materials at intervals not exceeding 6.5'
 - be rigged and maintained to be between 36" and 45" above the working surface

3.6 Safety Monitoring System

Revised: 03/14/2017

General

1. Anytime work is conducted above 10 feet, or less than 10 feet where there is a greater risk of injury than impact on a solid flat surface, a means of fall protection will be provided to control the hazards using the following methods in the order described whenever practicable.
 - guardrails
 - fall restraint system
 - fall arrest system
 - control zones
 - **safety monitoring system**
2. Anytime work is conducted above 25 feet (where not protected by permanent guardrails) the Safety Coordinator and the crew supervisor or designate will complete a Fall Protection Work Plan.

Use

1. Anytime the above fall protection systems are impracticable, or will result in a hazard greater than if a fall arrest system or a rope access system was not used, a safety monitoring system will be used to minimize the potential for a worker to fall.
2. Anytime a safety monitoring system is to be used a written site specific work plan will be conducted by the Vanberg Safety Coordinator in conjunction with the qualified worker and the qualified safety monitor.
3. Only the minimum number of experienced qualified employees will be exposed (usually 1) and only for the time required to accomplish the task(s).
4. The maximum number of workers to be monitored by one safety monitor is 2.

Qualified Workers

1. Only individuals with the appropriate experience, skills and training will be authorized by the Vanberg Interiors Management team to enter the controlled access zones and work without the use of conventional fall protection.
2. Designated qualified workers will have sufficient and adequate training in but not be limited to:
 - hazard recognition, assessment and control
 - applicable SWP's / SJP's
 - fall protection systems

- safety monitoring system
- written site specific fall protection work plans

Safety Monitors

1. The role of the safety monitor is to ensure that the work activity in the control zone is performed in accordance with the written fall protection work plan and in a manner that minimizes the potential for a worker to fall.
2. A safety monitor will:
 - be experienced in the work overseen
 - be trained in the role of safety monitor
 - be present at all times when a worker is in the controlled access zone
 - have complete authority over the work as it relates to the prevention of falls
 - engage in no other duties while acting as the safety monitor
 - be positioned to have a clear and continuous view of the work
 - be able to have normal voice communication with the workers

Written Site Specific Work Plan

1. Will be conducted before work commences with all those individuals involved in the work process.
2. Will be developed specifically for the site and each location.
3. A copy of the plan will be kept in the worksite information system.
4. Shall document why conventional fall protection systems cannot be utilized.
5. Area(s) where fall protection plan is in use shall be classified as “Controlled Access Zones”.

3.7 Ladders

Revised: 03/14/2017

General

1. Ladders will only be used for jobs of short duration or temporary nature only.
2. All manufactured portable ladders will be marked for the grade of material used to construct the ladder and the use for which the ladder is constructed.
3. Ladders will be positioned as follows:
 - on a firm and level base
 - so that the horizontal distance from the base to vertical plane of support is approximately $\frac{1}{4}$ of the ladder length whenever practicable
 - to project approximately 3 ft. above the upper landing to which it provides access, if applicable
 - if necessary, be adequately secured to ensure stability during use
4. Ladders will be used as follows:
 - in accordance with manufacturers' instructions
 - workers will not carry up or down a ladder any heavy or bulky objects or any other objects which may make ascent or descent unsafe
 - three-point contact will be maintained by users/workers
 - users/workers will stay positioned in the centre of the ladder at all times
5. In addition to (4), when practicable, stepladders will only be used when they are fully open and the spreaders are locked; workers are not permitted to stand on the top two steps under any circumstances.

Job-Built

1. All job-built ladders will be constructed in accordance with WCB Standard LDR 1.

Inspection

1. Ladders will be visually inspected by a qualified person before use on each work-shift.
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

General

1. All scaffolding will be used in accordance with manufacturers' instructions and when used as a method of fall protection will have adequate guardrails installed at all times, unless:
 - the platform is adjacent to a structure that provides protection equivalent to guardrails
 - the open space between the platform and the structure is equal to or less than 12"

Decking

1. Scaffold decking will meet the following requirements:
 - minimum width of 20", except when used with ladder jacks, pump jacks, or similar systems, a 12" wide work platform may be used
 - not have more than one opening in the work platform, which will be no greater than 10" wide
 - designed to ensure adequate footing for workers using the platform if the platform is not level

Inspection

1. Scaffolding will be visually inspected by a qualified person before use on each work-shift.
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

Rolling Scaffold

1. The height of a scaffold tower must not exceed 3 times the minimum base dimension.
2. A rolling scaffold with a worker on it will not be transported along the ground unless:
 - a scaffold that has a height of less than 1½ times the minimum base dimension is moved by a worker on the platform, or
 - a scaffold that has a height of less than 2 times the minimum base dimension is moved by a worker on the ground
3. Castors will be pinned (or otherwise fastened), and castors locked at all times when the scaffold is not moving whenever practicable.



4. Floor/work surface will be inspected for holes or uneven ground prior to mounting scaffold.
5. Guardrails or fall protection needed when working at heights of 10' or more whenever practicable.
6. Scaffolds are only to be used on a firm surface within 3 degrees of level.
7. Work only within the platform area whenever practicable, do not overextend over guardrails.
8. Never use anything on the work platform to increase height.

3.9 Mobile Equipment

Revised: 03/14/2017

General

1. No person will knowingly operate or permit a worker to operate mobile equipment which is, or could create, an undue hazard to the health or safety of any person.
2. Mobile equipment operators will:
 - operate the equipment safely
 - maintain full control
 - not allow any unauthorized persons on the equipment while in motion
3. All workers working on or near mobile equipment will wear appropriate personal protective equipment (6.1).
4. The following will be available to equipment operators during mobile equipment use:
 - original equipment manufacturers (OEM) manual
 - pre-shift inspection checklist

Competency of Operators

1. A person will not operate mobile equipment unless the person:
 - has received adequate instruction in the safe use of the equipment
 - has demonstrated to a qualified supervisor or instructor competency in operating the equipment
 - is familiar with the operating instructions for the equipment
2. For training purposes, a person may operate a piece of mobile equipment without prior instruction provided he/she is under the supervision of a qualified instructor/supervisor.

Acquisition

1. Whenever a new piece of mobile equipment is acquired, the employer will ensure the equipment:
 - meets all applicable regulatory standards
 - includes the original equipment manufacturers (OEM) manual

Safe Operation

1. Mobile equipment in which the operator cannot directly or by mirror see immediately behind the machine will have an automatic audible warning device which:
 - activates whenever the equipment controls are positioned to reverse
 - is audible above the ambient noise level
2. Mobile equipment designed and used for lifting, hoisting or similar operations will have a permanently affixed notation, legible and visible to the operator, stating the rated load of the equipment.
3. Exposed moving parts on mobile equipment which are a hazard to the operator or to other workers will be effectively guarded.
4. The operator of mobile equipment will not leave the controls unattended unless the equipment has been secured against inadvertent movement.
5. An operator will not leave unattended any elevated load, part, extension or machine, unless it has been immobilized and secured against inadvertent movement; if a worker is required to work beneath an elevated part of mobile equipment, the elevated part will be securely blocked.
6. No person will board or leave any equipment while it is in motion, except in an emergency.
7. Mobile equipment used off maintained roads will be appropriate and safe for the intended use considering factors such as the nature of the travel surface, the slope of the travel surface, and the activities to be undertaken.

Load Handling Attachments

1. Buckets, forks, booms, hoists and other load handling attachments will only be installed on mobile equipment as specified by the equipment manufacturer or when certified by a professional engineer for use on the equipment.
2. The installation specified by the manufacturer or certified by the professional engineer under subsection (1) for hoists or load handling attachments will:
 - include instructions for safe use of the equipment with the load handling attachment
 - provide for the evaluation of the stability of the equipment, including the effect of load swing

Lifting and Hoisting

1. All lifting and hoisting of materials regardless of the type of equipment used will be completed safely within specific legislated requirements.
2. Mobile equipment designed and used for lifting, hoisting or similar operations will have a permanently affixed notation, legible and visible to the operator, stating the rated load of the equipment.
3. If the equipment is permanently modified, the employer will ensure that the rated load and load chart are changed as necessary to reflect the new load ratings.

Inspections

3. The operator will inspect the equipment before the start of operation on the shift and record all results on the Manlift Pre-Shift Inspection Checklist or form provided by the rental company.
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

Definitions

1. "WHMIS 1988" is an acronym for Workplace Hazardous Materials Information System and became effective October 31st 1988.
2. "GHS" means the Globally Harmonized System of Classification and Labelling of Chemicals.
3. "WHMIS 2015" is the alignment of WHMIS 1988 with the GHS and came into effect February 11th 2015.

General

1. Anytime a worker is or may be exposed to any hazardous material or substance that may cause an adverse health effect, the crew supervisor or designate will:
 - identify the substance and any possible effects to workers
 - ensure safety precautions are clearly indicated by labels, WHMIS 1988 Material Safety Data Sheets (MSDS), WHMIS 2015 Safety Data Sheets (SDS), placards, signs, tags, or other similar means
2. All workers including subcontractors will notify the crew supervisor or designate and provide the appropriate MSDS/SDS when bringing any hazardous or controlled product to the worksite.
3. The amount of a hazardous material or substances in a work area will not exceed the quantity reasonably needed for work in progress.

Identification

WHMIS (1980) Classes and Hazard Symbols

	<p>Class A – Compressed Gas</p>
	<p>Class B – Flammable & Combustible</p>

	Class C – Oxidizing Material
	Class D – Poison Division 1 Materials Causing Immediate and Serious Toxic Effects
	Class D – Poisonous and Infectious Material Division 2 Materials Causing Other Toxic Effects
	Class D – Poisonous and Infectious Material Division 3 Biohazardous Infectious Material
	Class E – Corrosive Material
	Class F – Dangerously Reactive Material

WHMIS 2015 GHS Pictograms

	Flame (for fire hazards) <ul style="list-style-type: none"> • Flammable gases (Category 1) • Flammable aerosols (Category 1 and 2) • Flammable liquids (Category 1,2 and 3) • Flammable solids (Category 1 and 2) • Pyrophoric liquids (Category 1) • Pyrophoric solids (Category 1) • Pyrophoric gasses (Category 1) • Self-heating substances and mixtures (Category 1 and 2) • Substances and mixtures which, in contact with water, emit flammable gases (Category 1,2 and 3) • Self-reactive substances and mixtures (Types B*,C,D,E and F) • Organic peroxides (Types B*,C,D,E and F)
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	<p>Flame Over Circle (for oxidizing hazards)</p> <ul style="list-style-type: none"> • Oxidizing gases (Category 1) • Oxidizing liquids (Category 1,2 and 3) • Oxidizing solids (Category 1,2 and 3)
	<p>Gas Cylinder (for gases under pressure)</p> <ul style="list-style-type: none"> • Gases under pressure (Compressed gas, Liquefied gas, Refrigerated liquefied gas, and Dissolved gas)
	<p>Corrosion (for corrosive damage to metals, as well as skin, eyes)</p> <ul style="list-style-type: none"> • Corrosive to metals (Category 1) • Skin corrosion/irritation – Skin corrosion (Category 1, 1A, 1B and 1C) • Serious eye damage/eye irritation – Serious eye damage (Category 1)
	<p>Exploding Bomb (for explosion or reactivity hazards)</p> <ul style="list-style-type: none"> • Self-reactive substances and mixtures (Types A and B*) • Organic peroxides (Types A and B)
	<p>Skull and Crossbones (can cause death or toxicity with short exposure to small amounts)</p> <ul style="list-style-type: none"> • Acute toxicity – <ul style="list-style-type: none"> ○ Oral (Category 1, 2 and 3) ○ Dermal (Category 1, 2 and 3) ○ Inhalation (Category 1, 2 and 3)
	<p>Health Hazard (may cause or suspected of causing serious health effects)</p> <ul style="list-style-type: none"> • Respiratory or skin sensitization – Respiratory sensitizer (Category 1, 1A and 1B) • Germ cell mutagenicity (Category 1, 1A, 1B and 2) • Carcinogenicity (Category 1, 1A, 1B and 2) • Reproductive toxicity (Category 1, 1A, 1B and 2) • Specific Target Organ Toxicity – Single exposure (Category 1 and 2) • Specific Target Organ Toxicity – Repeated exposure (Category 1 and 2) • Aspiration hazard (Category 1)
	<p>Exclamation Mark (may cause less serious health effects or damage the ozone layer**)</p> <ul style="list-style-type: none"> • Acute toxicity – Oral, Dermal, Inhalation (Category 4) • Skin corrosion/irritation – Skin irritation (Category 2) • Serious eye damage/eye irritation – Eye irritation (Category 2 and 2A)

	<ul style="list-style-type: none"> • Respiratory or skin sensitization – Skin sensitizer (Category 1, 1A and 1B) • Specific target organ toxicity – Single exposure (Category 3)
	<p>Biohazardous Infectious Materials (for organisms or toxins that can cause diseases in people or animals)</p> <ul style="list-style-type: none"> • Biohazardous Infectious Materials (Category 1)
	<p>Environment** (may cause damage to the aquatic environment)</p> <ul style="list-style-type: none"> • Acute hazards to the aquatic environment (Category 1) • Chronic hazards to the aquatic environment (Category 1 and 2)

* Both the Flame and Explosive pictogram are used for Self-reactive substances and mixtures (Type B) and Organic peroxides (Type B)

** The GHS system also defines an Environmental hazards group. This group (and its classes) was not adopted in WHMIS 2015. However, you may see the environmental classes listed on labels and Safety Data Sheets (SDSs). Including information about environmental hazards is allowed by WHMIS 2015.

