TAPLEN CONSTRUCTION INC.

SAFETY AND LOSS
PREVENTION HANDBOOK

OUR GOAL IS ZERO ACCIDENTS

Revised: June 2012
Rev. 005
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FORMS
Acknowledgement Forms (Office & Site)
Emergency Contact List
New Workers Safety Orientation Checklist
Site Safety Incident Report
Hazard Reporting Form
Functional Abilities Form (for Employees Doctor)
RTW Plan
Pre-Injury Job Resumption Form
PROJECT INFORMATION

PROJECT:

______________________________

PROJECT ADDRESS:

______________________________

______________________________

PHONE NUMBER:

______________________________

SUPERINTENDENT:

______________________________

SUPERINTENDENT’S PHONE NUMBER:

______________________________

BY EACH EMERGENCY PHONE IS AN EMERGENCY NUMBER LISTING. ENSURE THAT YOU KNOW WHERE THE NEAREST PROJECT PHONE IS LOCATED.
Corporate Health and Safety Policy Statement

June 2012

Taplen Construction Inc. is committed to the health and safety of our employees and subcontractors.

In fulfilling this commitment to protect both people and property, management will provide and maintain a safe and healthy work environment, in accordance with industry standards and in compliance with legislative requirements. We will strive to eliminate any foreseeable hazards which may result in personal injury/illness or property damage.

We recognize that the responsibility for health and safety is shared by all employees. Each employee and subcontractor will be equally responsible for minimizing accidents on our work sites and within our facilities. Safe work practices and job procedures will be clearly defined in the company’s Health and Safety Manual for all employees to follow.

The frequency and severity of accidents or illness can be controlled through good management in combination with active employee involvement. Safety is the direct responsibility of all managers, supervisors, employees, and contractors.

All management activities will comply with company safety requirements as they relate to planning, operation and maintenance of facilities, work sites, and equipment. All employees will perform their jobs properly in accordance with established procedures and safe work practices.

I trust that all of you will join me in a personal commitment to make working safely a way of life.

Michael E. Assal, President
1.0 ♦ GENERAL POLICIES ♦

1.1 SAFETY ORIENTATION

The objective of the safety orientation program is to provide you with consistent safety information, education and training sufficient for you to develop and acquire the knowledge and awareness to protect yourself and others from injury.

**Requirement** – A new employee safety orientation is required when an individual is directly employed by TCI or engaged through a union. A safety orientation checklist must be signed and returned to the office.

Prior to beginning work, you will be briefed on the following:
- the contents of and the need to be familiar with the contents of this handbook;
- TCI’s commitment to safety and emphasis on working with a safety-first attitude;
- location of workplace facilities such as the first aid station, fire extinguishers, emergency exits, emergency contact phone numbers and toilets;
- workplace specific hazardous materials or substances and proper handling procedures (see WHMIS);
- the name of the Health and Safety Representative on the project;
- special emphasis on accident prevention, emergency procedures in case of accident, TCI’s Return to Work and violence and harassment policies.

Your Safety Orientation may also consist of review of the following:
- Part 2: General safety orientation
- Part 3: Completion of New Worker Safety Orientation Checklist (attachment)

1.2 PERFORMANCE REQUIREMENTS FOR ALL EMPLOYEES

1.2.1 **Employer**

It is the responsibility of the Employer to consider safety as well as production in all planning and to provide and maintain a safe, healthy work environment for all employees. TCI management will be accountable in all aspects of accident or incident investigation and will ensure all remedial steps are taken.

1.2.2 **TCI Employer shall perform the following tasks:**

(E =Employer, PM =Project Manager, SS=Site Superintendent)
- (E) provide notice to the Ministry of Labour and keep a copy of the Act and regulations available;
- (PM) establish and manage a Safety Committee at each location where there are more than 20 workers;
- (PM + SS) ensure a Safety Representative is selected by the workers on site for projects that have between 5 and 20 workers;
- (E + PM + SS) establish written emergency procedures and post them where all workers can see them;
- (PM + SS) make arrangements for fire protection and ensure that workers who may be required to respond are trained;
- (PM + SS) provide a telephone or other system that can be used in an emergency;
- (SS) not permit anyone under the age of 16 on the site;
- (PM + SS) make arrangements for the provision of toilet and clean up facilities before
- (E + PM + SS) provide equipment, materials and protective devices in good condition and ensure these items are used properly and in a safe manner;
- (PM + SS) provide information, instruction and supervision to employees to protect the health and safety of the worker;
- (E + PM) appoint a competent Supervisor;
- (PM + SS) identify and inform workers of any hazards in the workplace;
- (PM + SS) take all reasonable precautions for the protection of workers;
- (E + PM + SS) respond in writing, within 21 days to any health and safety recommendations submitted by a site Safety Committee or site Safety Representative;
- (SS) post the latest edition of TCI’s health and safety policy in a visible workplace location;
- (E) maintain TCI’s Health and Safety Program, Policies and Procedures and ensure its implementation;
- (PM + SS) record the minutes of site Safety Committee meetings and post them prominently for workers to access on site.

1.2.3 Site Project Manager (when applicable)

It is the responsibility of the Site Project Manager to implement, enforce and provide support to the Safety Program at the project level.

For each project and before the start of work, the Project Manager, and the Site Superintendent, will develop a Site Specific Safety Plan that takes into account access/egress, traffic control, material handling, storage, sanitation and all other site-specific safety issues. Some of the areas to cover include emergency response plans, fire protection and resources required.

The Project Manager will inspect all sites under his control weekly or bi-weekly (as required by job conditions) to check that project safety measures are undertaken and inspect the project for unsafe conditions or work methods. The Project Manager will accompany the Site Superintendent on a walk-through of the project weekly or bi-weekly. Any findings or instructions to undertake measures are to be recorded in the Daily Site Log.

Review of Sub-contractors Safety Policy is required by the Project Manager.

1.2.4 Site Superintendent

The Project Superintendent shall be responsible for the following tasks:
- collect current and valid (within 3 yrs) MSDS sheets for all materials used on site by TCI and all subcontractors. MSDS sheets will be kept on file at the main office and at the site by the Site Superintendent;
- assist the Project Manager in developing and implementing the Site Specific Safety Program and orient all Supervisors and Sub-Contractors with the Site Specific Safety Program before they begin work;
- perform a weekly site safety inspection and record the inspection in the TCI Weekly Inspection Report. It is his/her duty to ensure the safety of the public and site security. He/she shall also identify site-specific hazards and develop suitable procedures for safe work and training as required for these hazards;
- proper maintaining on-site safety documentation and reports; respond to Ministry of Labour orders and keep them properly filed;
- immediately report to the Project Manager of any MOL inspections and forward any orders to the Head Office;
- shall co-ordinate all safety functions associated with the project;
- shall ensure workers work in a manner and with the protective devices, measures and
- shall ensure workers use or wear equipment, protective devices or clothing that TCI requires;
- will advise workers of any potential or actual danger of which he/she is aware;
- have a current first aid certificate;
- shall ensure workers have access to TCI’s written Safety and Loss Prevention Handbook;
- shall ensure every precaution reasonable in the circumstances is taken for the protection of an employee;
- act as the site Health & Safety Representative on projects where there are 4 or less workers;
- accompany official government inspectors who visit the site as a Management Representative from TCI and provide any requested information or documentation;
- provide orientation for all new members of the work force. He/she shall also be responsible for the implementation of the Safety Plan at the crew level;
- oversee job box safety talks on a weekly basis;
- shall be responsible to inspect safety equipment and tools on a regular basis and ensure they are properly maintained;
- will ensure daily housekeeping is maintained;
- shall review MSDSs, minutes of Safety Meetings, Ministry of Labour orders and Safety directives with his/her crew.

All Site Superintendents and Workers must be familiar with:
- the Ontario Occupational Health and Safety Act;
- the Regulations for Construction Projects;
- Procedures in the event of an emergency;
- Procedures for refusal to work where health and safety are in danger

In the event of a site safety incident, the Site Superintendent will do the following:
1. Secure the area of the incident to ensure the threat of additional injury to others is prevented.
2. Call emergency services (i.e. Ambulance, Fire Department, Police) if required.
3. Provide first aid to an injured worker if safe to do so and only move the worker if it safety for the responder, will not worsen the injury or there is an immediate threat to life.
4. Once the injured worker, if any, has been stabilized and/or under the care of emergency responders, immediately contacts the Project Manager or Employer to inform them of the incident.
5. Document the area of the incident with photographs.
6. Fill in the Site Safety Incident Report form in full and capture as much details as possible. Forward the Site Safety Incident Report form to the Main Office.
7. Assist in all accident/incident investigation

1.2.5 Health & Safety Representative
On projects where the number of workers regularly exceeds five but is not more than 20, TCI shall select a Health & Safety Representative, either a TCI or a subcontractor who will not hold managerial functions.

1.2.6 The Health & Safety Representative shall:
- have a current first aid certificate;
- be familiar with the requirements of the Occupational Health & Safety Act and regulations for Construction Projects as well as with TCI’s Health & Safety Policy;
- responsibilities shall include the inspection of work areas on a weekly basis to identify
- shall assist in the development of a Site-Specific Program for the project, where feasible, and shall assist in its implementation;
- shall attend all Health & Safety Meetings on site and assist in any accident investigation;
- will receive the full cooperation and respect of both TCI management and the workforce.

The Health and Safety Representative shall tour the site at least once a month with the site superintendent and report any observed hazards to the Superintendent for immediate action. The Health and Safety Representative will also walk the site on a daily basis looking for any safety related concern that should be brought to the attention of the site superintendent.

1.2.7 Health & Safety Committee
Where a project lasts three months or more and where 20 or more workers are regularly employed, TCI will establish a Joint Health & Safety Committee (JHSC). For construction projects expected to last three months or longer and employ 50 or more workers over the course of the project, the Joint Health & Safety Committee will establish a Worker Trades Committee.

The JHSC will meet weekly or bi-weekly to review and coordinate safety issues for the site and post the minutes in a location accessible to all workers.

To further assist in promoting job safety, TCI management and their workers will provide their full cooperation to any member of the Joint Health & Safety Committees or Worker Trades Committees on projects where they may be established.

1.2.8 Workers
All workers shall work safely and adhere to the Health and Safety Program and Safety Policy as well as work within the guidelines of the Ontario Health and Safety Act and Construction Regulations.