NOTE: Physical Hazards Not Otherwise Classified and Health Hazards Not Otherwise Classified classes are required to have a GHS pictogram that is appropriate to the hazard identified.

Supplier Labels

1. The crew supervisor or designate will ensure that any controlled product introduced to the worksite has the appropriate supplier label attached.
2. As long as any amount of a controlled product remains at the workplace in the container in which it was received from the supplier, no person will remove, deface, modify, or alter the supplier label.
3. If a supplier label becomes illegible or is missing, the crew supervisor or designate will be notified immediately; the crew supervisor or designate will ensure that a suitable replacement label is attained as soon as practicable.

Decanted Products

1. If a controlled product is not kept in the container originally provided by the supplier, the crew supervisor or designate will ensure a workplace label is applied.
2. Each workplace label will include the following:
 - product identification

- safe handling information
 - MSDS/SDS availability (if supplied or produced)
3. (1) does not apply to a portable container that is filled directly from a container that has a supplier label or workplace label applied to it if the controlled product:
- is under the control of and is used exclusively by the worker who filled the portable container
 - is used only during the shift in which the portable container was filled
 - the content of the container is clearly identifiable
 - if all of the controlled product is required for immediate use

Supplier MSDS/SDS

1. When purchasing or acquiring a controlled product for use at a workplace, the Safety Coordinator or designate will obtain a supplier MSDS/SDS for that controlled product, if applicable.
2. All MSDS/SDS will be kept readily available for worker review at each operating worksite in the worksite information system if practicable. If not, then the MSDS/SDS will be kept in a binder on the Safety Coordinators desk in the head office.
3. When an MSDS/SDS is more than three years old and the controlled product is still in use at the workplace, the Safety Coordinator or designate will obtain an up-to-date MSDS/SDS from the supplier.

Containers

1. The container of a hazardous material or substance will be designed, constructed, and maintained in good condition to prevent spillage or loss.
2. Any material used to contain, transfer, or convey a hazardous material or substance will be reasonably resistant to any material or substance to which it may be exposed.
3. If an open container of a hazardous material or substance poses a hazard, the container will be kept sealed or covered when not in use.

Training

1. All employees will receive annual WHMIS refresher training.
2. The Safety Coordinator will conduct the training and document it on one or more of the following:
 - New/Young Worker Orientation
 - Tool Box Talk Record Form
 - Worksite Training Record

Selection

1. The Safety Coordinator or designate will ensure all respirators:
 - are purchased from an authorized dealer
 - consist of compatible and suitable components
 - are sufficient to protect against the identified hazardous environment
 - are NIOSH approved and meet all applicable regulatory standards
2. Non-powered air-purifying respirators approved for use by Vanberg Interiors Painting include, but shall not be limited to:
 - 8210 N95 Particulate Respirator (3M)
 - 7500 Series Half Facepiece Respirator (3M)
 - 6000 Series Full Facepiece Respirator (3M)
3. All respirators listed above provide a protection factor of 10.
4. Particulate filters and cartridges approved for use by Vanberg Interiors Painting include, but shall not be limited to:
 - 2091 P100 Particulate Filter (3M)
 - 5000 Series N95 Particulate Filter (3M)
 - 6000 Series Organic Vapour and Multi Gas Cartridges (3M)
 - 60926 Multi Gas/Organic Vapour/P100 Filter/Cartridge (3M)

Use

1. Workers will perform a positive or negative pressure seal check before each use of a respirator that requires an effective seal with the face for proper functioning.
2. Workers must be clean-shaven where the respirator contacts the face, and not wear glasses or protective equipment that interferes with the seal.

Fitting and Fit Tests

1. Wherever a respirator requires an effective seal with the face for proper functioning, a fit test will be performed by a qualified person or agency.
2. The fit test will be carried out:
 - before initial use of a respirator
 - at least once a year
 - when there is a change in respirator face-piece
 - when changes to the user's physical condition could affect the respirator fit

3. Any personal protective equipment that is to be worn at the same time as a respirator and could interfere with the respirator fit will be worn during the fit test.
4. Fit tests will be documented on the Respirator Fit Test Record and sent to the head office as soon as practicable.

Filters

1. Particulate filters will be NIOSH approved N95 or better.
2. Filters will be changed when:
 - It becomes damaged, soiled, or difficult to breathe through
 - The total *mass loading** of the filter reaches 200mg (100 mg per filter for dual-filter respirators)

**mass loading: the amount of particulate deposited on the filter*

Cartridges

1. Cartridges will be changed every 90 days regardless of usage time; whenever a new cartridge is installed the installation date will be clearly indicated on the cartridge using a suitable marking device.
2. Provided cartridges are stored unopened in the original packaging, cartridges will last five years from manufacture date.

Care, Cleaning and Storage

1. Never use solvents to clean your respirator, use warm water and a mild anti-bacterial soap.
2. When not in use, all respirators, filters and cartridges will be kept clean and dry, in a sealed bag and stored in a cool dry environment away from direct sunlight and rain when practicable.

Inspection

1. Before using a respirator, all components of the system will be visually inspected by a qualified end user and documented on the Respirator Pre-shift Inspection Checklist in accordance with company procedure (9.1) Inspections.
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

Cold Weather

1. Workers are responsible for ensuring they arrive at the worksite with appropriate clothing, footwear, and gloves relative to the conditions that are prevalent or anticipated for the duration of their shift (6.1).

Hot Weather

1. Whenever conditions exist that expose workers to temperatures above normal (22°C), the Prime Contractor will ensure that safe drinking water is readily available to all workers onsite at no cost; water distribution stations will be kept clean and sanitary.
2. Workers will stop work immediately and report to first aid or the crew supervisor should they experience any of the following signs/symptoms of heat exhaustion:
 - paleness
 - muscle cramps
 - tiredness/weakness
 - dizziness
 - headache
 - nausea/vomiting
 - fainting

Reporting

3. Anytime work is discontinued as a result of a hazardous environmental condition, the crew supervisor or designate will notify the Safety Coordinator as soon as practicable.

Definitions

1. To work alone or in isolation means to work in circumstances where assistance would not be readily available to the worker:
 - in case of an emergency, or
 - in case the worker is injured or in ill health
2. Being assigned to work alone or in isolation means that the worker:
 - is directed or expected to work during a scheduled or predetermined period of time, such as a specified work shift or a specified portion of a work shift and;
 - during that time it is anticipated or expected that the worker will be working alone or in isolation

General

1. When practicable, the supervisor or designate will ensure that employees do not work alone or in isolation as defined above.
2. Prior to an individual working alone or in isolation the crew supervisor or designate will:
 - ensure a written Hazard Assessment is conducted and documented on the Hazard Assessment Form in accordance with company procedure (2.1)
 - conduct a written Working Alone Plan in accordance with company procedure (3.12)
3. The procedure for checking a worker's well-being, including time intervals between checks, will be developed in consultation with the JOHS Committee.
Reference Reg. 4.21 (5)

Working Alone Plan

1. The plan will include the following:
 - location of work area
 - date work is conducted
 - name of worker working alone
 - name of designated contact person
 - method for checking well-being
 - check-in intervals
 - response for check-in failure

2. The plan will be kept with the designated contact person for the duration of the work conducted alone or in isolation.

Check-in Intervals

1. Time intervals for checking a worker's well-being will be developed in consultation with the worker assigned to work alone or in isolation.
2. Dependent on the type of work being conducted, the minimum requirement for check-ins are as follows:
 - High risk activities – Start of shift, at least every 1 hour, and at end of shift (eg. Working above 10')
 - Moderate risk activities – Start of shift, at least every 4 hours, and at end of shift (eg. Standard work below 10')
 - Low risk activities – Start and end of shift (eg. No ladder or scaffold work)

Designated Contact Person

1. A person will be designated to establish contact with the individual working alone or in isolation within the predetermined intervals; all check-ins will be recorded on the Working Alone Plan.
2. Any person designated to check on the worker working alone or in isolation, must be trained in the written procedure for checking the worker's well-being.
Reference Reg. 4.22
3. In the event that a worker does not respond to a check-in, the designated contact person will ensure that a physical check on the worker's condition is carried out and a status report provided.
4. Emergency services will be contacted immediately anytime:
 - no persons are available to conduct a physical check on the worker in a reasonable amount of time
 - the person conducting the physical check does not report back to the contact person in a reasonable period of time

3.14 Housekeeping

Revised: 03/14/2017

General

1. Housekeeping is the responsibility of all personnel in the workplace.
2. Housekeeping includes but is not limited to:
 - cleanliness
 - keeping work areas neat and orderly
 - maintaining halls and floors free from slip, trip and fall hazards
 - removal of waste materials and debris
 - equipment and material storage
3. In addition to (2), good housekeeping is also a basic part of accident and fire prevention.

General Practices

1. Cover all floor openings whenever practicable
2. Clean up paint spills promptly and keep ladders and scaffolds free of wet paint to reduce slipping hazards.
3. Remove protruding nails and other sharp objects or hammer them flat to prevent puncture or cutting hazards.
4. Work areas must be well lit.
5. Keep your work area clean throughout the day, minimizing the time needed to clean a "larger mess" at the end of the day.

Tool, Equipment and Material Storage

1. Manage cords and hoses along walls whenever practicable to prevent slip, trip and fall hazards.
2. Materials and equipment must be placed, stacked, or stored so it will not cause injury to workers.



Waste Disposal

1. Refuse, spills and waste material must not be allowed to accumulate so as to constitute a hazard. *Ref: B.C. OH&S Reg. 4.41*

4 - Safe Job Procedures

4.1 SJP's

Revised: 03/14/2017

Definitions

1. "Safe Job Procedure" (SJP) means a written step-by-step description of how to complete a job safely and efficiently from start to finish.
2. See section (2.1) Hazard Assessments for a definition as well as a list of "Critical Tasks".
3. SJP's are designed to clearly identify the:
 - hazards workers could potentially be exposed to
 - steps required to complete the task safely (in proper order), and
 - adequate control measures

Scope and Availability

1. SJP's are more of a step by step procedure compared to the more general SWP's; therefore they are sometimes written on a case by case basis and kept in a binder along with the SWP's and stored at the office on the Safety Coordinator's desk.
2. In addition to (1.), the SJP's can also be accessed from our website at www.vanbergpainting.com. under the safety heading.
3. In addition to the written procedures located in this program or provided by the prime contractor or manufacturers, SJP's are also developed using pre-designed forms, work plans and permits including but not limited to:
 - Safe Job Procedure (Template)
 - Hazard Assessment Forms
 - Tool Box Talks
 - MSDS/SDS
 - Crew/Worksite Inspection Reports
 - JOHS Committee Meeting Reports (Minutes)
 - Working Alone Plans
 - Fall Protection Work Plans
 - First Aid Assessments
 - General Risk Assessments



5 - Company Rules

5.1 Rules

Revised: 02/10/2015

General

1. All new employees will review and sign off on the rules and safety program requirements in accordance with company procedure (8.1).
2. All identified or reported infractions of company rules will be handled in accordance with company procedure (5.2).
3. Hazard Assessments will be completed weekly and documented on the Hazard Assessment Form in accordance with company procedure (2.1).
4. Daily inspections of manlifts, fall protection, and respirators will be completed and documented on the respective forms in accordance with company procedure (9.1).
5. Tool Box Talks will be completed weekly and documented on the Tool Box Talk Form in accordance with company procedure (8.2).

Immediate Termination

1. Employees will be immediately terminated for any of the following offences:
 - harming or threatening any person with a weapon at work or a company function
 - intentional misuse or tampering of company property including safety equipment
 - failure to notify the supervisor of impairments that could cause safety hazards
 - possession or use of alcohol or illegal drugs at work
 - harassment, sexual or otherwise.

Training & Notification

1. Whenever the situation warrants, the Safety Coordinator, Crew Supervisor or designate will train or notify workers of necessary company requirements anytime they are witnessed or suspected of non-compliance.