Any worker shall immediately report a hazardous or unsafe condition to his/her supervisor or TCI Superintendent.

Workers shall be responsible to ensure their own work area is kept clean and free of hazards.

Workers shall inspect their personal protective equipment before every use and report any defect or damage to his/her Supervisor before use.

All workers shall use or wear the equipment, protective devices and clothing that their Employer and TCI requires.

Any worker shall report any contravention of the Occupational Health & Safety Act to his/her Supervisor for immediate action.

Workers shall not remove or make ineffective, any protective device without providing an adequate temporary protective device, and will immediately replace the original protective device when the work has been completed.

No worker shall engage in any pranks, contests, feats of strength or unnecessary running.
All workers shall adhere to the TCI Workplace Violence and Harassment Policies.

1.2.9 **Sub-contractor / Trade Contractor**
Sub-contractors are treated as workers and must undertake the same requirements as set out in TCI’s Safety Policy.

All Sub-contractor employees are required to comply with their own Safety Policies & Procedures and those of TCI while on a TCI project site.

TCI reserves the right to direct and order any sub-contractor employee to undertake actions or measures to ensure the safety of the site. Non-compliance of the workers may result in their expulsion from site and permanent exclusion.

1.2.10 **Health & Safety Officer/ Health & Safety Coordinator**
The Health & Safety Officer and/or Health & Safety Coordinator shall:
- monthly site inspections
- Return to Work case management, etc.

1.2.11 **Responsibilities:**

1.2.11.1 **Responsibilities of Senior Management**
Senior Management shall ensure:
- compliance with the requirements outline within this procedure;
- ensure adequate resources are provided to support the Hazard Assessment procedure;
- assess the effectiveness of this procedure

1.2.11.2 **Responsibilities of the Project Manager**
The Project Manager shall ensure:
- compliance to the requirements outlined within this procedure at the project/department level;
- workers are properly trained;
- that required control measures are implemented in a timely manner;
- all applicable Hazard Assessment information is reviewed with project/department personnel as required

1.2.11.3 **Responsibilities of the Workers**
All workers shall:
- comply with the requirements outlined within this procedure;
- attend training as required;
- report all hazards to their supervisor.

1.2.11.4 **Responsibilities of the JHSC/ Work Safety Representative**
The JHSC/Representative shall:
- inspect workplaces for actual and potential hazards on a regular basis;
- identify unresolved hazard-related issues;
- recommend control measures as necessary;
- work cooperatively with the company to resolve hazardous assessment related issues.

1.2.11.5 **Responsibilities of the Health & Safety Officer/Coordinator**
The Health & Safety Officer/Coordinator shall;
- support the administration, implementation and continual evaluation of the Hazard Assessment Procedure;
- ensure the adequacy of instruction and training;
- ensure that required control measures are implemented in a timely manner.

1.2.11.6 Responsibilities of Sub-contractors
All sub-contractors conducting work on behalf of TCI shall;
- ensure compliance with the requirements outlined within this procedure;
- ensure that contractor personnel are adequately trained and instructed.

1.3 Workplace Hazards

1.3.1 Purpose
The procedure is designed to establish a system for workers, contractors and third parties to identify, evaluate and control hazards so they may be adequately controlled prior to the occurrence of an accident/incident.

1.3.2 Scope
The Hazardous Situation Reporting procedure applies to all persons considered employees of TCI, sub-contractors and third parties conducting work on behalf of TCI. This procedure is designed to identify and address workplace hazards.

1.3.3 Hazard Definition
A circumstance or situation which has the potential to result in an incident.

1.3.4 Standard

1.3.4.1 Hazards
Hazards can be identified, labelled, controlled or eliminated and they can be tracked over time to determine whether they contribute to injury or illness. Addressing hazardous situations will control the hazard before an injury, illness or property damage occurs. Because of the range and complexity of hazards in the workplace, recognition must be an ongoing concern of all workplace parties at all times.

There are various categories into which hazards can be placed, such as:
- machinery and equipment hazards include sharp edges, pinch points, entanglement, contact with energy sources and hot surfaces;
- material hazards include the weight, shape, flammability, corrosiveness and toxicity of a specific material;
- the hazards of physical work environments include housekeeping, noise, lighting, air quality and excessive heat or cold;
- hazards associated with people and the tasks they do include becoming overly fatigued or stressed and a job task may require reaching beyond the normal capacity of the worker’s body, or adopting an awkward posture;
- organisational factors include policies and procedures, maintenance schedules, type of training and shift work schedules.

When incidents occur, it is often because a number of factors from different hazard sources have acted in combination. This is why, in hazard recognition, it is wise to consider not only the hazard but the circumstances which allow the hazard to exist.
There are three fundamental steps in Hazard Assessment. Hazard Recognition is the first step and can be defined as an awareness of hazardous conditions or situations: the second step involves the Evaluation of the Hazard, and the third step is the identification of Hazard Control measures. All three steps are dependent upon each other.

1.3.4.2 **Hazard Recognition**

No single best method can be recommended for hazard recognition, instead a variety of methods are implemented including the following:

- a review of Material Safety Data Sheets (MSDS) must be conducted before an unfamiliar substance is used. Chemical substances present different hazards depending on their use.
- Daily Field Report is a means of identifying hazards on an on-going basis.

1.3.4.3 **Hazard Control**

Once hazards are recognised, controls can be developed. The ideal procedure is to eliminate the hazard; however, where the nature of the process is such that elimination is not possible, three main types of controls, Administrative, Engineering and Personal Protective Equipment, are to be considered. In addition, Work Behaviours and the reduction of Human Error can contribute substantially to hazard control.

1.3.4.4 **Administrative Controls**

Health and safety procedures, safe work practices, training, work scheduling, job rotation, pre-use inspections are all examples of Administrative Controls.

1.3.4.5 **Engineering Controls**

**Source** controls include all engineering controls at the point of hazard generation. Examples are wet grinding, machine cooling and grounding, exhaust mufflers, scrubbers and local exhaust fans. Source controls eliminate hazard generation or contain hazards in close proximity to the source.

**Path** controls include devices that intervene in the path between the source and the operator. Examples are shields, machine guards, dust and smoke extractors, welding shields and general ventilation.

1.3.4.6 **Personal Protective Equipment**

Control at the worker should be considered as the last choice of Hazard Control, where administrative and engineering controls are not fully effective. Personal protective equipment is designed to prevent injury or illness by preventing exposure.

1.3.4.7 **Work Behaviours and Human Errors**

Hazard Controls are not limited to physical condition hazards. In addition, personal factors and job factors must also be considered.

Clear job instructions, properly operated and regularly maintained equipment, well designed material handling and storage procedures effectively reduce hazards. Exceeding specific design limits (e.g. not operating the equipment at proper speed, temperature or load limits) may lead to equipment failure and consequent hazards.

1.3.4.8 **Monthly Hazard Assessment**

When workplace situations change, so will the hazards. The value of maintaining an ongoing hazard assessment program is to ensure that both new hazards and changes to
existing hazards are identified and addressed. TCI will review the Daily Field Report and Weekly Site Safety Inspection to conduct a monthly site safety inspection.

Copies of completed monthly site safety inspection documentation shall be retained by the H&S Manager/Coordinator

1.4 SUBSTANCE ABUSE POLICY

1.4.1 Purpose

The objective of the policy is to:

Establish and maintain a safe, healthy and productive working environment for all employees, to protect the employees of Taplen Construction Inc. (TCI) and the firm’s reputation within the community and construction industry. To reduce injuries, absenteeism, tardiness and other work-related problems that can be associated with substance abuse.

This objective can be adversely affected by impaired on-the-job performance due to substance abuse. Such impairment can potentially be a contributing cause of injury not only to the impaired substance abuser but also to other employees or third parties.

1.4.2 Scope

Taplen Construction Inc. has a clear policy regarding impaired performance due to substance abuse that is laid out in the Health and Safety Policy as follows:

TCI strictly prohibits the use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, controlled substances, and/or drug paraphernalia in any amount or in any manner either in the workplace or on the job. TCI does not permit the consumption of alcohol on its premises. Prescription or over-the-counter drugs if abused or used without proper medical direction are strictly prohibited. Impaired performance due to substance abuse is a violation of company policy and is prohibited. For those employees assigned to or whose job potentially includes assignment to a safety sensitive position, Zero Tolerance will be enforced.

TCI does not have a drug testing program, but if there is a visual confirmation of substance abuse or suspicious behavior due to the influence of a banned substance as detailed above, TCI may exercise its right to send the worker home to protect the safety of other workers.

1.4.3 Responsibilities

1.4.3.1 Employer

For the purpose of this policy, as an Employer, you are responsible to:

- support employee’s efforts to obtain information emphasizing awareness, education and voluntary self-referral to assistance such as the Canadian Centre on Substance Abuse (www.ccsa.ca); and
- support the rehabilitation and return to work of employees who have had problems with alcohol, illegal drug or medical dependency; and
- ensure that all employees are aware of this policy through meetings and the TCI Health and Safety Policy.
The following three-step process may be implemented by TCI when an employee has been found to be engaging in substance abuse in contravention of the Health and Safety Policy:

STEP 1  In the first instance, the employee will be counseled by TCI Management regarding their infraction and may be sent home for the balance of the day. The employee will receive a written warning, which will reference the Canadian Centre on Substance Abuse.

STEP 2  At the second incident TCI Management will again counsel the employee and may impose a five day suspension without pay together with another letter outlining the first two infractions and how to get help through the Canadian Centre on Substance Abuse.

STEP 3  At the third incident, TCI Management will again meet with the employee and may proceed to terminate the employee for failure to adhere to the Health and Safety Policy.

1.4.3.2  An Employee

For the purpose of this policy, as an Employee, you are expected to:

- promote a working environment that does not tolerate the inappropriate use of alcohol, illegal drugs or misuse of medications; and
- seek assistance, if required, by way of a confidential assessment or counseling; and
- ensure you do not consume during, or report to work under, the influence of alcohol, illicit drugs or misuse of medication; and
- confidentially report to TCI Management when you have witnessed or have suspicions of when a fellow employee might be under the influence of a substance.