Progressive Discipline

1. Correct - Should a worker display continued or intentional non-compliance, the Safety Coordinator, Crew Supervisor or designate will verbally notify and discuss the identified problematic situation(s) with the worker.
2. Deter - Should a worker display further continued or intentional non-compliance, the Safety Coordinator, Crew Supervisor or designate will issue a written warning and discuss the identified problematic situation(s) with the worker.
3. Punish - Should the problematic situation continue, the Safety Coordinator, Crew Supervisor or designate will notify the employer and the worker may be suspended/terminated.

Recording

1. Whenever progressive discipline is required, a clear description of the issue(s) will be documented by the OH&S Manger, Crew Supervisor or designate on the Non-Compliance Form.
2. All completed forms will be signed by the Safety Coordinator, Crew Supervisor or designate and the worker (except verbal warnings), and sent to the head office as soon as practicable; no copies will be made or kept onsite.

Action Plan

1. The Owner/Director and senior management will review all completed documentation received at the head office and take appropriate action.

Definition

1. "Cell phone" – a portable, wireless telephone.
2. "Personal media device" – an electronic handheld device used for texting/messaging, accessing the internet, viewing video/pictures, playing music/games, etc.

Operational Worksites

1. All cell phones and personal media devices, except those issued for work purposes, will be turned off for the duration of the shift and will only be used during break time(s) in a protected area.

Office & Administration

1. Brief/occasional personal use of cell phones/PMD's is acceptable providing it is not excessive or inappropriate and does not result in expense or harm to the company.
2. Use is defined as "excessive" if it interferes with normal job functions, responsiveness, or the ability to perform daily job activities.

Operation of Motor Vehicle/Mobile Equipment

1. No use of cell phones or PMD's is permitted while operating a motor vehicle or mobile equipment under any circumstance unless it is strictly for the purpose of critical communication and is conducted using appropriate equipment within current legislative requirements.

Company Issued Cell Phones/PMD's

1. All company issued equipment is reserved for the purposes of business only unless permitted by company/management.
2. All company issued equipment will be used in accordance with applicable legislation and will not be answered/operated on site or in situations where to do so would constitute a hazard or unsafe work practice.

General

1. Company vehicles will only be operated by authorized employees (by Ownership) who will:
 - be physically and mentally capable of safe vehicle operation
 - be in possession of a valid BC drivers licence
 - ensure seatbelts are worn (including all passengers)
 - use the vehicle for business purposes only
 - ensure the vehicle is in safe mechanical repair
 - drive safely while conforming to all traffic laws, signals and markings
 - operate the vehicle with respect/care
 - drive appropriate to all weather and traffic conditions
 - be courteous at all times, respecting the rights of drivers/pedestrians
 - be free from all impairment of alcohol or drugs – zero tolerance

Restrictions

1. The following are prohibited in company vehicles:
 - smoking
 - transport of pets/animals

Accident/Damage Reporting

1. Employees involved in an incident, (while operating a company vehicle) that causes damage to the vehicle or any other vehicle/person/property, will report it immediately to the head office and will make themselves available/participate in any subsequent investigations as a result of the incident.

Inspection

1. All vehicles will be inspected on a monthly basis; all inspection results will be documented on the Monthly Vehicle Inspection Checklist.
2. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

General

1. No alcohol or drugs are allowed at the workplace unless they are prescribed by a physician and do not in any way hinder employee performance and/or cause a safety concern for that employee or anyone else present at the worksite.
2. When reporting to work and/or the worksite no employee shall be under the influence of alcohol or drugs; employees taking prescription drugs are required to notify the Safety Coordinator, Crew Supervisor or designate prior to the start of their shift to determine appropriate safe working conditions.
3. If social functions are organized/sponsored in whole or in part by the company, attending employees at these functions shall behave in a socially responsible manner and be responsible for organizing a designated driver or other suitable transport method that ensures a safe return home.

5.6 Smoking

Revised: 01/02/2015

General

1. Smoking is only permitted on break/personal time in a designated smoking area.
2. Designated smoking areas will be selected in accordance with applicable legislative requirements and those designated by the prime contractor/building owner and will not be located in any of the following areas:
 - enclosed area/building (office, sea can, warehouse/shop, accommodation, etc.)
 - within 3 meters of any buildings doorways, windows or air intakes
 - construction sites
 - company vehicles/equipment
3. All employees are responsible for the safe extinguishing of all tobacco products and will ensure that refuse is disposed of in an appropriate manner that keep all areas clean and free of debris/litter.



5.7 Workplace Bullying and Harassment Policy

Revised: 07/11/2017

Workplace conduct

1. Bullying and harassment is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

Bullying and harassment

1. Includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but;
2. Excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.
3. Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumours.

Workers must:

- not engage in the bullying and harassment of other workers
- report if bullying and harassment is observed or experienced
- apply and comply with the employer's policies and procedures on bullying and harassment

Application

1. This policy statement applies to all workers, including permanent, temporary, casual, contract, and student workers. It also applies to interpersonal and electronic communications, such as email.

Annual review

1. This policy statement will be reviewed every year by Owner/Director Clay Vickberg, and posted on the Safety Board in the Office, as well as in the Jobsite Binder found in each Crew Vehicle.

Date created	Nov 25 2014	Annual review date	Jul 11 2017
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Owner/Director Clay Vickberg

5.8 Bullying & Harassment Reporting Procedures

Revised: 07/11/2017

How to report

1. Workers at Vanberg Interiors Painting can report incidents or complaints of workplace bullying and harassment verbally or in writing. When submitting a written complaint, please use the workplace bullying and harassment complaint form. When reporting verbally, the reporting contact, along with the complainant, will fill out the complaint form.

When to report

1. Incidents or complaints should be reported as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated and addressed promptly.

Reporting contact

1. Report any incidents or complaints to the Occupational Health and Safety Manager, David Milne, in person, via phone (250-797-5757) or email (davem@vanroc.com).
2. Alternatively, contact the Safety Coordinator via phone (250-616-1574) or by email at safety@vanberg.ca or contact Owner/Director, Clay Vickberg, in person, via phone (1-855-VAN-BERG), or email (painting@vanberg.ca).

Alternate reporting contact

1. If the employer, the complainant's supervisor, or the reporting contact named above is the person engaging in bullying and harassing behaviour, contact any member of the Joint Occupational Health and Safety Committee.
2. A contact list can be found on the safety board in the back room of the head office as well as on our website at www.vanbergpainting.com.

What to include in a report

1. Provide as much information as possible in the report, such as the names of people involved, witnesses, where the events occurred, when they occurred, and what behaviour and/or words led to the complaint.
2. Attach any supporting documents, such as emails, handwritten notes, or photographs. Physical evidence, such as vandalized personal belongings, can also be submitted.



Annual review

1. These reporting procedures will be reviewed by the JOHSC and Owner/Director Clay Vickberg on an annual basis, and posted on the Safety Board in the office, as well as in the Jobsite Binder located in each Crew Vehicle.

Date created Nov 25 2014	Annual review date Jul 11 2017
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Owner/Director Clay Vickberg

5.9 Bullying & Harassment Investigation Procedures

Revised: 07/11/2017

How and when investigations will be conducted

1. Most investigations at Vanberg will be conducted internally. In complex or sensitive situations, an external investigator might be hired.

Investigations will:

- be undertaken promptly and diligently, and be as thorough as necessary, given the circumstances
- be fair and impartial, providing both the complainant and respondent equal treatment in evaluating the allegations
- be sensitive to the interests of all parties involved, and maintain confidentiality
- be focused on finding facts and evidence, including interviews of the complainant, respondent, and any witnesses
- incorporate, where appropriate, any need or request from the complainant or respondent for assistance during the investigation process

What will be included

1. Investigations will include interviews with the alleged target, the alleged bully, and any witnesses.
2. If the alleged target and the alleged bully agree on what happened, then Vanberg will not investigate any further, and will determine what corrective action to take, if necessary.
3. The investigator will also review any evidence, such as emails, handwritten notes, photographs, or physical evidence like vandalized objects.

Roles and responsibilities

1. The Safety Coordinator is responsible for ensuring workplace investigation procedures are followed.
2. Workers are expected to cooperate with investigators and provide any details of incidents they have experienced or witnessed.
3. The Safety Coordinator will conduct investigations and provide a written report with conclusions to Owner/Director Clay Vickberg.
4. If external investigators are hired, they will conduct investigations and provide a written report with conclusions to Owner/Director Clay Vickberg.



Follow-up

1. The alleged bully and alleged target will be advised of the investigation findings by Owner/Director Clay Vickberg.
2. Following an investigation, Owner/Director Clay Vickberg will review and revise workplace procedures to prevent any future bullying and harassment incidents in the workplace. Appropriate corrective actions will be taken within a reasonable time frame.
3. In appropriate circumstances, workers may be referred to an employee assistance program or be encouraged to seek medical advice.

Record-keeping requirements

1. Vanberg Interiors Painting expects that workers will keep written accounts of incidents to submit with any complaints.
2. Vanberg Interiors Painting will keep a written record of investigations, including the findings.

Annual review

1. These procedures will be reviewed annually by Owner/Director Clay Vickberg in conjunction with Vanberg's Joint Occupational Health and Safety Committee, and posted on the Safety Board in the office as well as in the Jobsite Binder located in each Crew Vehicle.

Date created Nov 25 2014	Annual review date Jul 11 2017
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Owner/Director Clay Vickberg

6 - Personal Protective Equipment

6.1 PPE

Revised: 05/24/2017

General

1. Workers are expected to show up for all shifts with the necessary/appropriate personal protective equipment (PPE) relative to their job duties; failure to bring or wear necessary PPE as required may result in disciplinary action (5.2).
2. PPE will:
 - be selected and used in accordance with recognized standards, and provide effective protection
 - not in itself create a hazard to the wearer
 - be compatible, so that one item of PPE does not make another item ineffective
 - be maintained in good working order and in a sanitary condition
 - be fitted in accordance with legislative and manufacturers' instructions
3. If the use of PPE creates hazards equal to or greater than those its use is intended to prevent, alternative PPE will be used or other appropriate measures taken.
4. If an evaluation of workplace conditions is required to determine appropriate PPE, the evaluation will be done by the crew supervisor or designate in consultation with the JOHSC, the safety supplier and the worker who will use the equipment.

Selection

1. The selection of PPE will take into account the following:
 - hazard assessments
 - MSDS's/SDS's
 - SWP's/SJP's
 - applicable company policy requirements

Standards

1. All PPE selected to protect against specific identified hazards will meet applicable standards as defined by the *BC OH&S Regulation – Part 8*.

Responsibilities

1. Supervisors will ensure that appropriate PPE is:
 - available to workers
 - properly worn when required
 - properly cleaned and stored

- maintained and repaired as required
 - inspected and tested as required
2. Workers who are required to use PPE will:
 - use the equipment in accordance with training and instruction
 - inspect the equipment before each use
 - refrain from wearing PPE outside of the work area where it is required if to do so would constitute a hazard
 - correct or report all damaged/defective PPE in accordance with company procedure (13.2).
 3. A worker who is assigned responsibility for cleaning, maintaining, or storing PPE will do so in accordance with training/instruction provided and manufacturer's instruction.

Provisions

1. All workers are required to supply the following **basic**, non-specialty PPE as applicable to the hazards identified at the worksites:
 - clothing needed for protection against the natural elements
 - general purpose work gloves
 - safety footwear
 - safety headgear
2. The employer will provide the following **specialized** PPE as applicable to the hazards identified at the worksites:
 - eye and face protection
 - fall protection
 - high-visibility apparel
 - hearing protection
 - respiratory protection
 - all other specialized PPE

Safety Footwear

General and Use

1. Appropriate safety footwear will be worn onsite at all times unless specified by the crew supervisor or designate.
2. Workers will ensure their safety footwear is maintained in a condition that provides adequate and/or intended protection.
3. All safety footwear to be CSA Grade 1 (green tag)

Fitting

1. Walk in new footwear before purchasing to ensure it is comfortable.
2. Boots should have ample toe room (toes should be about 12.5mm from the front).
3. Make allowances for extra socks or special arch supports when purchasing boots.
4. Boots should fit snugly around the heel and ankle when laced.
5. Lace up boots fully using small loops in order that they do not catch on anything.
6. High-cut boots provide additional support against ankle injury.

Care

1. Use a protective coating to make footwear water-resistant.
2. Inspect regularly for damage.
3. Repair or replace worn or damaged footwear.

Safety Headgear

General and Use

1. Appropriate safety headgear will be worn wherever there is a danger of head injury from falling, flying or thrown objects, or other harmful contacts.
2. Hard hats may be worn backwards providing the suspension adjustment is positioned at the back of the head when worn.
3. Safety headgear must be CSA or ANSI approved.

Fitting

1. Adjust headband size so that headwear will stay on when the wearer is bending over, but not so tight that it leaves a red mark on the forehead.
2. Do not place anything between suspension and shell.