1.4.4  Confidentiality

Strict confidentiality is required when dealing with instances of substance abuse or when reporting suspicions of substance abuse. Any individual who becomes aware of an incident of substance abuse should not disclose the details of the incident to any third party. Discussions with unrelated parties about the incident seriously undermine the privacy of all parties involved. You are to refrain from publicly making accusations either directly to the employee or others. Those with questions or concerns about the incident should speak to their immediate supervisor or manager.

1.4.5  Communication & Training

A memo will be sent out to all TCI site personnel and an e-mail to all office personnel informing them about the new policy or changes to the existing policy and that it will be discussed at one of the TCI staff meetings and that a brief training session on the policy will take place.

1.4.6  Evaluation

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding procurement. The review will be done by the members of
the Joint Health & Safety Committee (JHSC) in conjunction with selected TCI employees during a Committee meeting.

1.4.7 Acknowledge Success / Make Improvements

During the annual review any recommendations or suggested changes to the policy will be discussed and implemented if the change will improve the effectiveness of the policy. Action items will be assigned to key individuals if required and the policy will be updated and included in a revised copy of the TCI Health and Safety Manual.

1.5 SAFETY STANDARDS - ENFORCEMENT/DISCIPLINE

Compliance with company and legislative safety standards is necessary to maintain a safe and healthy work environment. As with any program, corrective disciplinary measures may be required to deal with non-compliance issues.

The following are guidelines for disciplinary action resulting from safety infractions:
- **On first offence**, worker will be given a written or a verbal warning.
- **On second offence**, workers employment will be terminated.

When dealing with subcontractors, the supervisor will be authorised to instruct their foreman/manager to discipline and/or remove the individual who have been identified as refusing to comply. If the individual refuses to leave site as ordered, the site superintendent shall call the police to remove the person and immediately notify TCI management.

1.6 ACCIDENT PREVENTION

All unsafe conditions or practices must be reported immediately. All reported hazards must be investigated and corrective action taken to avoid injury, damage or recurrence.

1.7 COMPLIANCE WITH THE LAW

A copy of Local Regulations for Occupational Health & Safety Act is available for your reference at all TCI project locations. Ensure that these Regulations are adhered to.

1.8 WORKPLACE VIOLENCE POLICY

1.8.1 Purpose

The purpose of the policy is to ensure that:
- individuals are aware of and understand that acts of violence are considered a serious offence for which necessary action will be imposed;
- those subjected to acts of workplace violence are encouraged to access any assistance they may require in order to pursue a complaint; and
- individuals are advised of available resources if they are subjected to, or become aware of, situations involving workplace violence.

1.8.2 Scope

This policy applies to all persons considered employees of Taplen Construction Inc., and Subcontractors conducting work on behalf of TCI.
1.8.3 **Definition**
For the purpose of this policy “workplace violence” means threatened, attempted, or actual conduct of a person that causes or is likely to cause physical injury, whether work related or at a work site.

Examples of workplace violence:
- threatening behavior such as shaking fists, destroying property or throwing objects
- verbal or written threats that express an intent to inflict harm;
- physical attacks;
- any act that would arouse fear in a reasonable person in the circumstance.

1.8.4 **Responsibilities**

1.8.4.1 **Management**
For the purpose of this policy, as a Sr. manager or supervisor, you are responsible to:

- act responsible towards individuals while at work and participating in any work-related activity;
- provide immediate assistance when workplace violence occurs;
- develop workplace arrangements that minimize risk of workplace violence;
- promote a non-violent workplace;
- ensure this policy is explained to all employees that your supervise or manage;
- identify training needs for employees;
- ensure that employees understand who to contact regarding concerns about the policy or when reporting an incident;
- ensure your own immediate physical safety if an incident or workplace violence occurs, then report the criminal behavior to the appropriate law enforcement agency; and
- ensure the security and safety of all parties involved during an investigation of an incident or workplace violence;
- disclose persons with a history of violence;
- relay all possible options in dealing with the incident.

1.8.4.2 **Company Employee**
For the purpose of this policy, as a company employee, you are responsible to:

- act respectfully towards other individuals while at work and participating in any work-related activity;
- ensure your own immediate physical safety in the event of workplace violence, then report the incident to a supervisor, manager or police as the situation warrants;
- in the event of suspected workplace violence, report the incident to a supervisor or manager as the situation warrants; and
- co-operate with any efforts to investigate and resolve matters arising under this policy.

1.8.4.3 **Sub-Contractor**
For the purpose of this policy, as a sub-contractor, you are responsible to ensure that your employees:
• act respectfully towards other individuals while on the jobsite and participating in any work-
related activity;
• ensure their own immediate physical safety in the event of workplace violence, then
report the incident to a site superintendent or police as the situation warrants;
• in the event of suspected workplace violence, report the incident to a site superintendent
as the situation warrants; and
• co-operate with any efforts to investigate and resolve matters arising under this policy.

1.8.5 Standard

1.8.5.1 General

Taplen Construction Inc. has adapted this policy from various resources including Bill 168,
Occupational Health and Safety Amendment Act (Violence and Harassment in the
Workplace) 2009.

1.8.5.2 Complaint Procedures

• Prior to filling out a formal report of the incident a person subjected to workplace
violence (the Complainant) should let their objection to the behavior be known to the
alleged offender (the Respondent), directly or with the assistance of a third party.

• A Complainant may ask support from a supervisor or manager to communicate their
objection to the incident and/or prepare and submit a formal complaint if they choose.

• The Complainant should carefully record details of the incident and the date and time
of the incident, nature of the violence, and the names of the people who may have
witnessed the incident. This document is the Complainant’s personal record and
property.

• The Complainant may choose to file a formal complaint that documents their
concerns to their immediate supervisor or manager.

1.8.5.3 Site Specific Actions

• The Project Superintendent has the right to take immediate action if an incident of
workplace violence occurs and as long as the action does not put themselves or others
in physical danger.

• Depending on the nature of the incident, the Superintendent is authorized to
undertake the following actions:
  1) address the incident with the employee or subcontractor employee,
  2) send away from the project job site the employee or subcontractor employee,
  3) call the Police for immediate assistance.

• The Superintendent should carefully record details of the incident and the date and
time of the incident, nature of the violence, and the names of the people who may
have witnessed the incident in the site log book.

• Sr. Management must be notified of all incidents and a formal investigation, if
warranted, may be undertaken and an action plan be developed for implementation.

1.8.5.4 Confidentiality
Strict confidentiality is required to properly investigate an incident and to offer appropriate support to all parties involved. Any individual who becomes aware of an incident of violence should not disclose the details of the incident to any third party without consultation of the Complainant. Discussions with unrelated parties about the incident seriously undermine the privacy of all parties involved. Those with questions or concerns about the incident should speak to their immediate supervisor or manager.

1.8.5.5 Non-Retaliation

All persons involved in the processing of a complaint will ensure that the Complainant is neither penalized nor subjected to any prejudicial treatment as a result of making the complaint. Disciplinary action will be taken against any person who takes reprisal against a person who reports workplace violence.

1.8.5.6 Investigation

Upon receipt of a formal complain of workplace violence, management will determine whether an investigation will be pursued, and will:

a) advise the Respondent in writing of the investigation and the nature and specifics of the complaint;
b) send the Respondent home with pay, if warranted;
c) advise the Complainant of the investigation; and
d) assign the investigation to an internal or external person to investigate.

The investigator will:

a) advise all parties to the investigation that they may have legal representation (at their own cost);
b) conduct the investigation in a fair and non-prejudicial manner;
c) explore all allegations by interviewing the Complainant, the Respondent, and others who may have knowledge of the incident(s) or circumstances that led to the complaint, or are responsible for the workplace.

The investigator may make a finding of:

a) sufficient evidence to support a finding of violence of this policy;
b) insufficient evidence to support a finding of violence of this policy, or

c) no violence of this policy.

1. The investigator must prepare a written report of the investigation’s findings, and forward that report to management within thirty (30) working days of receiving the report and advise the Complainant and Respondent in writing of the outcome.

2. Management should make a decision whether to dismiss or act upon the report from investigator within thirty (30) working days of receiving the report and advise the Complainant and Respondent in writing of the outcome. A person found guilty of workplace violence faces the possibility of dismissal.

1.8.6 Evaluation
This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding workplace violence. The evaluation should therefore include the needs assessment, process evaluation, and outcome evaluation. Benchmark data should be complied to monitor the success of the policy.

1.9 WORKPLACE HARASSMENT POLICY

1.9.1 Purpose

The purpose of the policy is to ensure that:

- individuals are aware of and understand that acts of harassment are considered a serious offence for which necessary action will be imposed;
- those subjected to acts of workplace harassment are encouraged to access any assistance they may require in order to pursue a complaint; and
- individuals are advised of available resources if they are subjected to, or become aware of, situations involving workplace harassment.

1.9.2 Scope

This policy applies to all persons considered employees of Taplen Construction Inc., and Subcontractors conducting work on behalf of TCI.

1.9.3 Definitions

For the purpose of this policy “workplace harassment” means any improper behaviour by an employee that is directed at and is offensive to another employee, and which that person knew or should reasonably have known would be unwelcome. It comprises objectionable conduct, comment or display made on either a one time or continuous basis that demeans, belittles, or causes personal humiliation or embarrassment to a person at the place of work. It includes harassment within the meaning of the Canadian Human Rights Act, i.e. based on any of the prohibited grounds of discrimination listed in that Act.

Sexual Harassment means any conduct, comment, gesture or contact of a sexual nature, whether on a one time basis or in a continuous series of incidents, that might reasonably be expected to cause offence or humiliation to an employee; or that the employee might reasonably perceive as placing a condition of a sexual nature on employment or on an opportunity for training or promotion. Generally, sexual harassment is deliberate, unsolicited, coercive and one sided and both male and female employees can be the victim or the perpetrator.

Examples of workplace harassment:

- repeated humiliating comments to a fellow worker;
- inappropriate gestures, sarcasm, criticism and insults, often in front of customers/clients, management, or other workers;
- making a fellow employee feel insignificant;
- sabotaging a person’s work, for example, by deliberately withholding or supplying incorrect information; hiding documents or equipment; not passing on messages; and getting a person into trouble in other ways;
- leaving offensive messages on email or the telephone;
- repeated threats of dismissal; and
- repeatedly abusing a person/s loudly, usually when others are present.