Care

1. Safety headgear will not be altered or marked with paint, felt markers, or any other marking device.
2. Inspect headwear before use.

3. Clean shell and suspension according to manufacturers' instructions
4. Store in a cool dry place
5. Replace damaged or defective headwear.

Eye and Face Protection

General and Use

1. Workers will wear properly fitting safety eyewear or a face shield appropriate to the conditions of the workplace if handling or exposed to materials that are likely to injure or irritate the eyes or face.
2. Lenses must be made of impact resistant plastic or polycarbonate and be CSA approved. Glass lenses are not CSA approved.
3. Face shields are not in themselves protective eye wear. They are used in conjunction with other eye wear to provide additional full face protection against flying particles, heat and molten materials.

Fitting

1. Wear the safety glasses so that the temples fit comfortably over the ears. The frame should be as close to the face as possible and adequately supported by the bridge of the nose.
2. Vented foam safety glasses are designed to fit snugly around the eyes and provide a tighter seal around the eyes as compared to regular safety glasses.

Care

1. Clean your safety glasses frequently as per manufacturer's instructions.
2. Handle carefully to avoid scratching. Scratches impair vision and can weaken lenses.
3. Replace scratched, pitted, broken, bent or ill-fitting glasses. Damaged or defective glasses interfere with vision and do not provide adequate protection.
4. Clean face shields frequently. Follow the manufacturer's instructions.

High-Visibility and Distinguishing Apparel

General, Fitting, and Use

1. Appropriate high-visibility apparel will be worn wherever there are moving vehicles including mobile equipment.
2. The apparel must be of a colour which contrasts with the environment and must have at least 120 sq” of fluorescent trim for daytime use and retroreflective trim for nighttime use, on both the front and back.

Care

1. Precautions should be taken to store vests away from prolonged exposure to sunlight, fluorescent lights and other sources of ultraviolet radiation.
2. Keep vests clean.
3. When soiled, wash vests in warm water and mild soap. Do not bleach. Rinse thoroughly with water. Hang dry in open air.

Hearing Protection

General and Use

1. Workers will wear hearing protection appropriate to the conditions of the workplace if exposed to noise levels above either of the following exposure limits:
 - 85 dBA Lex daily noise exposure level
 - 140 dBC peak sound level
2. Maximum protection is only achieved when an earplug acoustically seals in the ear canal.
3. Acoustical Check: Cup hands over ears and release. Earplugs should block enough noise so that covering your ears with your hands should not result in a significant noise difference.

Fitting

1. For foam earplugs, roll entire plug into a thin cylinder, pull back and up on outer part of ear, then insert the earplug into the ear canal and hold it in place until it expands and blocks out noise.
2. For earmuffs, place the ear-cups over each outer ear, adjust the headband by sliding the headband up or down at the attachment buttons. The ear cushions should seal firmly against the head.

Care

1. Dispose of single-use earplugs daily.
2. Clean multiple-use earplugs with mild soap and water, dry thoroughly.
3. Inspect ear muffs and multiple-use earplugs for dirt, cracks or hardness. Replace if damaged.
4. Clean ear muff cushions and headband regularly with mild soap and water.

Respirators

1. Respirators will be used in accordance with company procedure (3.10) Safe Work Practices and manufacturer's instructions.
2. Van-Berg will provide suitable respiratory protection at the owners expense at a rate of 1 half mask and or full face mask per year. Unless natural deterioration occurs sooner. (if this happens please see Chris Falconer for a replacement).
3. N95 disposable respirators are also available upon request.
4. All respirators worn by workers will be N95 or better and selected in accordance with *CSA Standard CAN/CSA-Z94.4-93, Selection, Use, and Care of Respirators*.

Fall Protection

1. All Fall Restraint/Arrest equipment will be used in accordance with manufacturer's instructions and company procedures (3.3) Fall Restraint and (3.4) Fall Arrest.

7 - Preventative Maintenance

7.1 Inventory & Maintenance

Revised: 02/25/2017

General

1. The Safety Coordinator will establish and maintain a company inventory system for the following:
 - company vehicles
 - specialized/power tools
 - equipment

2. In addition to (1), the company inventory system will identify and provide the following information when applicable:
 - equipment description
 - identification number
 - make
 - model
 - serial number
 - date of purchase
 - scheduled maintenance
 - completed maintenance (corresponding work order # if performed by 3rd party)
 - completed repairs (corresponding work order # if performed by 3rd party)

Preventative Maintenance Inspections

1. Tool and equipment inspections will be done by each crew on a quarterly basis and recorded on the Quarterly Tool and Equipment Inspection Checklist:
 - winter (Dec-Feb)
 - spring (Mar-May)
 - summer (Jun-Aug)
 - autumn (Sep-Nov)

2. Company vehicles will be inspected in accordance with company policy (9.1), and will be taken in quarterly for service/oil changes to a licensed service facility.

7.2 Damaged Equipment

Revised: 07/30/2015

General

1. A person who identifies any equipment to be damaged or defective will correct or report the unsafe conditions in accordance with company procedure (13.2).

Assessment

1. The crew supervisor or designate will ensure any equipment deemed unsafe for operation is assessed to determine if it is practicable to repair or maintain it.
2. If the equipment is beyond reasonable repair it will be rendered permanently inoperable and disposed of as soon as practicable.
3. If the equipment is fit for repair, it will be wrapped in yellow caution tape, or otherwise tagged, stored in a location away from regular work activities, and not used until safe for operation.

Tagging

1. Any equipment or tools deemed defective by the supervisor will be wrapped in yellow caution tape, or a tag which is:
 - easily recognizable
 - securely fastened
 - constructed of material appropriate to worksite conditions

Description of Issue

1. Prior to sending equipment for repairs, the supervisor who conducted the assessment and tagged the item will send a description of the defect or reason for repair to the Safety Coordinator via text message.

Repair

1. All equipment will be repaired by a qualified person in accordance with applicable legislation, manufacturer's instructions and/or industry best practices.
2. A description of all repairs completed will be documented and filed unless repair was conducted by an external service provider and a copy of the work order/invoice is attained.
3. Work order/invoices, or otherwise documented repairs will be filed in the worksite information system.

8 - Training & Communication

8.1 Orientations

Revised: 01/13/2015

Definitions

1. "New" means any person who is:
 - new to the workplace
 - returning to a workplace where the hazards in that workplace have changed during the worker's absence
 - affected by a change in the hazards of a workplace
 - relocated to a new workplace if the hazards in that workplace are different from the hazards in the worker's previous workplace

General

1. Orientations are required for all employees, including workers, management, supervisors, and members of the public wishing to gain access to the worksite unless accompanied at all times by a company representative.
2. Orientations will only be conducted by an experienced company representative.
3. Each person receiving an orientation will be given an opportunity and encouraged to ask questions or review specific topics in more detail throughout the process.
4. Orientations will be used only as a tool to help persons gain a timely understanding of important safety-related information and will not be used under any circumstance as a substitute for required training, demonstration, or instruction.

Employee Induction and Orientation

1. New employees will complete the following at prior to first working onsite:
 - Personal Medical Data
 - Company Rules
 - New/Young Worker Orientation
 - Training Verification
 - Safety Orientation Questionnaire
2. In addition to (1), the person conducting the employee Orientation will:
 - verify training/certification records for each new employee
 - document all training/certification information on the Orientation Form
 - add a copy of all training/certification records to the worksite information system
 - review typical worksite hazards



3. When the employee is clear and understands what has been presented, he/she will sign the Orientation form.
4. The Safety Orientation Questionnaire will be completed lastly to measure knowledge and competency, and signed by the worker.

Tool box Talks

1. The crew supervisor or designate will ensure a crew talk is conducted on a weekly basis and is documented on the Tool Box Talk Form.
2. Additional crew talks will be conducted whenever significant changes to worksite conditions or work processes occur.
3. The three most current crew talks will be posted in accordance with company procedure (12.1) when practicable.
4. Tool Box Talks for crews of 1 are not required but a review of an SJP or SWP is recommended.

Joint Occupational Health and Safety Committee (JOHSC)

1. Joint Occupational Health & Safety Committee (JOHSC) meetings will be held in accordance with company procedure (14.1).

9 - Inspections

9.1 Inspections

Revised: 05/24/2017

General

1. A person who identifies a hazard during the inspection process will correct or report the unsafe conditions in accordance with company procedure (13.2).
2. Regularly scheduled inspections of equipment do not alleviate the responsibility of the end-user to ensure the equipment is free of damage/defects prior to use.
3. The crew supervisor or designate will ensure WorkSafeBC is provided access to all operating locations in a timely and considerate manner; no employee will:
 - attempt to hinder, obstruct, or interfere with WorkSafeBC
 - knowingly provide false information
 - interfere with any monitoring equipment or devices

Quarterly

1. Tool and equipment inspections will be done by each crew/employee on a quarterly basis in accordance with company procedure (7.1).

Monthly

1. **Worksite/Crew Inspections** will be:
 - conducted monthly
 - documented on the Worksite/Crew Inspection Report
 - completed by the Safety Coordinator, and either the applicable crew supervisor or a JOHS Committee member.
 - communicated to all employees onsite via a Tool Box Talk following completion of inspection
2. **Office/Shop Inspections** will be:
 - conducted monthly
 - documented on the Worksite/Crew Inspection Report by the Safety Coordinator and a JOHS Committee member.
 - posted on the Safety Board
3. **Company Vehicle inspections** will be:
 - conducted monthly
 - documented on the applicable Vehicle Inspection Checklist.

Daily

1. **Pre-shift inspections** will be completed for:
 - manlifts
 - respirators
 - fall protection gear
2. Pre-shift inspections will be documented on their respective prescribed forms of the same name.
3. A visual inspection of all tools and equipment will be conducted prior to use each day by a qualified person.

10 - Investigations & Reporting

10.1 Incident Reporting

Revised: 07/31/2015

Definitions

1. "Incident" includes an accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease.
2. "Near miss" is an event or sequence of events that had the potential to cause serious injury, ill-health or property damage.
3. "Accident" is an event or sequence of events that resulted in any injury, illness or property damage.

General

1. Injured employees who leave the worksite without reporting and/or completing required documentation will be considered absent from work and:
 - will not receive pay for any missed time
 - may be subject to disciplinary action (5.2) and may have a formal objection filed against any claims for compensation benefits

Injury Reporting and Investigations

1. All workers will:
 - report all incidents, no matter how minor
 - immediately report to first aid, then
 - report to crew supervisor or designate, and
 - notify head office (first thing next business day) if medical sought after hours
2. Upon notification of injury, the crew supervisor or designate will contact head office and await details according to company procedure (15.1) Stay at Work/Return to Work.
3. The employer will ensure all serious incidents that caused or had the potential to cause worker hospitalization or fatality are reported and handled in accordance with the *WCA Section 172*.
4. The employer will ensure investigations are done for any incident or accident described in the *WCA section 173*.
5. Near misses and appropriate remedial actions will be discussed during a Tool Box Talk and documented on the Tool Box Talk Form.

Incident Investigation

Form	Completed By	Storage Location
Incident Investigation Report	Safety Coordinator & JOSHC member	A copy of the report is provided to the JOHS committee and to the Board and the original stored at head office

Injured Worker

Form	Completed By	Storage Location
Form 6a	Injured Worker	Original sent to head office immediately — no copies kept onsite
First Aid Record	First Aid Attendant	Original sent to head office immediately (kept confidential for 3 years) — no copies kept onsite

Injured Worker Seeking Medical

Form	Completed By	Process
Fit for Duty Form	Doctor	Sent with injured worker to the medical/treatment facility
Physical Demands Analysis	Safety Coordinator	Sent with injured worker to the medical/treatment facility
Modified Work Offer	Safety Coordinator	One copy stored at head office
RTW Plan	Health Care Practitioner/Safety Coordinator	One copy stored at head office One copy given to worker
Form 7	Safety Coordinator	Filed electronically or faxed to WorkSafeBC within 72 hours of injury

Follow-up

1. All completed investigations, including near misses, will be reviewed and a follow-up action plan created as applicable by the Safety Coordinator and/or JOHS committee.
2. The topics of all completed investigations and any follow-up action plans will be posted at the applicable job site or Safety Board and/or communicated at the next tool box talk in accordance with company procedure (8.2).

11 - Emergency Preparedness

11.1 Emergency Response

Revised: 03/28/2017

General

1. Appropriate emergency communication devices (eg. cell phones) will be kept readily available at each operational worksite as a means of:
 - alerting site personnel
 - contacting outside assistance
2. All emergency contact numbers will be kept current and made available to all workers during regularly scheduled work hours.
3. The crew supervisor or designate will maintain an awareness of the number of employees onsite at all times, and will be able to provide an accurate head-count in the event of an emergency.

Emergency Procedures & Training

1. Emergency procedures training will be conducted by the Safety Coordinator or company designate and recorded on the Worksite Training Record.
2. The Safety Coordinator will ensure an annual drill is held to ensure awareness and effectiveness of the emergency response plan, and a record of the drill is kept.

Emergency Response Plans

1. For job sites/service work, pre filled Emergency Response Plans will be made available to the worker and posted (when practicable) on the window closest to the front door of the worksite.
2. Emergency Response plans will be reviewed during the orientation process as per company procedure (8.1)

Fire Prevention

1. Fire extinguishers will be kept in company vehicles/crew trucks.
2. All fire extinguishers will be:
 - class ABC
 - kept in good working condition
 - readily available

- inspected monthly and documented on the Worksite/Crew Inspection Report
- stamped to indicate a 5-year certification by a qualified person/agency

Fire Response

1. The following steps will be taken when a fire is noticed:

- dial 911
- never turn your back on the fire
- attempt to extinguish the fire if safe to do so and **properly trained**
- if the fire cannot be controlled, invoke the evacuation plan
- close all doors and shut off electricity/fuel sources if safe to do so
- evacuate
- have someone meet emergency personnel at the designated meeting point
- conduct head count
- contact head office

Evacuation

1. Evacuation will occur as follows:

- whoever notices the emergency situation will notify everybody onsite of the emergency in accordance with the site-specific emergency response plan
- everybody onsite will proceed directly to the assigned muster station(s) in an orderly fashion
- everybody will remain at their muster station until otherwise directed
- the crew supervisor or designate will ensure emergency services have been notified and given instructions for safe site access
- conduct head count
- notify head office

Risk Assessment

1. A general risk assessment will be carried out by the Safety Coordinator and reviewed at least annually by the JOHSC.

Fall Protection Work Plan

1. A Fall Protection Work Plan will be completed and posted whenever work is being conducted where workers are not protected by permanent guardrails and from which a fall of 25' or more may occur.

General

1. The necessary first aid requirements for each operational worksite will be determined in accordance with company procedure. (11.3).

Attendants

1. Anytime the first aid attendant is made aware that a worker or workers have been injured he/she will:
 - promptly provide injured workers with a level of care within the scope of the attendant's training
 - report the injury to the injured workers crew supervisor or designate as soon as practicable
 - objectively record observed/reported signs/symptoms of injuries and exposures to contaminants in accordance with company procedure (10.1)
2. The first aid attendant is responsible, and has full authority, for all first aid treatment of an injured worker until responsibility for treatment is accepted:
 - at a place of medical treatment
 - by an ambulance service
 - by a person with higher or equivalent first aid certification
3. The first aid attendant does not have authority to overrule a worker's decision to seek medical treatment, or the worker's choice of medical treatment.

Qualifications

1. Each first aid attendant will:
 - be at least 16 years old
 - have successfully completed the first aid training course or first aid examination developed or approved by WorkSafeBC
 - have a first aid certificate in good standing at the required level
2. The first aid attendant on duty will be physically and mentally capable of safely and effectively performing his/her required duties, and will have his/her certificate available onsite.



Equipment

1. For jobs where the Prime Contractor does not provide a first aid trailer or room, the company first aid kits will be kept clean and dry in the crew/company vehicle.

Transportation

1. The crew supervisor or designate will ensure appropriate transportation is arranged for all injured worker's to a medical treatment facility at the employer's expense.
2. A company/crew vehicle will be available at all times to transport an injured worker to medical aid.

Definitions

1. "Hospital" means a hospital within the meaning of the *Hospital Act* or a diagnostic and treatment centre where the hospital or centre has:
 - an emergency department or resuscitation area, and
 - a physician on duty or immediately available on call
2. "Industry type" is assigned a high (H) hazard rating in accordance with the *WSBC Guidelines – Assigned Hazard Rating List*.

General

1. First aid assessments will be completed by management and reviewed by the JOHSC. The assessment will include, but not be limited to, the following information:
 - name of the workplace
 - assigned/designated hazard rating
 - overall worksite hazard rating
 - surface travel time to hospital
 - total number of workers onsite at any given time that may require treatment
 - any barriers to first aid

Intervals

1. First Aid Assessments for the office/shop will be completed by the Safety Coordinator and reviewed at least annually by the JOHSC. The Assessment will be posted on the Safety Board in the main office.
2. First Aid Assessments for each jobsite will be prepared by the Painting Manager at the bidding stage, and results recorded on the Pre-Job Risk & First Aid Assessment.
3. Jobsite First Aid Assessments will be posted on site whenever practicable in accordance with company procedure (12.1).

Minimum Levels of First Aid

1. Any Level 2 first aid requirements will be upgraded to Level 3 and an Emergency Transportation Vehicle (ETV) provided whenever there are obstructions to the access route that would delay the ambulance by more than 20 minutes or prevent safe access to the worksite.

Table 5: High risk of injury - more than 20 minutes surface travel time from hospital

# Workers	Supplies, Equipment & Facility	Level of First Aid	Transportation
1	Personal First Aid Kit		
2–5	Level 1 First Aid Kit	Level 1	
6–10	Level 1 First Aid Kit & ETV Equipment	Level 1 & Transportation Endorsement	ETV
11–30	Level 3 First Aid Kit, Dressing Station & ETV Equipment	Level 3	ETV
31–50	Level 3 First Aid Kit, First Aid Room & ETV Equipment	Level 3	ETV
51–200	Level 3 First Aid Kit, First Aid Room & Industrial Ambulance Equipment	Level 3	Industrial Ambulance
201+	Level 3 First Aid Kit, First Aid Room & Ambulance Equipment	2 x Level 3's	Industrial Ambulance

Table 6: High risk of injury - 20 minutes or less surface travel time from hospital

# Workers	Supplies, Equipment & Facility	Level of First Aid	Transportation
1	Personal First Aid Kit		
2–15	Level 1 First Aid Kit	Level 1	
16–30	Level 2 First Aid Kit & Dressing Station	Level 2	
31–300	Level 2 First Aid Kit & First Aid Room	Level 2	
301+	Level 2 First Aid Kit & First Aid Room	2 x Level 2's	

12 - Records & Statistics

12.1 Safety Program

Revised: 05/24/2017

General

1. The safety program will consist of the following main components:
 - corporate OH&S Program Manual
 - worksite information system
 - Stay at Work/Return to Work Program
 - Joint Occupational Health and Safety Committee (JOHSC)

2. The crew supervisor or designate will ensure all applicable worksite information system components are:
 - available for worker review during operational hours
 - kept clean and organized according to the pre-determined design
 - made available for inspection to all regulatory officials upon their request

Living Document

1. The OH&S program as a whole represents a living document that will continue to evolve over time, incorporating new knowledge, safe work practices and safe job procedures as they arise.

Conflict with Regulation

1. Wherever discrepancies occur between this document and government regulation, government regulation will take precedence.

Review and Approval

1. The OH&S program will be reviewed and approved prior to implementation and at least annually thereafter as follows:

Description	Responsibility
Safety Policy	Owner/Director
Policy/Procedure	Safety Coordinator
SWP's/SJP's	JOHS Committee

2. The revision date will be included on all approved/finalized documentation.

3. The JOHS Committee will provide reviews at least annually of the following:
 - terms of reference
 - statistics summary
 - training
 - committee membership
 - first aid assessment
 - SWP's/SJP's

Implementation

1. Program updates will be added to the online program manual and always available for review at www.vanbergpainting.com following appropriate review/approval.
2. A crew supervisor or designate receiving a program update will ensure:
 - the worksite information system is made current
 - all employees are notified of the update at the next tool box talk (8.2)
 - all affected employees are trained as applicable to their job duties
3. All training conducted at the worksite will be documented on the Worksite Training Record or the Tool Box Talk Form.

Record Keeping

1. All completed worksite records will be kept in the worksite information system unless otherwise indicated by company procedure.
2. At job completion, all completed records will be sent to head office for review and filing.
3. First Aid Records will be kept confidential and kept for at least 3 years in accordance with *B.C. OH&S Reg. 3.19*

Postings

1. The crew supervisor or designate will post all applicable safety related information, including the 3 most current Tool Box Talks, (when practicable) on the window closest to the front door of a jobsite and ensure that it is:
 - easily accessible/visible
 - protected from the elements
 - free of obstructions
2. The Safety Coordinator will post all applicable safety related information on the Safety Board in the back room of the office.



3. Records required to be posted will alternately be kept in the worksite information system under the following circumstances:
 - posting of information is not practicable due to worksite conditions
 - date of expiration exceeded

General

1. The Safety Coordinator receiving completed worksite documentation will:
 - review for quality/accuracy and initial/sign and date (as applicable)
 - provide copies of applicable documentation to the safety committee
 - centrally file in a manner that promotes ease of reference

2. The Safety Coordinator will ensure the following information is summarized and reviewed at least annually by the JOHS Committee, as a means to evaluate and promote positive changes in the safety program where applicable:
 - claims costs
 - insurance premiums (base, +/- and total)
 - incidents/accidents (near miss, first aid, medical aid and time loss)
 - injuries (area, class and mechanism)
 - days lost to injury
 - Hazard Assessments and Safety Meetings (Tool Box Talks)
 - Inspections/Investigations

13 - Legislation

13.1 Access & Availability

Revised: 01/12/2015

General

1. Copies of the *Workers Compensation Act, OH&S Regulation* and the *WSBC Guidelines* will be made accessible/available to all employees during work hours at the head office.
2. In addition to (1), access can be attained online at <http://www.worksafebc.com/>.
3. There will be instructions on how to access the Regulation online in all job site binders.
4. Reporting policies and procedures will be done in accordance with the *WCA sections 172 and 173* and Company Policy (10.1)

13.2 Refusal of Unsafe Work

Revised: 01/12/2015

General

1. An employee who is unable to carry out a work activity as a result of unsafe work, will immediately:
 - rectify the problem if within their capabilities/training, or
 - report the circumstances to his/her crew supervisor or designate
2. The crew supervisor or designate receiving a report will immediately investigate the matter and if in his/her opinion the report is not valid, will inform the employee.
3. If the report is deemed valid, the crew supervisor or designate will rectify the problem in accordance with company procedure as follows:
 - damaged or defective equipment (7.2)
 - hazard assessments (2.1)

Non-Resolution

1. If the matter is not resolved and the worker continues to refuse the work activity, the Safety Coordinator will be notified and an investigation will be conducted including the worker who made the report.
2. If the investigation described above does not resolve the matter and the worker continues to refuse the work activity, a WorkSafeBC officer will be notified by the employer.

Discriminatory Action

1. An employee who refuses work in accordance with this procedure will not be subject to any form of discriminatory action, including but not limited to:
 - suspension, layoff, or dismissal
 - demotion or loss of opportunity for promotion
 - unreasonable transfer of duties, reduction in wages, or change in hours
 - coercion or intimidation
 - imposition of any discipline, reprimand, or other penalty
 - the discontinuation or elimination of the worker's job

14 – Joint Occupational Health and Safety Committee

14.1 JOHSC

Revised: 09/20/2017

General

1. The Safety Coordinator will ensure a company-wide safety committee will be established, maintained, and meetings held on a monthly basis in accordance with the *Workers Compensation Act – Part 3, Division 4*.
2. The JOHSC will establish and follow their own terms of reference. A copy of the TOR are located at the end of this section as well as posted on the Safety Board.
3. Minutes of these meetings will be recorded and posted on the Safety Board in the back room of the head office.
4. The minutes of the 3 most recent JOHSC meetings will be posted on the Safety Board.