1.9.4 Responsibilities

1.9.4.1 Management

For the purpose of this policy, as a Sr. manager or supervisor, you are responsible to:

- act responsible towards individuals while at work and participating in any work-related activity;
- provide immediate assistance when workplace harassment occurs;
- develop workplace arrangements that minimize risk of workplace harassment;
- ensure this policy is explained to all employees that your supervise or manage;
- identify training needs for employees;
- ensure that employees understand who to contact regarding concerns about the policy or when reporting an incident;
- ensure the security and safety of all parties involved during an investigation of an incident or workplace harassment;
- to relay all possible options in dealing with the incident.

1.9.4.2 Company Employee

For the purpose of this policy, as a company employee, you are responsible to:

- act respectfully towards other individuals while at work and participating in any work-related activity;
- in the event of suspected workplace harassment, report the incident to a supervisor or manager as the situation warrants; and
- co-operate with any efforts to investigate and resolve matters arising under this policy.

1.9.4.3 Sub-Contractor

For the purpose of this policy, as a sub-contractor, you are responsible for ensuring that your employees:

- act respectfully towards other individuals while on the jobsite and participating in any work-related activity;
- in the event of suspected workplace harassment, report the incident to a site superintendent as the situation warrants; and
- co-operate with any efforts to investigate and resolve matters arising under this policy.

1.9.5 Standard
1.9.5.1 General

Taplen Construction Inc. has adapted this policy from various resources including Bill 168, Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) 2009.

1.9.5.2 Complaint Procedures

- Prior to filling out a formal report of the incident a person subjected to workplace harassment (the Complainant) should let their objection to the behavior be known to the alleged offender (the Respondent), directly or with the assistance of a third party.

- A Complainant may ask support from a supervisor or manager to communicate their objections to the incident and/or prepare and submit a formal complaint if they choose.

- The Complainant should carefully record details of the incident and the date and time of the incident, nature of the harassment, and the names of the people who may have witnessed the incident. This document is the Complainant’s personal record and property.

- The Complainant may choose to file a formal complaint that documents their concerns to their immediate supervisor or manager.

1.9.5.3 Site Specific Actions

The Project Superintendent has the right to take immediate action if an incident of workplace harassment occurs and as long as the action does not put themselves or others in physical danger.

Depending on the nature of the incident, the Superintendent is authorized to undertake the following actions:
1) address the incident with the employee or subcontractor employee,
2) send away from the project job site the employee or subcontractor employee,
3) call the Police for immediate assistance.

- The Superintendent should carefully record details of the incident and the date and time of the incident, nature of the harassment, and the names of the people who may have witnessed the incident in the site log book.

- Sr. Management must be notified of all incidents and a formal investigation, if warranted, may be undertaken and an action plan be developed for implementation.

1.9.6 Confidentiality

Strict confidentiality is required to properly investigate an incident and to offer appropriate support to all parties involved. Any individual who becomes aware of an incident of harassment should not disclose the details of the incident to any third party without consultation of the Complainant. Discussions with unrelated parties about the incident seriously undermine the privacy of all parties involved. Those with questions or
concerns about the incident should speak to their immediate supervisor or manager.

1.9.7 Non-Retaliation

All persons involved in the processing of a complaint will ensure that the Complainant is neither penalized nor subjected to any prejudicial treatment as a result of making the complaint. Disciplinary action will be taken against any person who takes reprisal against a person who reports workplace violence.

1.9.8 Investigation

Upon receipt of a formal complaint of workplace harassment, management will determine whether an investigation will be pursued, and will:

a) advise the Respondent in writing of the investigation and the nature and specifics of the complaint;
b) send the respondent home with pay, if warranted;
c) advise the Complainant of the investigation; and
d) assign the investigation to an internal or external person to investigate.

The investigator will:

a) advise all parties to the investigation that they may have legal representation (at their own cost);
b) conduct the investigation in a fair and non-prejudicial manner;
c) explore all allegations by interviewing the Complainant, the Respondent, and others who may have knowledge of the incident(s) or circumstances that led to the complaint, or are responsible for the workplace.

The investigator may make a finding of:

a) sufficient evidence to support a finding of harassment of this policy;
b) insufficient evidence to support a finding of harassment of this policy, or

c) no harassment of this policy.

The investigator must prepare a written report of the investigation’s findings, and forward that report to management within thirty (30) working days of receiving the report and advise the Complainant and Respondent in writing of the outcome.

Management should make a decision whether to dismiss or act upon the report from investigator within thirty (30) working days of receiving the report and advise the Complainant and Respondent in writing of the outcome. A person found guilty of workplace harassment face the possibility of dismissal.

1.9.9 Evaluation

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding workplace harassment. The evaluation should therefore include the needs assessment, process evaluation, and outcome evaluation. Benchmark data should be complied to monitor the success of the policy.
1.10 HAZARD REPORTING

1.10.1 Purpose

These procedures are designed to establish a system for “ALL” workers including TCI employees, sub-contractors and third parties to identify/recognize, evaluate, report, and control hazards so they may be adequately addressed to prevent the occurrence of an accident/incident.

1.10.2 Scope

Hazards can be identified, labelled, controlled, or eliminated and they can be tracked over time to determine whether they contribute to injury or illness. Addressing hazardous situations will control the hazard before an injury, illness, or property damage occurs. When incidents occur, it is often because a number of factors from different hazard sources have acted in combination. This is why, in hazard recognition, it is wise to consider not only the hazard but the circumstances which allow the hazard to exist. Due to the range and complexity of hazards in the workplace, recognition must be an ongoing concern of all workplace parties at all times. There are three fundamental steps in Hazard Assessment. The first step is Hazard Recognition & Identification, the second step involves the Evaluation of the Hazard, and the third step is the Identification of Hazard Control measures. All three steps are dependent upon each other.

1.10.3 Definitions

- Hazard recognition means noting a “suspected” hazard, because of its potential to harm or damage to a worker, or having it brought to your attention. The alert may come as a personal opinion or concern.

- Hazard identification is a skill used by a trained individual who has the knowledge to make this determination. This could include trained workers, site superintendents, members of a joint health and safety committee, or a health and safety certified safety representative.

- Hazard evaluation is component of risk evaluation that involves gathering and evaluating data/information on the potential safety and health risk and the conditions of exposure under which such health effects are produced.

- Hazard control is the development of systems to prevent accidents, injuries, and other adverse occurrences. The concept includes prevention or reduction of adverse events or incidents involving all workers. Hazard control can be done at the source, the path, or at the worker.

- Engineering Controls - Source controls include all engineering controls at the point of hazard generation. Examples are wet grinding, machine cooling and grounding, exhaust mufflers, scrubbers and local exhaust fans. Source controls eliminate hazard generation or contain hazards in close proximity to the source. Path controls include devices that intervene in the path between the source and the operator. Examples are shields, machine guards, dust and smoke extractors, welding shields and general ventilation

- Administrative Controls - Health and safety procedures, safe work practices, training, work scheduling, job rotation, pre-use inspections are all examples of Administrative Controls
1.10.4 Health and Safety Hazards Rating

- Major – any hazard that has the potential to cause death, critical injury, or lost time
- Moderate – any hazard that has the potential to cause injury requiring medical attention or cause property damage
- Minor – any hazard that has the potential to cause injury requiring first aid

1.10.5 Health and Safety Hazards

*Health Hazards* include:

- chemical agents (solids, liquids or gases)
- physical agents (forms of energy or force such as sound, heat or electricity)
- biological agents (microorganisms from plant, animal or human tissue)
- ergonomic hazards (consequence of poor equipment, workstation design or work activity design, over fatigue, over reaching, or awkward posture, musculoskeletal disorders)
- physical work environment hazards (housekeeping, noise, lighting, air quality and excessive heat or cold)

*Safety Hazards* have the potential to cause traumatic injury or death. They include:

- machinery and equipment related hazards (sharp edges, pinch points, entanglement, contact with energy sources and hot surfaces)
- energy hazards (falls, struck by incidents, kinetic, released energy)
- confined space hazards and,
- material handling hazards (the weight, shape, flammability, corrosiveness and toxicity of a specific material)
- organizational factors (policies and procedures, maintenance schedules, type of training and shift work schedules)

1.10.6 Communication/ Training

TCI Management will ensure employees and visitors are made aware of any potential hazards in the workplace/office either verbally, by e-mail, or by posting a notice of the hazard in a visible location of the main travel route of the office. Management will also discuss the hazard reporting procedure during a monthly staff meeting.

The site superintendent will ensure that all workers which come on a TCI jobsite are made aware of potential jobsite hazards. Hazard awareness is done by the site superintendent through job site orientations, tailgate safety meetings/talks, and one on one conversation. In addition, the site superintendent will explain to the workers what to do if they wish to report a potential jobsite hazard. Reporting a potential jobsite hazard can be done through talking directly to the site superintendent about the concern or formally filling out a hazard form. TCI site superintendents that have gone through the Construction Health and Safety Representative Training Program offered through Infrastructure Health and Safety Association (IHSA) are qualified to recognize potential hazards and initiate corrective action plans.

During the site orientation the worker will also become familiar with the location of fire extinguishers, first aid kits, emergency contact numbers, and emergency procedures. The site
superintendents also use daily field reports and weekly safety site inspections as a means to record safety concerns.

### 1.10.7 Reporting

If a worker notices a hazard, corrective action should be taken by the worker only if they are able and qualified to do so. If the worker is unable to take corrective action then any hazard concerns are to be immediately reported to the site superintendent, supervisor, and/or the Health and Safety Representative, no matter where the health and safety concern is located. **Timely reporting** is required so the appropriate corrective actions can be made quickly. This will ensure that the potential for injury or loss is minimized.

Concerns can be reported verbally or reported using the “Hazard Report” form. When using the form, the worker must complete the top half of the form (Section A), including the following:

(a) his/her name, company, signature, and date;
(b) name of supervisor;
(c) the location and description of the hazard

The site superintendent/supervisor shall complete and sign the response section (Section B) of the form and return it to the employee who reported the health and safety concern. It is the responsibility of the site superintendent/supervisor to follow up on corrective actions. Once corrective actions have been completed the site superintendent/supervisor will sign the follow up section of the “Hazard Report” form and keep a copy on file. The superintendent/supervisor will also inform the worker who submitted the concern that the appropriate corrective actions have been taken.