Contact Info:

- | | | |
|---|----------------|---------------------|
| • Management Co-Chair:
<i>davem@vanroc.com</i> | David Milne | Tel: (250)-797-5757 |
| • Safety Coordinator:
<i>safety@vanberg.ca</i> | Shawn Bergmann | Tel: (250)-616-1574 |
| • Worker Co-Chair & Drywall Rep:
<i>jordanwsanders@gmail.com</i> | Jordan Sanders | Tel: (250)-619-5148 |
| • JOHSC Secretary & Steel Rep:
<i>jordanwsanders@gmail.com</i> | Jordan Sanders | Tel: (250)-619-5148 |
| • Steel Representative:
<i>colbywhite15@hotmail.com</i> | Colby White | Tel: (250)-802-3740 |
| • Taper Representative:
<i>curtisnolanpatrick@gmail.com</i> | Curt Patrick | Tel: (250)-618-0295 |
| • Labour Management Rep:
<i>kdvbsafety@hotmail.com</i> | Katy Dionne | Tel: (250)-951-3681 |
| • Painting Representative
<i>russellskanes@me.com</i> | Russell Skanes | Tel: (250)-713-1691 |

1. In addition to above, the contact info can also be found on the Safety Board, in the back room of the head office.

**VAN-ROC INTERIORS / VANBERG INTERIORS PAINTING
JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE
(JOHSC)
TERMS OF REFERENCE**

1. COMMITTEE STRUCTURE: 2 Co-chairs: 1 Van-Roc Co-chair (OH&S Manager), 1 Vanberg Co-chair (Safety Coordinator). One representative minimum from each trade: Steel, Drywall, Taping, Painting.
Reference [WCA 127 (a)-(d)]
2. CO-CHAIR PROCEDURES: Van-Roc Co-chair (OH&S Manager) is responsible for chairing of meetings. In the event the OH&S Manager cannot attend, Vanberg Co-chair (Safety Coordinator) will be responsible for the chairing of the meeting.
3. ATTENDANCE AND ALTERNATES: Attendance is mandatory. If a representative cannot attend, a qualified person will attend in his/her place. If multiple meetings are missed, Non-Compliance will be addressed as per Section 5.2 Non-Compliance of the OH&S Manual, and a new member will be elected.
4. COMMITTEE SCHEDULE: Once a month on the first Tuesday of every month.
Reference [WCA 131 (2)]. Location of next meeting to be decided one week prior to scheduled meeting once workers locations are better known. Co-chairs responsible for electronic reminder via text message the day before.
5. ACHIEVING CONSENSUS: All members will vote by show of hands, majority vote achieves consensus. For company specific issues requiring consensus, company specific voting will be utilized.
6. QUORUM: 4 Member minimum. Meeting will be rescheduled if 4 members cannot attend.
Reference [WCA 127 (a)]
7. AGENDA: Co-Chairs are responsible for the preparation and provision of the agenda. Agenda will be sent electronically via email 1 week prior to scheduled meeting.
8. MINUTES: Minutes taken by Committee Secretary. Reviewed and edited by Van-Roc Co-chair and then posted on the Safety Board. The minutes of the 3 most recent JOHSC meetings will be posted on the Safety Board.
Reference [WCA 138 (a)-(c)]



9. INSPECTIONS: Worksite/Crew inspections to be jointly conducted monthly by the Safety Coordinator and either the crew supervisor, or a JOHSC member, and documented on the Worksite/Crew Inspection Report.

10. INVESTIGATIONS: Workplace investigations to be jointly conducted by the Safety Coordinator and either the crew supervisor, or a JOHSC member from the applicable trade in accordance with [WCA 175-176]. Any and all investigations will be reviewed by the JOHS Committee at the following JOHSC meeting, and will be made available to officers of the board, and the workers at the workplace upon request.
Reference [OH&S Reg 3.4 (f)]

11. WCB INSPECTIONS/INVESTIGATIONS: Both an employer rep and a worker rep may accompany a board member on an inspection. *Reference [WCA 182 (1)-(6)]*. Reports to be posted on site when practicable, otherwise posted on the Safety Board and always reviewed by the JOHS Committee.
Reference [WCA 183 (a)(b)]

12. STATISTICS SUMMARY: The Safety Coordinator will provide the JOHS Committee injury stats and summaries for review at least annually and have them posted on the Safety Board in the office.

13. COMMITTEE MEMBERSHIP: Membership will be reviewed and voted on at least annually.

14. TERMS OF REFERENCE: Procedural rules will be reviewed and voted on by JOHS Committee at least annually.

15. TRAINING: Worker training will be reviewed and training schedules planned by the JOHS Committee at least annually.

16. SWP's/SJP's will be reviewed at least annually by the JOHS Committee.

17. FIRST AID ASSESSMENTS: Assessments to be prepared by Management and reviewed by JOHS Committee at least annually.

18. GENERAL RISK ASSESSMENTS: Assessments to be prepared by Management and reviewed by JOHS Committee at least annually.

15 - Injury Management

15.1 Stay at Work/Return to Work Program

Revised: 01/13/2015

Benefits

1. The key benefits of a program are as follows:
 - reduces cost of training replacement workers
 - employee retention
 - reduces time loss/compensation premiums
 - promoted quicker/more complete recovery
 - maintains worker attachment to workplace
 - minimizes disruption to workers routine

Confidentiality

1. All first aid/medical related information used to assist injured employees back to work is confidential and will not be shared or disclosed with any unauthorized personnel.

Reporting

1. Employees injured as a result of a work-related incident will make a report as soon as practicable in accordance with company procedure (10.1).
2. Immediately upon receiving notification of injury from the crew supervisor or designate the Safety Coordinator will make initial contact with the worker and assist in deciding if the injured worker will:
 - stay at work
 - be transported to medical aid

Offer & Plans

1. The Safety Coordinator will identify suitable duties and design a plan for the injured worker's safe and effective return to work in consultation with:
 - the injured person
 - the crew supervisor
 - relevant medical practitioners
 - WorkSafeBC



2. Prior to the injured worker returning to work, the results from (1) will be documented on the Modified Work Offer/Return to Work Plan and offered/presented to the injured worker.
3. Injured employees will maintain regular contact with the employer, be available for return to work and participate in all reasonable plans offered.

Criteria

1. All modified or alternate work will be:
 - safe
 - productive
 - within worker's medical restrictions/physical limitations

Return to Work

1. Upon acceptance of the offer by the injured employee, the Modified Work Offer will be signed by the following personnel, prior to commencing work:
 - injured worker
 - Safety Coordinator
2. Injured employees will not perform any duties that are restricted, beyond their limitations, or which cause excessive pain to their affected area of injury.
3. Anytime an injured employee experiences difficulty performing any work activities as a result of an injury, he/she will immediately notify his/her crew supervisor or designate.
4. Injured employees will not receive any form of reprimand for refusing work based on their medical conditions; anytime a discrepancy occurs, the Safety Coordinator will be notified immediately.

Management

1. The management of all employee injuries will be as follows:

Type	Duties	Recording	Follow Up
Minor Injury *Stay at Work	cleared for full return to regular duties	first aid attendant to indicate date and time of RTW on the First Aid Record	-
	modified/alternate duties required	Safety Coordinator to create Work Offer/Work Plan	Crew Supervisor to monitor daily and report any issues to Safety Coordinator
Minor Injury *Medical Aid	cleared for full return to regular duties	first aid attendant to indicate date and time of RTW on the First Aid Record	-
	modified/alternate duties required	Safety Coordinator to create Work Offer/Work Plan	Crew Supervisor to monitor daily and report any issues to Safety Coordinator
Major Injury *Emergency	modified/alternate duties required	Safety Coordinator to create Work Offer/Work Plan	Crew Supervisor to monitor daily and report any issues to Safety Coordinator
	modified/alternate duties not suitable	-	Safety Coordinator to maintain contact with injured employee on a weekly basis



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TOOL BOX TALK RECORD FORM

Project: _____ Address: _____

Date/Time: _____ Conducted by: _____

Number in crew: _____ Number attending: _____

Agenda:

Other Items discussed or suggestions made by crew members:

Record of those attending:

<i>Name: (please print)</i>	<i>Signature:</i>	<i>Company:</i>
<i>Continue on reverse if necessary</i>		

Supervisor/Manager Name and Signature

Safety Coordinator (Review) Signature + Date

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Hazard Assessment Form: Page 1 of 2 – Appendix A							
Check off the hazards that apply to <i>this</i> job. If a potential hazard <i>fails</i> , then prioritize it using the Hazard Priority Rating System below and record it along with the corrections/controls on Page 2.							
Job Information:							
Date:							
Job Site:							
Work Scope:							
Muster Station:							
POTENTIAL HAZARDS							
ENVIRONMENTAL HAZARDS			ERGONOMIC HAZARDS				
Pass	Fail			Pass	Fail		
<input type="checkbox"/>	<input type="checkbox"/>	1	Hazardous materials in use	<input type="checkbox"/>	<input type="checkbox"/>	16	Awkward body position
<input type="checkbox"/>	<input type="checkbox"/>	2	Dust controlled	<input type="checkbox"/>	<input type="checkbox"/>	17	Over extension
<input type="checkbox"/>	<input type="checkbox"/>	3	Fumes controlled	<input type="checkbox"/>	<input type="checkbox"/>	18	Prolonged twisting/bending
<input type="checkbox"/>	<input type="checkbox"/>	4	Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	19	Working in a tight area
<input type="checkbox"/>	<input type="checkbox"/>	5	Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	20	Lift to heavy/awkward to lift
<input type="checkbox"/>	<input type="checkbox"/>	6	Excessive noise	<input type="checkbox"/>	<input type="checkbox"/>	21	Repetitive motion
<input type="checkbox"/>	<input type="checkbox"/>	7	Adequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	22	Working above your head
FALL HAZARDS			ELECTRICAL HAZARDS				
Pass	Fail			Pass	Fail		
<input type="checkbox"/>	<input type="checkbox"/>	8	Scissor lift in use	<input type="checkbox"/>	<input type="checkbox"/>	23	Working on/near energized equipment
<input type="checkbox"/>	<input type="checkbox"/>	9	Boom lift in use	<input type="checkbox"/>	<input type="checkbox"/>	24	Condition of electrical cords
<input type="checkbox"/>	<input type="checkbox"/>	10	Scaffolds in use	<input type="checkbox"/>	<input type="checkbox"/>	25	Condition of electrical tools
<input type="checkbox"/>	<input type="checkbox"/>	11	Ladders in use	OTHER			
<input type="checkbox"/>	<input type="checkbox"/>	12	Stilts in use	Pass	Fail		
<input type="checkbox"/>	<input type="checkbox"/>	13	Working at height (fall protection needed)	<input type="checkbox"/>	<input type="checkbox"/>	26	
<input type="checkbox"/>	<input type="checkbox"/>	14	Slip/trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	27	
<input type="checkbox"/>	<input type="checkbox"/>	15	Workers not working under overhead work	<input type="checkbox"/>	<input type="checkbox"/>	28	



Hazard Priority Rating System

All hazards must be assessed without any controls in place



SEVERITY + PROBABILITY = PRIORITY RANKING (E.g. Working at height without fall protection is 1A)	
SEVERITY	PROBABILITY
1. Imminent Danger (causing death, widespread occupational illness, loss of facilities) 2. Serious (severe injury, serious illness, property/equip damage) 3. Minor (non-serious injury, illness, or damage) 4. OK (minor injury, requiring first aid or less)	A. Probable: Likely to occur immediately or soon B. Reasonably Probable: Likely to occur eventually C. Remote: Could occur at some point D. Extremely Remote: Unlikely to occur

Once hazards are controlled, reassess the hazards to ensure controls are adequate



VAN-ROC/VANBERG INTERIORS



WORKSITE/CREW INSPECTION REPORT: Page 1 of 1 - Appendix A

Job Information

Date:	
Crew/Jobsite:	
Work Scope:	
Muster Station:	

ITEM	PASS	FAIL	PRIORITY RATING	CORRECTION REQUIRED OR COMMENTS	ASSIGNED TO:	DEADLINE	COMPLETED (INITIALS + DATE)
SITE CONDITIONS							
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>					
Material Storage	<input type="checkbox"/>	<input type="checkbox"/>					
Guardrails in Place	<input type="checkbox"/>	<input type="checkbox"/>					
Floor/Roof Openings Covered	<input type="checkbox"/>	<input type="checkbox"/>					
Public Protection	<input type="checkbox"/>	<input type="checkbox"/>					
Lighting	<input type="checkbox"/>	<input type="checkbox"/>					
Air Quality / Ventilation	<input type="checkbox"/>	<input type="checkbox"/>					
MACHINES + EQUIPMENT							
Man Lifts Inspected	<input type="checkbox"/>	<input type="checkbox"/>					
Fall Protection Inspected	<input type="checkbox"/>	<input type="checkbox"/>					
Vehicles Inspected	<input type="checkbox"/>	<input type="checkbox"/>					
Respirators Inspected	<input type="checkbox"/>	<input type="checkbox"/>					
Ladders/Scaffolds in Safe Cond	<input type="checkbox"/>	<input type="checkbox"/>					
Stilts in Safe Condition	<input type="checkbox"/>	<input type="checkbox"/>					
Tools/Cords in Safe Condition	<input type="checkbox"/>	<input type="checkbox"/>					
EMERGENCY PROCEDURES							
First Aid Equip/Attend. Compliant	<input type="checkbox"/>	<input type="checkbox"/>					
Fire Extinguisher Avail/Current	<input type="checkbox"/>	<input type="checkbox"/>					
Emergency Response Plan Posted	<input type="checkbox"/>	<input type="checkbox"/>					
CREW							
Orientations Complete	<input type="checkbox"/>	<input type="checkbox"/>					
PPE In Use	<input type="checkbox"/>	<input type="checkbox"/>					
Jobsite Binder avail/current	<input type="checkbox"/>	<input type="checkbox"/>					
SWP/SJP Followed	<input type="checkbox"/>	<input type="checkbox"/>					
SWP/SJP Available/Current	<input type="checkbox"/>	<input type="checkbox"/>					
Hazard Assessments Complete	<input type="checkbox"/>	<input type="checkbox"/>					
Toolbox Talks Completed	<input type="checkbox"/>	<input type="checkbox"/>					
Tool/Equip Inspections Completed	<input type="checkbox"/>	<input type="checkbox"/>					
Workers Trained For Their Task	<input type="checkbox"/>	<input type="checkbox"/>					
OTHER							
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