### 1.10.8 Corrective Action

- If the corrective action is a simple fix the site superintendent/supervisor will take immediate action without filling out any forms but will note the hazard and corrective action on the daily field report in the case of a site superintendent.

- When the corrective action is more complicated and a hazard report is used, the site superintendent/supervisor will identify the hazard, create a corrective action plan, and rate the hazard on section B of the “Hazard Report” form. The corrective action plan will include when the hazard will be corrected, how, and who is responsible for completing the corrective action. A copy of the form will be kept on file and a copy will be returned to the worker who submitted the concern.

- If the issue is outside the scope of responsibility or authority of the site superintendent/supervisor, they should contact their Joint Health and Safety Committee for guidance.

- For matters that are not rectified after a reasonable length of time (20 work days or less depending on the severity of the concern), the worker should bring it to the attention of his/her Health and Safety representative and a member of the Joint Health and Safety Committee (JHSC). This issue must then be tabled as an agenda item on the next committee meeting where it will be discussed, follow-up measures recommended, and recorded in the minutes.
1.10.9 Evaluation

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding hazard awareness. The evaluation will include the timeliness of corrective action plans for identified hazards, the number of hazards that were identified by workers, can the hazards be categorized, is there any trends, and could any of the hazards not be addressed on site and needed help from the JHSC.

1.10.10 Acknowledgement/Make Improvements

TCI Management encourages our site superintendents/supervisors to acknowledge good performance verbally in front of peers. Feedback from workers is an excellent tool to evaluate the training and training needs of hazard reporting which helps indicate areas that need improvements or what is working; this information will be taken into considerable during the document review. It is TCI Management’s intent to implement a company-wide culture of accident prevention, making all workers more aware of their responsibilities and by empowering workers to take an active role in hazard reporting.

1.11 MOTOR VEHICLE INCIDENT PREVENTION

1.11.1 Purpose

The purpose of this document is to develop an awareness of motor vehicle incident prevention. We aim to reduce/eliminate motor vehicle incident in our workplace.

1.11.2 Roles & Responsibilities

**Employee:**

- Abide by the provincial traffic rules
- Complete the attached semiannual checklists
- Address any deficiencies in the vehicles that are found
- Take appropriate tests to maintain licensing
- Be familiar with motor vehicle safety and driving practices policy

**Employer:**

- Verify valid driver licenses annually
- Promote safe driving practices to all workers

1.11.3 Breakdown Procedures

- At the first sign of trouble move out of the traffic stream (i.e. shoulder, parking lot, road side etc.) as far as possible.
- Do not wait for your vehicle to stall and never stop in the driving lane, if possible.
- If you need to leave your vehicle, put your hazard lights on and leave your vehicle by the right passenger door, if it is not safe to exit on the driver’s side due to high speed traffic.
- Call a recovery truck/emergency services and wait their arrival.
- If you do not have the phone numbers of any emergency services call the office to get one.

1.11.4 Motor Vehicle Accident Procedures

- Stop at once.
- Ensure the vehicle is not posing a traffic hazard.
- Where an accident has been minor and involved no other person or damage to third party property, the vehicle should be checked for damage and/or roadworthiness before proceeding.

**Accident is with another person, vehicle, or third party property:**
- Ensure passengers are ok and in a safe place. Only if there is no serious injury, move passengers to a safer place by the side of the road.
- Where appropriate, contact relevant emergency services: Fire/Ambulance Report the accident to the Police.
- Get the names and addresses of all witnesses to the accident.
- Provide factual details but DO NOT admit liability for an accident or make statements or comments, which may be interpreted as an admission of liability.
- If another vehicle is involved, a record of the following information should be obtained:
  1. The owners name, address and telephone number.
  2. The drivers name, address and telephone number.
  3. The name of the owner’s insurance company.
  4. The make, model and registration number of the vehicle.
  5. Contact management who will provide assistance.
  6. Complete an Accident/Incident form and any relevant insurance paperwork and forward it to management as soon as possible after the accident.

1.11.5 **Training and Communication**
- Training will be through tool box talks or individual training sessions
- Incidents and updates of laws and regulations will be discussed in Taplen Construction Inc. Management Safety meetings. A report will be distributed to the individual drivers as required, with updates and findings of the meeting.

1.11.6 **Evaluation**
- The standard will be evaluated on an annual basis and evaluated by TCI Management.

**Emergency Contact Phone Numbers:**

**Ottawa Police:**
Life threatening Emergency 911
All other emergencies 613-230-6211

**OPP:**
Life threatening Emergency 911
All other emergencies 888-310-1122

**Ambulance:**
Emergency 911
Other: 613-230-6211

**Towing:**
Parliament Towing Services 613-978-1212
Vic’s Towing 613-727-5700
Response Towing 613 601-6666
1.12 PROCUREMENT POLICY FOR SUB-TRADES, EQUIPMENT & MATERIAL

1.12.1 Purpose

The purpose of the policy is to ensure that:

- Subcontracts are issued to subcontractors that match their quotation at tender close and encompasses their full scope of work in accordance with the tender documents (specification, drawings, and addendums); and
- Contemplated Change Order (CCN) are quoted by the respective sub trades and that Purchase Orders (PO) are issued according to the scope of work that matches the Change Order (CO) once issued; and
- Site Instructions (SI) or where extras are associated are quoted by the respective sub trades and that Purchase Orders (PO) are issued according to the scope of work that matches the Change Order (CO) once issued; and
- Site Materials are purchased wisely and a PO is issued, and
- Rentals are purchased wisely and a PO is issued, and
- The Subcontractor adheres to Taplen Construction’s Health & Safety Policy is an integral part of the Subcontract

1.12.2 Scope

This policy applies to all persons considered employees of Taplen Construction Inc. (TCI)

1.12.3 Definitions

**Contemplated Change Notice (CCN)** – a proposed change to the contract that will either create and extra or a deduction to the base contract amount.

**Change Order (CO)** - a change order is a component of the change management process whereby changes in the Scope of Work agreed to by the Owner, Contractor and Architect are implemented. A change order is work that is added to or deleted from the original scope of work of a contract, which alters the original contract amount or completion date. A change order may fork a new project to handle significant changes to the current project.

**Site Instruction (SI)** – the purpose of a site instruction is to provide a clarification, direction or recommendation on how to proceed with construction. A site instruction can also have a dollar value associated to the work either as a credit or an extra.

**Purchase Order (PO)** – is a commercial document issued by a buyer to a seller, indicating types, quantities, and agreed prices for products or services the seller will provide to the buyer. Sending a purchase order to a supplier constitutes a legal offer to buy products or services.

1.12.4 Responsibilities

1.12.4.1 Sr. Estimator

For the purpose of this policy, as a Sr. Estimator, you are responsible to:
thoroughly review the contract documents (specifications, drawings, and addendums) and list all items to be encompassed in the scope of work for each sub trade that is required for the project;
review the quotations from sub trades submitted at time of tender and ensure that their scope of work matches the requirements of the contact documents and that of Taplen Construction Inc.;
Negotiate and award subcontracts

1.12.4.2 **Project Manager**

For the purpose of this policy, as a Project Manager, you are responsible to:

- review all CCN’s issued by the architect and ensure that the corresponding sub trade quotes are in accordance with the scope of work in the CCN;
- submits CCN final quotations to the architect/owner that includes all quotation from corresponding sub trades and that the Overhead and Mark-up percentages are in accordance with the contract documents;
- submits SI final quotations to the architect/owner that includes all quotation from corresponding sub trades and that the Overhead and Mark-up percentages are in accordance with the contract documents;
- issue PO’s to subcontractors that match the dollar value and scope of work which corresponds to the quotations sent in for the associated CCN or SI;
- Review all PO’s issued by the project site superintendent for materials, equipment rentals or purchases, or temporary labour

1.12.4.3 **Site Superintendent**

For the purpose of this policy, as a Site Superintendent, you are responsible to:

- issue PO’s for all project related material purchases, equipment rentals, equipment repairs, and temporary labour;
- submit all PO’s to the Project Manger for review;
- ensure unused equipment rentals are not left on site and that they are promptly returned to the rental company;
- review the packing slip of all material to ensure that all material delivered match not only the packing slip but the PO;
- ensure that all safety related documents are enclosed with rental equipment and that all operators are qualified to use equipment;
- all new equipment are logged in the Taplen inventory and old discarded equipment is taken off the inventory list and all information is provided to the Project Manager

1.12.4.4 **TCI Administration Staff**

For the purpose of this policy, as an Administration Staff Member, you are responsible to:

- ensure that the Subcontractor submits a copy of their own Health and & Safety Policy and a signed TCI Health & Safety Policy Acknowledgement Form with the signed subcontract;

1.12.4.5 **TCI Accounting Staff**

For the purpose of this policy, as an Accounting Staff Member, you are responsible to:
• ensure that the Subcontract has been signed and all the required documentation are in place before any payment to the Subcontractor can be made;

1.12.5 Communication & Training

A memo will be sent out to all TCI site personnel and an e-mail to all office personnel informing them about the new policy or changes to the existing policy and that it will be discussed at one of the TCI staff meetings and that a brief training session on the policy will take place.

1.12.6 Evaluation

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding procurement. The review will be done by the members of the Joint Health & Safety Committee (JHSC) in conjunction with selected TCI employees during a Committee meeting.

1.12.7 Acknowledge Success / Make Improvements

During the annual review any recommendations or suggested changes to the policy will be discussed and implemented if the change will improve the effectiveness of the policy. Action items will be assigned to key individuals if required and the policy will be updated and included in a revised copy of the TCI Health and Safety Manual.

1.13 JOINT HEALTH & SAFETY COMMITTEE (JHSC)

1.13.1 Objective

The objective of the Joint Health & Safety Committee (JHSC) is to promote that all employees of Taplen Construction Inc. (TCI) has a responsibility to contribute to the continuous improvement of workplace Health & Safety awareness through monthly workplace inspections, quarterly meetings, investigations, and recommendations.

This policy fulfils TCI’s obligation to comply with the requirements of the Ontario Occupational and Safety Act regarding Joint Health and Safety Committee.

1.13.2 Application

This policy applies to all TCI workplaces including construction project sites.

1.13.3 Establishment of a JHSC

Workplace

a) When there are 6 to 9 workers in a workplace, a Health and Safety (H&S) Representative (HSR) is only required.

b) When there are 20+ workers are regularly employed, a JHSC is required consisting of at least one certified Management and one certified Worker Representative.

On-Site
a) When there are under 5 workers on a project no HSR is required. The site super will act as the HSR for this situation.
b) When there are 6 to 19 workers on a project a worker HSR is required. The Worker Representative will be either a TCI non-management employee or a non-management employee of a subcontractor working for TCI on the site.
c) When there are 20 to 49 workers and the project duration is 3 months or longer a JHSC must be established and consist of at least one Management and one Worker Representative. The Worker Representative does not have to be certified.
d) When there are 50+ workers and the project duration is 3 months or longer a JHSC must consist of at least two Management and two Worker Representatives or one certified Management and one certified Worker Representative is required.

To meet both the ongoing Workplace and On-site requirements, TCI will form the JHSC with at least one certified Management and one certified Worker Representative.

1.13.4 Roles & Responsibilities

1.13.4.1 Committee

The responsibilities of the TCI JHSC members are governed by the Ontario Occupational Health and Safety Act summarized as follows:

a) To identify workplace hazards by conducting workplace inspections on a monthly basis;
b) To obtain information about any existing or potential hazards in the workplace;
c) To obtain information about any workplace testing that is carried out for the purposes of occupational health & safety;
d) To be consulted about the above mentioned workplace testing and, when deemed necessary by a member representing the workers, be present at the beginning of the testing to ensure valid testing procedures are used or to ensure that the test results are valid;
e) Make recommendations to improve workplace health & safety;
f) Investigate work refusals;
g) Support Managements Investigation of all fatal accidents and all workplace accidents that result in critical illness

1.13.4.2 Health & Safety Representative (HSR)

The responsibility of the HSR is as follows:

a) Identify workplace hazards as laid out in the TCI Workplace Hazards & Hazard Reporting Section of the TCI Health and Safety Manual;
b) Inspect the workplace at least once a month with the site superintendent;
c) Be consulted about any workplace testing;
d) Make recommendations to TCI management regarding site safety;
e) Investigate work refusals with a TCI Management Representative.

1.13.5 Frequency of JHSC Meetings

The TCI JHSC meeting will be held quarterly either in the TCI boardroom or at one of TCI project site trailers which will be determined prior to the meeting and communicated to the JHSC team by way of an e-mail or verbal instruction.
1.13.6 Meeting Agenda

An agenda will be prepared for each TCI JHSC meeting containing new business and the review of meeting minutes from the previous JHSC meeting. All items raised will be dealt with on the basis of consensus; formal motions will not be used.

1.13.7 Minutes of JHSC Meetings

The TCI JHSC will maintain and keep minutes as a record of its proceedings and make the minutes available for review and examination by the Ministry of Labour (MOL) and will also be publicly posted in the Workplace and project site trailers and distributed to TCI staff via e-mail.

1.13.8 Communication & Training

TCI Management and the JHSC will communicate any changes in policy or findings via memo, e-mail or periodic staff meetings or training sessions.

1.13.9 Evaluation

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding procurement. The review will be done by the members of the Joint Health & Safety Committee (JHSC) in conjunction with selected TCI Management employees during a Committee meeting.

1.13.10 Acknowledge Success / Make Improvements

During the annual review any recommendations or suggested changes to the policy will be discussed and implemented if the change will improve the effectiveness of the policy. Action items will be assigned to key individuals if required and the policy will be updated and included in a revised copy of the TCI Health and Safety Manual.

2.0 ♦ EMERGENCY RESPONSE / FIRST AID ♦

2.1 EMERGENCY RESPONSE PLAN/CONTACT LIST

An Emergency Response Plan/Contact List shall be prepared by the Project Manager/Superintendent. This plan and list shall be posted in the site office and at all means of access and egress.

The Emergency Response Plan and Contact List shall clearly contain the following:
- Location of access routes that must be kept clear.
- Location of first aid stations.
- Location of nearest telephone and telephone numbers for ambulance, closest hospital and/or treatment facility and fastest route, fire department, and police.
- Location of fire extinguishers.
- Provision for training of all workers in the Emergency Response Plan.
- Assembly areas and reporting stations.
- Training program for emergency response team.

2.2 FIRST AID
SHOULD AN ACCIDENT OCCUR, IT IS ESSENTIAL THAT FIRST AID BE ADMINISTERED IMMEDIATELY, FOLLOWED BY PROPER MEDICAL TREATMENT IF NECESSARY.

TCI shall provide medical/first aid facilities which comply with Workplace Safety and Insurance Act as well as Legislation.

Designated workers will have first aid training and possess current certificates. Their names shall be posted in the Superintendent’s office and at first aid stations.

If an accident occurs, the first trained person to the site shall administer first aid. This person will also send someone immediately to notify the Superintendent or Foreperson and the Health and Safety Representative. Once the injury is assessed, TCI will ensure necessary protection is provided against continuing or further hazards.

The person administering first aid shall remain with the injured person until help arrives and then inform medical personnel or any first aid treatment administered. Transportation to the nearest hospital or treatment facility shall be provided if emergency vehicle transportation is unavailable.

2.2.1 Basic First Aid
- A first aid kit with required contents will be available at each workplace.
- There will be a certified first aider on each shift.
- All new employees will be advised of the location of the first aid kit and the person holding a first aid certificate.
- Each first aid kit will contain an Injury Treatment Record, form RF1 (See Appendices)
- Any use of the first aid kit will be recorded, including details of the injury, the injured person’s name, the date and time of first aid treatment, the nature of the treatment and the name of the person rendering treatment.
- This record is required legally and compliance will be strictly enforced.

3.0 ♦ SITE RELATED POLICIES ♦

3.1 SAFETY COMMUNICATION SYSTEMS
This communication system is established to advise you on health and safety issues, regulations, programs and responsibilities related to your job.

This communication system consists of:
- Safety Orientation
- Tailgate Safety Meetings
- Project Safety Committee Meetings and Minutes
- Safety/Communication board located in Site Office Trailer.

3.2 HOUSEKEEPING, STORAGE AND TOOL MAINTENANCE
All workers are required to share the responsibility of good housekeeping by his/her personal work habits. Workers are responsible to see that his/her work area is kept clean and free from slipping and tripping hazards.

Tools and equipment should be handled as follows:
- Materials and equipment should be stored, moved, piled and transported in a manner that will not endanger workers.
All compressed gas cylinders (oxygen and acetylene) must be stored as per regulations.

Concrete pipes should be stored end to end whenever possible and each pipe shall be adequately wedged to prevent movement. In no case shall pipes be stacked on top of one another.

Waste material and debris shall not be stored in areas of access and egress. Waste material and debris should not be thrown from one level to another but carried down.

Material to be lifted by crane or other hoisting device shall not be stored under overhead power lines.

It is TCI’s responsibility to supply and maintain shop tools and other power equipment in good repair. It is the worker’s responsibility to use such tools properly and to report any defect to the supervisor to ensure repair is initiated and proper tagging of defective tools is carried out.

3.3 FIRE/EXPLOSION PREVENTION

3.3.1 Fire
Precautions shall be taken at all times to prevent the outbreak of fire in the workplace. Fire extinguishers must be readily accessible, properly maintained, regularly inspected and promptly refilled after use. Workers who may be required to use fire protection equipment must be trained. In addition to being familiar with the operation and location of all fire fighting equipment, you should be aware of the various categories of fire extinguishing equipment. Prevention and protection go hand-in-hand. There are some basic items you should know about fire prevention which include:

- Where fire extinguishers are located.
- The types and capabilities of these fire extinguishers.
- The proper operation.
- A monthly check of fire extinguishers
- The emergency evacuation routes and assembly areas.
- Ensuring evacuation routes are kept clear at all times.
- Store safely flammables and compressed gases
- Post warning signs as required.

All Sub Contractors must provide their own fire extinguisher for hot works e.g cutting, grinding and welding and must have it immediately next to where the work is being performed.

YOU MUST KNOW THE EMERGENCY RESPONSE PROCEDURES YOU ARE TO FOLLOW IN THE EVENT OF A FIRE.

3.3.2 Explosives
At the end of a shift on any project, the unused portion of both caps and powder must be returned to the magazine for overnight storage. It is the responsibility of the licensed blaster to ensure this is done. Empty cartons must be disposed of correctly. Government regulations governing the use of explosives must be followed. No blasting operations will be carried out during the period of an electrical storm or the periods just before and after. All blasting will be done by a worker who holds the proper certification.

3.3.3 Propane/Winter Heating
All TCI workers using propane equipment will be trained in the safe procedures. This includes the proper use and correct storage, handling of propane cylinders and equipment.

3.4 PERSONAL PROTECTIVE EQUIPMENT
Personal protective equipment is designated to provide an effective barrier between you and potentially dangerous objects, substances and processes. It is the duty of each worker to inspect the equipment prior to each use and to ensure it is not damaged and functioning for its intended use.

When operations and/or policies dictate the use of personal protective equipment, the use of such equipment will be mandatory.

Basic personal protective equipment may include, but is not limited to the following:

- **HARD HATS** - CSA/ANSI approved hard hats will be worn at all times.

- **SAFETY VESTS / CLOTHING** - CSA/ANSI approved safety vests or clothing is required to be worn on site at all times when motorized vehicles are in operation on site. It is recommended that the safety vest / clothing be worn at other times.

- **FOOTWEAR** - CSA/ANSI approved footwear will be worn on all projects at all times, when local legislation dictates. In geographical areas where industry practices permit, other appropriate footwear will be worn.

- **FALL ARREST EQUIPMENT** - When there is no other form of protection from falling, employees shall wear approved fall arrest equipment. See Section 15 FALL PREVENTION & PROTECTION for more detail on usage. Periodic inspection of the fall arrest equipment will also be conducted by the Safety Officer/Coordinator.

- **RESPIRATORY PROTECTIVE EQUIPMENT** - The proper type must be worn when performing any operation where an oxygen deficiency may exist, or where air circulation is not sufficient to prevent inhaling of harmful amounts of dust, toxic fumes, mist or vapours.

- **EYE AND FACE PROTECTION** - CSA/ANSI approved safety glasses with side shields or goggles must be worn whenever the nature of the job presents an eye hazard, such as drilling, using power tools, or posted job areas and equipment. When grinding, a face shield must be worn in addition to the eye protection.