INSPECTOR NAME(S) AND SIGNATURE(S)

CREW SUPERVISOR NAME AND SIGNATURE

OH&S Manager (REVIEW) SIGNATURE + DATE



VAN-ROC/VANBERG INTERIORS



VEHICLE INSPECTION CHECKLIST (MONTHLY)

YEAR	MAKE	MODEL	STYLE	COLOUR	VIN			PLATE #	OPERATOR
DATE:					ODOMETER:				
ITEMS TO INSPECT					PASS	FAIL	N/A	CORRECTIONS/COMMENTS	COMPLETED
VISUAL INSPECTION (BEFORE STARTING)									DATE+INITIAL
Visible warning decals, load/capacity plate, etc.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wheels, tires, lug nuts in good condition					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tire pressure is sufficient					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Guards are available and in good repair					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Seat belts are in good repair					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hydraulic fluid level is sufficient and not leaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Engine oil level is sufficient and not leaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transmission fluid is sufficient and not leaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Radiator coolant level is sufficient and not leaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brake fluid level is sufficient and not leaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Belts are in good repair					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Windshield has no chips or cracks					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(AFTER STARTING)									
Engine sounds normal					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No warning lights on instrument panel					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No leaks in exhaust system					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wipers and headlights function normally					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brakelights and turn signals function normally					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Horn and backup alarm function normally					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hydraulic controls operate normally					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transmission and clutch operate normally					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Brakes are responsive with no squeaking					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Steering is responsive and smooth					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER									
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INSPECTOR NAME AND SIGNATURE



VAN-ROC/VANBERG INTERIORS



MANLIFT PRE-SHIFT INSPECTION CHECKLIST						
DATE:	JOB:	MAKE/MODEL:	LIFT#	HOUR METER:		
ITEMS TO INSPECT	PASS	FAIL	N/A	CORRECTIONS/COMMENTS	COMPLETED INITIALS + DATE	
BASIC INSPECTION (FROM GROUND)						
Manufacturers manual in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Platform/Railing not bent, worn, damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gate lock functions properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tires not worn, seperating, missing bolts, full of air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hydraulic fluid level is sufficient and not leaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hoses are in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No leaks under manlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERNAL COMBUSTION EQUIPMENT						
Propane tank secure, not leaking, and date is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gas cap is secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Engine oil level is sufficient (check with engine off)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Radiator coolant level is sufficient (check when engine cool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hoses and belts are in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Battery has tight connections and sufficient cell levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BATTERY POWERED EQUIPMENT						
Cables and connections are tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Battery cell levels are above plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Charging plug functions properly (takes a charge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BASIC INSPECTION (ON MANLIFT)						
Directional controls operate smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Brakes are responsive and smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Steering is responsive and smooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hydraulic functions (up/down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hydraulic controls operate smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Horn is operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Level indicator functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

INSPECTOR NAME AND SIGNATURE

CREW SUPERVISOR NAME AND SIGNATURE



VAN-ROC INTERIORS/VANBERG INTERIORS PAINTING PRE-JOB RISK & FIRST AID ASSESSMENT

Company/Contact Name: _____

Site Address: _____ City: _____

Email: _____ Phone: _____ Fax: _____

Billing Address: _____ City: _____

<input type="checkbox"/> Square Bead <input type="checkbox"/> Round Bead <input type="checkbox"/> Baby Bull Bead <input type="checkbox"/> Chamfer Bead <input type="checkbox"/> Baby Chamfer Bead <input type="checkbox"/> Trans Caps <input type="checkbox"/> _____	<input type="checkbox"/> Textured <input type="checkbox"/> Fine Spray <input type="checkbox"/> Knockdown <input type="checkbox"/> Smooth <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 3 Way Returns <input type="checkbox"/> W/W B/O <input type="checkbox"/> 4 Way Returns <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1/2 Jamb <input type="checkbox"/> 1/2 Lip <input type="checkbox"/> Swing Doors <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
--	---	--	---

• Time to Hospital _____ • Obstacles to First Aid _____

• Access to Building for Deliveries & Scrap Removal _____

• 3 Story / 2 Story / Rancher _____ • Flaggers, Driveway Condition _____

• Stairwells / Shafts _____ • Housekeeping _____

• Scaffold or Planks Required _____

• Manpower Required _____

• Comments/Corrections _____

<input type="checkbox"/> Fall protection needed <i>Ref: B.C. OH&S Reg. 11.2</i>	<input type="checkbox"/> Mobile equipment needed <i>Ref: B.C. OH&S Reg. Part 13, Div. 5</i>	<input type="checkbox"/> Dust controlled <i>Ref: B.C. OH&S Reg. 6.29</i>
<input type="checkbox"/> Extreme temperatures <i>Ref: B.C. OH&S Reg. Part 7, Div. 4</i>	<input type="checkbox"/> Adequate ventilation <i>Ref: B.C. OH&S Reg. Part 4</i>	<input type="checkbox"/> Adequate light <i>Ref: B.C. OH&S Reg. 4.66</i>
<input type="checkbox"/> Slip / trip hazards <i>Ref: B.C. OH&S Reg. 4.39, 4.41</i>	<input type="checkbox"/> Energized equipment <i>Ref: B.C. OH&S Reg. 19.12</i>	<input type="checkbox"/> _____



**VAN-ROC INTERIORS LTD
VANBERG INTERIORS PAINTING LTD
SAFE WORK PRACTICES**

SAFE WORK PRACTICE: _____

APPLICATION:

REQUIRED TRAINING:

REQUIRED PPE:

POTENTIAL HAZARDS:

PROCEDURES:

REFERENCES:

Development date: _____ Review date: _____ Developed by: _____



**VAN-ROC INTERIORS LTD
VANBERG INTERIORS PAINTING LTD
SAFE JOB PROCEDURE**

SAFE JOB PROCEDURE: _____

APPLICATION:

REQUIRED TRAINING:

REQUIRED PPE:

POTENTIAL HAZARDS:

PROCEDURES:

REFERENCES:

Development date: _____ Review date: _____ Developed by: _____



Personal Medical Data (Confidential)

General

Name:	Date:
Address:	
Home phone #:	Cell phone #:
Email:	

Emergency Contact Information

Name	Phone	Cell

Medical Information

Do you wish to voluntarily provide medical information for the safe identification of work tasks and or emergency assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies:	
Conditions:	
Medications:	
Signature:	Date:

Communication

Do you wish for the employer to verbally notify any designated site personnel of your medical information described above: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who: <input type="checkbox"/> site supervisor <input type="checkbox"/> crew supervisor <input type="checkbox"/> first aid attendant	
Signature:	Date:



Company Rules

Revised: 01/12/2017

General (Review each section and have employee initial boxes provided)

Name:	Date:
-------	-------

- 1. No Unauthorized Persons Allowed on Job Site Who Isn't Classified as a "Worker". Any Sub-Contractor Who Has Employees Must Advise Van-Roc Interiors so we may Administer WCB and Company Orientation.**

Cell Phones & Personal Media Devices

1. All cell phones and personal media devices, except those issued for work purposes, will be turned off for the duration of the shift and will only be used during break time(s) in a protected area.
2. No use of cell phones or PMD's is permitted while operating a motor vehicle or mobile equipment under any circumstance unless it is strictly for the purpose of critical communication and is conducted using appropriate equipment within current legislative requirements.
3. All company issued equipment is reserved for the purposes of business only unless permitted by company/management.
4. All company issued equipment will be used in accordance with applicable legislation and will not be answered/operated on site or in situations where to do so would constitute a hazard.

Drugs & Alcohol

1. No alcohol or drugs are allowed at the workplace unless they are prescribed by a physician and do not in any way hinder employee performance and/or cause a safety concern for that employee or anyone else present at the worksite.
2. When reporting to work and/or the worksite no employee shall be under the influence of alcohol or drugs; employees taking prescription drugs are required to notify the crew supervisor or designate prior to the start of their shift to determine appropriate safe working conditions.

3. If social functions are organized/sponsored in whole or in part by the company, attending employees at these functions shall behave in a socially responsible manner and be responsible for organizing a designated driver or other suitable transport method that ensures a safe return home.



Incident Reporting

1. All incidents, regardless how minor, including near misses will be reported immediately to the Safety Coordinator.
2. All injured workers will:
 - immediately report to first aid, then
 - report to crew supervisor or designate, and
 - notify head office (first thing next business day if medical sought after hours)
3. Injured workers who leave the worksite without reporting and/or completing required documentation will be considered absent from work and:
 - will not receive pay for any missed time
 - may be subject to disciplinary action
 - may have a formal objection filed against any claims for compensation benefits



Inspections

1. All workers employed onsite will continually monitor their work area throughout their shift for any suspected hazards; all suspected hazards, or unsafe conditions will be reported to the crew supervisor or designate immediately.
2. Job Site Hazard Assessments will be conducted weekly, (Monday morning when practicable), before work commences and documented on the prescribed Hazard Assessment Form.
3. All workers will inspect their stilts prior to getting on them. This includes the traps and buckles which are also to be maintained. If you drop something while you're on your stilts, do not attempt to pick it up, have your co-worker get it for you.
4. Pre use inspections of manlifts, fall pro, and respirators, to be conducted daily and documented on the prescribed form.

5. Any worker assigned a company vehicle will inspect said vehicle monthly and document on the prescribed Vehicle Inspection Form.

Non-Compliance

1. Employees will be immediately terminated for any of the following offences:
 - harming or threatening any person with a weapon at work or a company function
 - intentional misuse or tampering of company property including safety equipment
 - failure to notify the supervisor of impairments that could cause safety hazards
 - possession or use of alcohol or illegal drugs at work
2. In addition to (1) the company will use a progressive disciplinary action process for resolving other unsatisfactory/sub-standard employee activity.

Orientations

1. The crew supervisor or company designate will ensure each new employee receives an employee orientation prior to beginning work onsite.

Personal Protective Equipment

1. Workers are expected to show up for all shifts with the necessary/appropriate personal protective equipment relative to their job duties; failure to bring or wear necessary PPE while at the worksite may result in disciplinary action.
2. Basic PPE – Worker
3. Specialized PPE - Employer

Regulation

1. Copies of the *Workers Compensation Act* (excerpts) and OHS Regulation will be made accessible/available to all employees during work hours at the head office.

2. In addition to (1), access can be attained online at <http://www.worksafebc.com/>.



Rights

1. All workers have the right to:
 - know the risks that they may potentially be exposed to
 - participate in the safety program
 - refuse unsafe work
2. An employee who refuses unsafe work will not be subject to any form of discriminatory action.
3. An employee who refuses to carry out a work activity will immediately report the circumstances of the unsafe condition to his/her crew supervisor or designate.



Responsibilities

1. No employee will carry out or cause to be carried out any work he/she has reasonable cause to believe would create an undue hazard to the health and safety of themselves or anyone else at the worksite.
2. In addition to (1) workers will:
 - know and follow all health and safety requirements
 - ask for training before beginning any task if they do not know how to do it safely
 - work safely and encourage their co-workers to do the same
 - correct any unsafe conditions or immediately report them to their site supervisor or designate
 - take the initiative and make suggestions to improve health and safety
3. Every supervisor will:
 - ensure the health and safety of all workers under their direct supervision
 - be knowledgeable about the *Workers Compensation Act* and *OHS Regulation* applicable to the work being supervised



4. Every worker will take reasonable care to protect their health and safety and the health and safety of other persons who may be affected by their acts or omissions at the worksite.

Return to Work

1. Injured employees will stay in regular contact with the employer, make themselves available for return to work and participate in all reasonable plans offered by the employer.
2. Injured employees will not perform any duties that are restricted, beyond their limitations and/or cause excessive pain to their effected area of injury.
3. Anytime an injured employee experiences difficulty performing any work activities as a result of their injury he/she will immediately notify his/her crew supervisor or designate; no reprimand will occur for refusing work based on a medical condition.

Tool Box Talks

1. The crew supervisor or company designate of each operational worksite will ensure a tool box talk is conducted weekly or whenever significant changes to worksite conditions or work processes occur, and documented on the prescribed Tool Box Talk Form.

Occupational Health and Safety Program

1. The company program consists of the following main components:
 - Company manual
 - Worksite information system
 - Stay at Work/Return to Work Program
 - Joint Occupational Health and Safety Committee (JOHSC)

Smoking

1. Smoking is only permitted on break/personal time in a designated smoking area.
2. Designated smoking areas will be selected in accordance with applicable legislative requirements and those designated by the prime contractor/building owner and will not be located in any of the following areas:
 - enclosed area/building (office, sea can, warehouse/shop, accommodation, etc)
 - within 3 meters of any buildings doorways, windows or air intakes
 - construction sites
 - company vehicles/equipment
3. All employees are responsible for the safe extinguishing of all tobacco products and will ensure that refuse is disposed of in an appropriate manner that keep all areas clean and free of debris/litter.





VAN-ROC INTERIORS / VANBERG INTERIORS PAINTING NEW / YOUNG WORKER ORIENTATION

GENERAL		
Name:	Date:	
Occupational Health & Safety Manager: David Milne	Phone: 250-797-5757	
Office Manager: Maureen Sorensen	Phone: 250-947-9220	
Drywall Manager: Paul Dayne	Phone: 250-268-6352	
Vanberg Safety Coordinator: Shawn Bergmann	Phone: 250-616-1574	
Painting Manager (North Island): Geoff Shaw	Phone: 250-947-5368	
Painting Manager (South Island): Ian Gagnon	Phone: 250-616-2146	
INFORMATION		
<input type="checkbox"/> Review site access, egress, and parking requirements		
<input type="checkbox"/> Ensure Company Rules & Personal Medical Data forms are complete		
<input type="checkbox"/> Review tasks/job functions and determine if mentoring is required		
<input type="checkbox"/> Show location of safety board/posting locations and Safety Program components		
<input type="checkbox"/> Identify JOHSC members and contact info		
<input type="checkbox"/> Identify the first aid locations and attendant(s) on duty		
<input type="checkbox"/> Review Emergency Response Plan for the worksite		
<input type="checkbox"/> Review Working Alone or in Isolation Procedures		
<input type="checkbox"/> Review Violence and Harassment in the workplace		
<input type="checkbox"/> Review all PPE requirements		
<input type="checkbox"/> Identify location of designated smoking areas		
<input type="checkbox"/> Review applicable WHMIS requirements/information		
WORKSITE HAZARD IDENTIFICATION		
<input type="checkbox"/> Working at heights	<input type="checkbox"/> Mobile equipment	<input type="checkbox"/> Extreme temperatures
<input type="checkbox"/> Slip/trip hazards	<input type="checkbox"/> Energized equipment	<input type="checkbox"/> Excessive noise
<input type="checkbox"/> Cut/puncture hazards	<input type="checkbox"/> Over extension	<input type="checkbox"/> Repetitive motions
<input type="checkbox"/> Hazardous materials	<input type="checkbox"/> Overhead hazards	<input type="checkbox"/> Other:



TRAINING VERIFICATION (List all valid certificates carried by worker)		
DESCRIPTION	CERTIFICATION NUMBER	EXPIRY DATE

I fully understand what has been presented to me, and give my personal commitment to actively participate and comply with all applicable regulation, procedures and instructions while I am onsite or representing the company.

Worker signature:	Conducted by:
-------------------	---------------

VAN-ROC INTERIORS LTD / VANBERG INTERIORS PAINTING LTD

SAFETY ORIENTATION QUESTIONNAIRE

Name of worker _____ Date/Time _____
(Please Print)

Note: Place ✓ by correct response:

1. Hazard identification and control is important to maintain a safe working environment.

No: Yes:

2. Working safely is a condition of employment.

No: Yes:

3. All injuries, regardless how minor, must be reported immediately to your supervisor/manager.

No: Yes:

4. It is important to maintain good housekeeping in your work area.

No: Yes:

5. You observe an unsafe condition on site, should you:

- Wait for the weekly toolbox safety meeting and report it.
- Report it immediately to your supervisor/manager.
- Let someone else worry about it.

6. It is permissible to carry material or equipment up or down any access ladder?

No: Yes:

7. Openings that are covered with plywood will have the plywood secured to prevent accidental dislodgement and will be marked with:

- A circle
- A cross
- Letters warning of the opening
- All of the above

8.	The Safety Board is in the back room of the head office. No: <input type="checkbox"/> Yes: <input type="checkbox"/>
9.	Personal protective equipment (hearing protection, fall protection, eye protection) should be worn whenever: <input type="checkbox"/> Someone else is wearing it <input type="checkbox"/> Your supervisor/manager advises you to wear it <input type="checkbox"/> The potential for personal injury exists
10.	When you are working from heights, and guardrails are missing, you must use fall restraint or fall arresting equipment. No: <input type="checkbox"/> Yes: <input type="checkbox"/>
11.	Tools and equipment whose guards are inoperative or missing are okay to use 'just this once'. No: <input type="checkbox"/> Yes: <input type="checkbox"/>
12.	The Workplace Hazardous Material Information System (WHMIS 2015) designates certain products as hazardous products and requires them to be labelled. This label is a warning for you the worker. The label tells you the: <input type="checkbox"/> Name of the product <input type="checkbox"/> Hazard symbol <input type="checkbox"/> Risks when you use it <input type="checkbox"/> Personal protective equipment to wear <input type="checkbox"/> First aid treatment if necessary <input type="checkbox"/> All of the above
13.	Material Safety Data Sheets/Safety Data sheets (MSDS/SDS) are also required for WHMIS 2015 hazardous products. These sheets are readily available for your additional information by asking your supervisor/manager to see them. No: <input type="checkbox"/> Yes: <input type="checkbox"/>
Signature of worker:	



VAN-ROC INTERIORS/VANBERG INTERIORS PAINTING WORKSITE TRAINING RECORD

GENERAL	
Worksite:	Date:
Supervisor:	Conducted by:

TOPICS / PROCEDURES REVIEWED

EMPLOYEE FEEDBACK

ATTENDANCE	

Instructor Signature: _____

Reviewed by: _____

Safety Coordinator



VAN-ROC INTERIORS/VANBERG INTERIORS WORKING ALONE PLAN

GENERAL	
Worksite:	Date:
Worker:	Phone:
Contact Person:	Phone:
Method of Check: <input type="checkbox"/> Physical <input type="checkbox"/> Phone call <input type="checkbox"/> Text Message	
Risk Level: <input type="checkbox"/> High risk (>10') <input type="checkbox"/> Moderate risk (<10') <input type="checkbox"/> Low risk (low level or ground)	
Check-in Intervals: <input type="checkbox"/> High: Start/End and every hour <input type="checkbox"/> Moderate: Start/End and every 4 hours <input type="checkbox"/> Low: Start/End <input type="checkbox"/> Other: (specify):	
Start time:	End time:
Prepared by:	Signature:

CHECK-INS							
Scheduled Time				Actual Time			OK
1		<input type="checkbox"/> Am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
2		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
3		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
4		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
5		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
6		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
7		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
8		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
9		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>
10		<input type="checkbox"/> am	<input type="checkbox"/> pm		<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/>

FAILURE TO RESPOND			
Time person contacted to conduct physical check:		<input type="checkbox"/> am	<input type="checkbox"/> pm
Time of Physical check and report to contact person:		<input type="checkbox"/> am	<input type="checkbox"/> pm
Was the worker OK:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check-ins to continue:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were emergency services contacted:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which ones:	Time:		<input type="checkbox"/> am <input type="checkbox"/> pm



**VAN-ROC INTERIORS/VANBERG INTERIORS PAINTING
INCIDENT INVESTIGATION REPORT**

Visit <http://www.worksafebc.com/forms/assets/PDF/52E40.pdf>



VAN-ROC INTERIORS LTD / VANBERG INTERIORS PAINTING LTD NON-COMPLIANCE FORM

GENERAL	
Worksite:	Date:
Worker:	Company:
Issued by:	Position:

LEVEL OF DISCIPLINE		
<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Written Warning	<input type="checkbox"/> Termination
<input type="checkbox"/> Other:		

SUPERVISOR REPORT	
Describe:	
Signature:	Date:

WORKER STATEMENT	
I agree with the supervisor/company's statement/position: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe:	
Signature:	Date:

SUPERVISOR SUMMARY	
Describe:	
Signature:	Date:



**VAN-ROC INTERIORS LTD / VANBERG INTERIORS PAINTING LTD
FALL PROTECTION WORK PLAN**

GENERAL	
Worksite:	Date:
Conducted by:	Reviewed by:

INFORMATION	
Working height:	
Hazard Assessment completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Scope:	
System:	<input type="checkbox"/> guardrails <input type="checkbox"/> fall restraint <input type="checkbox"/> fall arrest <input type="checkbox"/> control zones <input type="checkbox"/> safety monitor

SITE/WORK DETAILS
Describe:

AVAILABLE RESCUE OPTIONS		
Type	Options Available	Emergency Contact Procedure
Self	<input type="checkbox"/> Bootstrap	* Not Applicable
	<input type="checkbox"/> Ladder	
	<input type="checkbox"/> Rope	
Co-worker	<input type="checkbox"/> Manpower	
	<input type="checkbox"/> Crane/Man lift	
Professional	<input type="checkbox"/> Fire Department	
	<input type="checkbox"/> High Angle Rescue	



VAN-ROC INTERIORS LTD / VANBERG INTERIORS PAINTING LTD
EMERGENCY RESPONSE PLAN
SHORT TERM PROJECTS

GENERAL	
Occupational Health & Safety manager: David Milne	Phone: (250) 797-5757
Office Manager: Maureen Sorensen	Phone: (250) 947-9220
Drywall Manager: Paul Dayne	Phone: (250) 268-6352
Vanberg Safety Coordinator: Shawn Bergmann	Phone: (250) 616-1574
Vanberg Administrative Assistant: Dale Hall	Phone: (250) 951-3540
Painting Manager (North Island): Geoff Shaw	Phone: (250) 947-5368
Painting Manager (South Island): Ian Gagnon	Phone: (250) 616-2146

EMERGENCY CONTACT INFORMATION		
SERVICE	ADDRESS/DETAILS	PHONE
Ambulance, Police & Fire:	Call from anywhere	911
Oceanside Health Centre	489 Alberni Hwy Parksville , BC V9P 1J9	(250) 951-9550
N.R.G.H.	1200 Dufferin Cr. Nanaimo , BC V9S 2B7	(250) 755-7691
West Coast General Hospital	3949 Port Alberni Hwy, Port Alberni , BC V9Y 4S1	(250) 731-1370
St Joseph's General Hospital	2137 Comox Ave, Comox , BC V9M 1P2	(250) 339-2242
Ladysmith Com. Health Centre	1111 4 th Ave, Ladysmith BC V9G 1A1	(250) 739-5777
Cowichan District Hospital	3045 Gibbins Rd, Duncan BC V9L 1E5	(250) 737-2030
Royal Jubilee Hospital	1952 Bay St, Victoria BC V8R 1J8	(250) 370-8000
Tofino General Hospital	261 Neill St, Tofino BC V0R 2Z0	(250) 725-4010
WorkSafeBC	4980 Wills Rd, Nanaimo BC	1-888-621-7233
BC HazMat Management Ltd	#6-10114 Mcdonald Park Rd, N. Saanich BC	(250) 656-3382

KEY LOCATIONS
Location of first aid kit/fire extinguisher: Company pickup/vehicle
Meeting point of emergency personnel: End of driveway/parking lot
Evacuation muster station A: Company pickup/vehicle
Evacuation muster station B: End of driveway/parking lot

HOW TO CALL FOR FIRST AID		
Minor: F.A.A. + David Milne	Major: 911 then David Milne	Evacuation: 911 then David Milne

FIRE RESPONSE

- Dial 911
- Attempt to extinguish only if safe to do so and you are **properly trained**
- Close all the doors and shut-off electrical/fuel sources only if safe to do so
- Evacuate and muster at designated station
- Have someone meet emergency personnel at designated meeting point
- Conduct head count
- Contact Safety Coordinator/Head office

EVACUATION

- Proceed directly to assigned muster station(s) in an orderly fashion
- Remain at the muster station until otherwise directed
- Crew supervisor or designate to ensure emergency services have been notified
- Conduct head count
- Contact Safety Coordinator/Head office

MAJOR INJURY / TRAUMA

- Notify Supervisor and First Aid immediately
- Crew supervisor or designate to ensure emergency services have been notified
- Have someone meet emergency personnel at designated meeting point
- Contact Safety Coordinator/Head office



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Workplace bullying and harassment

investigation form

Name of complainant	
Name of respondent/alleged bully	
Date	Location
Name of investigator	

Person interviewed	Other people involved (e.g., alleged bully, witnesses)	Description of the situation (dates, words, actions, etc.) and impact (e.g., humiliated, intimidated)

Based on the investigation, did workplace bullying and harassment occur?
 Yes No

Reason(s) for this conclusion



2017

Occupational Health & Safety Program

Corporate Manual – Subcontractor