- **HEARING PROTECTION** - CSA/ANSI approved hearing protection must be worn when the sound level in the work area exceeds the permissible occupational exposure limit.

- **HAND PROTECTION** - Appropriate gloves must be worn when handling rough, sharp, hot, caustics, acids, solvents, concrete or chemicals.

**IF IN DOUBT AS TO THE TYPE OF CLOTHING OR LEVEL OF PROTECTIVE EQUIPMENT REQUIRED, CONTACT YOUR SUPERVISOR BEFORE PROCEEDING. IN CERTAIN INSTANCES SOME PPE MAY NOT BE REQUIRED, ONLY IF INSTRUCTED BY TCI SUPERVISOR.**

**3.5 MATERIALS HANDLING/ LIFTING**
All materials/equipment should first be evaluated for reach and capacity (load) during site planning. Wherever necessary, you should employ dollies or another device as necessary when lifting heavy materials/equipment. The use of pallets should be considered where
surface conditions allow. Rolling scaffolds or boxes should be used to ensure access and to transport tools and materials. Rolling frame scaffolds with a few tube-and-clamp components may be useful for moving heavy objects such as motors or drives where other devices such as forklifts are not available.

**When lifting, take the following precautions:**
- You should know your physical limitations and the approximate weight of the materials you are trying to lift. Get help when a lifting task may be more than you can safely handle.
- Leg muscles are stronger than back muscles. Lift with your legs, not your back. Bend knees, keep back straight and avoid twisting.
- Plan before you lift - consider weight, size, shape, path of travel, and set down location. Get help if necessary.
- Protect your hands and fingers from rough edges, sharp corners, and metal straps. Keep hands and fingers out of pinch points between the load and other objects. Use gloves or hand patches as required when handling sharp, rough, heavy or hot materials

3.6 **COMPRESSED GAS CYLINDERS**
The following rules apply when working with compressed gas cylinders:
- Secure cylinders in the upright position.
- Replace caps when not in use.
- Keep full and empty cylinders separate.
- Oxygen and fuel gas cylinders must be stored at least 20 feet apart.
- Do not smoke near cylinders.
- Cylinders need to be stored in an acceptable cage as per regulations.

3.7 **SCAFFOLDS**
You shall verify that the scaffold is safe and meets all regulatory requirements. Prior to using a scaffold check that:
- the base of the scaffold is sound, level and in adjustment - sills, screw jacks, bases;
- the legs are plumb and that all braces are installed;
- all locking devices are secured;
- all ties are in place, secured, properly installed and in good condition;
- the working platform meets regulatory requirements.

Structural components of the scaffold that are bent, damaged or severely rusted should not be used. Defective planks should be removed from the site so they cannot be used for platform material. You shall immediately report any visible defects in the scaffolding to your Supervisor.

When working from scaffolding, you shall:
- use 3-point contact to climb up a scaffold. This means two hands and one foot or two feet and one hand at all times;
- climb the scaffolding using the proper means and never climb on the braces;
- maintain good housekeeping practices in all work areas;
- check that suitable means of raising and lowering equipment and materials are used;
- immediately replace any guardrails temporarily removed for the purpose; of hoisting equipment or materials
In addition to the foregoing, you shall never:
- remove any structural part of the scaffold without first checking with your Supervisor;
- place a load on the scaffold greater than its design capacity;
- rest on or place equipment or material on the guard rails;
- undermine the base of the scaffold.

When working with rolling scaffolds, you shall:
- secure or remove all materials and equipment from the platform before moving the scaffold;
- apply the caster brakes at all times when the scaffold is stationary;
- have sufficient help available when moving a rolling scaffold;
- be alert for hazards such as holes or openings in the floor, overhead obstructions, slopes and debris.

ALL SCAFFOLDS WILL BE ERECTED AND MAINTAINED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS.

3.8 POWER ELEVATING WORK PLATFORMS
When utilizing a powered elevating work platform you must ensure:
- They are engineered and tested to meet National Standards of Canada
- Devices are checked each day before use.
- The Owner keeps a log of all inspections, tests, repairs, modifications and maintenance.
- They are given oral and written instructions before using the platform.
  for the first time. Instruction must include items to be checked daily before use.
- Operator must wear a harness and be tied off at all times.

3.9 SUSPENDED ACCESS EQUIPMENT
Training in the proper selection, rigging, operation and maintenance of equipment is essential. The use of fall-arrest systems must be a major part of instruction. A TCI worker on, or getting off, suspended access equipment must wear a full body harness connected to a fall-arrest system. Safety belts are not allowed with this equipment. The basic rule is that there must be two independent means of support for each worker on suspended access equipment. There must be one lifeline for each worker on suspended access equipment. Each lifeline must be securely anchored to an independent support so that failure of the equipment will not cause failure of the lifeline.

3.9.1 Rigging
Trades people who are not professional riggers must none-the-less rig loads at times on the job. Carpenters, for instance, are often involved not only in handling but in hoisting and landing material. When in doubt about rigging, TCI workers will consult an experienced rigger or a professional engineer.

NEVER LEAVE AN OPENING UNATTENDED AND REPORT UNSAFE CONDITIONS TO YOUR SUPERVISOR.

3.10 FALL PREVENTION AND PROTECTION

3.10.1 Fall Arrest Systems
TCI Construction Inc. requires that unless a safety net or travel-restraint system is being used, an approved fall-arrest system must be worn if a worker may fall:
- more than 10 feet
- into operating machinery
- into water or other liquids
- into or onto hazardous substances or objects

A fall arrest system consists of:
- full body harness
- lanyard
- rope grab
- lifeline
- adequate lifeline anchor

3.10.2 Lifelines
All vertical lifelines must be:
- In compliance with the construction regulation and applicable CSA standards
- Used by one worker at a time
- Free of any defects
- Secured to a solid object capable of supporting the weight of a small car

3.10.3 Rope-Grabbing Devices
If using a vertical lifeline, you must be attached to the lanyard of a safety harness and must use a mechanical rope grab that meets CSA Standard. If a fall happens, the lanyard, lifeline or rope grab should not be held onto.

3.10.4 Ladders
Ladders will be checked for defects prior to use. Any scrap of material will be removed from the base and top of the ladder. The ladder will be secured at the base and top against accidental movement.

TCI workers utilizing ladders will:
- Ensure the ladder is set on a firm, level surface.
- Take caution that only one person is on the ladder at a time.
- Check for overhead power lines or any electrical hazards.
- Keep boots clean of any debris that may cause slippage.
- Wear a safety harness if working 10 feet or more above the ground or floor.
- Inspect ladders on a regular basis for any defects and for structural rigidity.

3.10.5 Guardrails
A TCI worker at risk of falling more than 10 feet must be protected by a safety net, a fall-arrest system, a travel restraint system or guardrails. In most cases, guardrails are the most common and convenient means of fall protection.

3.11 CRANES AND HOISTS
- Cranes and hoists shall be operated only by authorized personnel.
- Keep clear of swinging cabs of cranes.
- Use a tag line on all loads that may swing while being hoisted and lowered.
- Cranes and hoists must be operated with caution when near power lines. Do not take any equipment within 7 m. (25 ft.) of energized lines. If in doubt consult your Supervisor.
- Do not touch the crane or load while it is in motion.
- Do not ride the headache ball, hook or load on any crane.
- Operators are expected to know and work within the rated capacities of their
Operators shall go through the start up and shut down procedures as described by the equipment checklist and as instructed by the Supervisor.
- Crane operators must be fully aware of the crane operating procedures. No equipment shall be operated without a thorough Supervisor briefing.

3.12 VEHICLES AND EQUIPMENT
The following rules apply while working with and around vehicles and equipment:
- Operation of equipment without authority will result in termination.
- Do not ride on running boards or stand up in moving vehicles.
- The driver shall not remain in the cab of a truck when it is being loaded or unloaded from overhead by a crane.
- Vehicles and equipment shall be operated lawfully and safely at all times.
- All vehicles and equipment must be shut down for refuelling or cleaning.
- Repair procedures shall be followed as specified by the maintenance department.
- When vehicles or equipment are stuck or broken down, their removal will be performed under the direction of a Supervisor.
- Safety and repair requirements of your machine are to be reported to your immediate Supervisor.
- Removal of LOCK OUTS or DO NOT OPERATE tags without proper authority is prohibited and may result in termination.

3.13 CHAINSAWS
Chainsaws can be very dangerous and must only be used by a worker who has received training of its safe use. If you must use a chainsaw, you must wear appropriate personal protective equipment including gloves, eye and face protection and hearing protection.

Chainsaws must be held firmly when starting and held firmly with both hands while in use. Chainsaws must be equipped with safety chains and be provided with a device that stops the saw in the event of kickback.

The chain must be stopped when cutting.

3.14 FUELLING PROCEDURES
Caution must be exercised when refuelling equipment. In some cases, regulations insist that internal combustion engines be shut off during refuelling. No smoking signs must be prominently displayed. A designated refuelling area will be identified.

3.15 CONFINED SPACES

3.15.1 Definition
Confined Spaces means a space in which, because of its construction, location, contents, or work activity therein, the accumulation of hazardous gas, vapour, dust or fume creation of an oxygen deficient atmosphere may occur. Air normally contains 21% oxygen and a minimum of 19.2% oxygen. If a confined space has less than 18% then air is required for workers to enter the space.

A competent person means a person whom:

a) is qualified because of knowledge, training and experience to organize the work and its performance, and

b) is familiar with this Act (Occupational Health & Safety Act Reg. 851 and 213).
Before work begins, identify confined space locations and areas of work on the site plan and develop the necessary work procedures. If work is to be done in electrical vaults, the Superintendent shall notify the local utility or Hydro One as applicable before work begins.

A Safe Work Permit shall be obtained from the client if this is a requirement. Before work begins, provide necessary safety equipment such as proper ventilation, breathing apparatus if required, safety support staff and rescue equipment. Inspect and test all safety equipment before use.

Confined space hazards include a) *Atmospheric* - oxygen deficient, combustible gases/vapours, toxic gases/vapours and b) *Physical* - slip, trip, fall, noise, vibration, electric shock, temperature, insect and vermin, and mechanical.

Confined space ventilation must be employed when atmospheric hazards are possible or likely.

### 3.15.2 Confined Space Roles and Responsibilities

#### 3.15.2.1 The Entrant
- Must be trained on the specific procedure for entry and method of hazard control.
- Know the signs, symptoms and consequences of exposure that may they may face.
- Wear all PPE specified in the procedure.
- Alert the attendant when they recognize signs of changes in conditions or warning signs or problems they encounter.
- Maintain communication with the attendant.

#### 3.15.2.2 The Attendant
- Read the procedure for entry into the confined space and follow all requirements of the procedure and on the permit.
- Know the signs, symptoms and consequences of exposure.
- Always observe entrants for behavioural changes such as shortness of breath, slurred speech, complexion colour or unsteadiness.
- Ensure an accurate accounting of entrants is kept on the permit.
- Remain outside at entrance on duty until relieved by another competent attendant.
- Maintain constant communication with entrants and visual contact if possible.
- Monitor conditions and hazards outside the same.
- Be equipped with radio and capable of summoning rescue and ERT as soon as necessary.
- When others not involved to stay clear of the entry.
- Make sure that air-monitoring equipment always goes into the space with the entrants.
- Be a holder of a valid first aid certificate including CPR.

#### 3.15.2.3 Air Monitoring Equipment
- A device which can constantly check for atmospheric hazards and warns the user.
- Common uses are for:
  a) low/high oxygen
  b) explosive materials
  c) individual chemical levels

The Ministry of Labour are available on request to visit site and assess each individual situation. (613 228 8050 or 1800 267 1916)
3.16 **HOT WORK AREAS**
The Superintendent shall develop appropriate procedures for the hot work to take place. These procedures shall be reviewed with the appropriate parties and a hot work permit shall be obtained from the client if required.

Assign support staff for fire watch as work progresses.

3.17 **ELECTRICAL SAFETY**
The Superintendent shall develop a project specific tagging and lock-out procedure for any energy source requiring tagging or lock-out on each project.

Workers or Sub-Contractors shall ensure tags, keys, padlocks and scissors are provided to workers for the lock-out and tagging procedures.

Before restoring power to locked-out equipment, ensure all workers are clear of the system or systems affected.

It is the responsibility of the Superintendent to ensure all workers and Sub-Contractors comply with the electrical safety code.

GFI's shall be available on site and regular inspections shall be made of extension and power cords, and any temporary lighting.

All electrical tools used on site must be CSA approved.

Temporary power installation and connection must be performed by a licensed electrician.

3.18 **TAGGING AND LOCKOUT**
As TCI does not have in its inventory, major sources of electrical and power supplies, this is not applicable. However, before work begins and as needed, all energy sources will be identified which need to be tagged and locked-out. Workers will be provided with tags, individual keys, padlocks and scissors in the event that it is required.

3.19 **EXCAVATION**
Excavation work will not be done unless another worker is working close as a means of safety precaution when excavation is underway. Cracks, water, vibration, weather and previous excavation can affect the stability of the surrounding area.

Most fatal cave-ins occur on small jobs of short duration such as service connections and excavations for drains and wells. There are three basic methods of protecting TCI workers against excavation cave-ins, etc.:

1. Sloping
2. Trench Boxes
3. Shoring

3.19.1 **Sloping**
To ensure a trench will not collapse, TCI workers will slope the walls. Where space and other requirements permit sloping, the angle of slope depends on soil conditions.

3.19.2 **Trench Boxes**
Trench boxes are meant to protect TCI workers in case of a cave-in. They can support trench walls if the space between the box and trench wall is backfilled. Trench boxes will
only be designed by a professional engineer.

3.19.3 **Shoring**
Wherever possible, shoring will be installed as excavation proceeds. If there is a delay between digging and shoring, no TCI worker will be allowed to enter the unprotected trench. All shoring will be installed from the top down and removed from the bottom up.

3.20 **WORK AT UNDERGROUND/OVERHEAD POWERLINES**
TCI will, when working near overhead power lines:
- Locate all underground and overhead services before starting work.
- Determine voltage of electrical utilities.
- Have power lines moved, insulated or de-energized where necessary.
- Mark underground lines on all plans or drawings. Post warning signs along their routes.
- Avoid storing material or equipment under power lines. If it must be stored there, hang warning flags and signs to prevent other workers from using hoisting equipment to move or lift it.
- With backhoes, cranes, and similar equipment near power lines use a signaler to warn the operator when any part of the equipment or load approaches the minimum allowable distances.
- Before moving ladders, rolling scaffolds, or elevating work platforms, check for overhead wires.
- Locates are only valid for 30 days after inspection.

3.21 **INSPECTIONS & AUDITS**
- Accompany Government Inspectors on site inspections and assist as requested
- Provide any information requested.
- Post notices, orders or other items as required.
- Complete Project Manager Safety Audit form and Job Operations and Conditions sheet at the start of the project and at least monthly thereafter.
- Complete remedial work as quickly as practical.

3.22 **WHMIS/HAZCOM**
All TCI’s field and management staff are provided WHMIS/HAZCOM training through the Ottawa Construction Association and the Carpenters Union which provide courses on a regular basis. Refresher courses are required every 2 years.

Workplace Hazardous Materials Information System (WHMIS)/Hazardous Communications (HAZCOM) provide the worker with vital information about hazardous materials or substances.

The key elements are:
- labels
- Material Safety Data Sheets (MSDS)
- worker education

Always take the time to read the WHMIS/HAZCOM instruction labels. The labels tell you:
- material and supplier identification
- precautionary measures
- hazard symbols
- first aid measures
- risks
The following are the eight WHMIS/HAZCOM hazard symbols:

<table>
<thead>
<tr>
<th>CLASS</th>
<th>SYMBOL</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A: Compressed Gas</td>
<td></td>
<td>oxygen</td>
</tr>
<tr>
<td>Class B: Flammable and Combustible Material</td>
<td></td>
<td>acrolein</td>
</tr>
<tr>
<td>Class C: Oxidizing Material</td>
<td></td>
<td>chromic acid</td>
</tr>
<tr>
<td>Class D: Poisonous and Infectious Material</td>
<td>1. Materials causing immediate and serious toxic effects</td>
<td>ammonia</td>
</tr>
<tr>
<td></td>
<td>2. Materials causing other toxic effects</td>
<td>asbestos</td>
</tr>
<tr>
<td></td>
<td>3. Biohazardous Infectious Material</td>
<td>contaminated blood products</td>
</tr>
<tr>
<td>Class E: Corrosive Material</td>
<td></td>
<td>hydrochloric acid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sodium hydroxide</td>
</tr>
<tr>
<td>Class F: Dangerously Reactive Material</td>
<td></td>
<td>acetylene</td>
</tr>
</tbody>
</table>

For your reference, Material Safety Data Sheets are available for all hazardous products at project locations.

DON’T BE AFRAID TO ASK. IT IS YOUR RIGHT TO KNOW.

3.23 COLD STRESS

3.23.1 Purpose

The Cold Stress procedure is designed to:
- protect workers in cold environments;
- prevent cold-related illnesses in the workplace

3.23.2 Hazards
- cold air temperatures
- high velocity air movement
- contact with cold water or surfaces

3.23.3 Definitions

3.23.3.1 Cold Stress
Cold stress occurs when the body is unable to warm itself.

3.23.3.2 Core Body Temperature
The temperature of the internal core body. Both the American Conference of Industrial Hygiene (ACGIH) and the National Institute for Occupational Safety and Health (NIOSH) cite a normal core body temperature of approximately 98.6°F (37°C).

3.23.3.3 Frostbite
Frostbite is a cold induced condition caused by the formation of ice crystals in exposed body parts. It occurs when extremities are exposed to cold for an extended period of time.

3.23.3.4 Hypothermia
Hypothermia is a cold-induced condition which results from over cooling of the body due to excessive loss of body heat.

3.23.4 Responsibilities

3.23.4.1 Senior Management
Senior Management shall:
- ensure compliance to the requirements outlined within this procedure;
- provide adequate funds and resources for the purchase, issue and use of heating devices or other protective equipment;
- assess the effectiveness of this procedure.

3.23.4.2 Project/Department Manager
The Project/Department Manager shall:
- ensure that means of preventing cold stress and other cold-related health hazards are provided;
- ensure that special engineering controls and changes in work schedules are implemented as required;
- provide for a warm rest area as appropriate;
- ensure that any additional cold stress monitoring or control strategies are implemented, as required.

3.23.4.3 Workers
Workers shall:
- comply with the requirements outlined within this procedure;
- attend safety training as required;
- be familiar with cold stress hazards, contributing factors and preventative measures;
- select and wear personal clothing as appropriate;
- follow safe work procedures to prevent cold stress related injuries;
- report any cold stress related symptoms experienced by themselves or co-workers to their supervisor.

3.23.4.4 Health & Safety Department
The Health & Safety Department includes the Safety Manager, Health Claims Manager, Health & Safety Coordinator and Construction Safety Specialists.

The Health & Safety Department shall:
- support the administration, implementation and continual evaluation of the Cold Stress procedure;
- assist line management in implementing cold stress preventative measures;
- determine the need for further control measures;
- identify other factors that may contribute to cold stress and determine cold exposure limits accordingly;
- investigate cold stress related incidents;
- ensure the adequacy of instruction and training.

3.23.4.5 JHSC/JOHSC
The JHSC/JOHSC shall:
- identify potential cold stress related hazards;
- identify and communicate cold stress related issues;
- work cooperatively with the company to address cold stress related issues.

3.23.5 Standard

3.23.5.1 General
When in a cold environment, most of the body’s energy is used to keep the internal temperature warm. Over time, the body will begin to shift blood flow from the extremities (hands, feet, arms and legs) and outer skin to the core (chest and abdomen). This allows exposed skin and the extremities to cool rapidly and increases the risk of frostbite and hypothermia.

Cold stress disorders range from minor discomorts to life-threatening conditions as outlined the following table.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trench Foot</td>
<td>Feet immersed in cold water at temperatures above freezing for long periods of time.</td>
<td>• Tingling&lt;br&gt;• Itching or burning sensation&lt;br&gt;• Blisters may be present</td>
</tr>
<tr>
<td>Frost Bite</td>
<td>Occurs when the skin actually freezes and loses water.</td>
<td>• Typically affects the extremities, particularly the feet and hands.&lt;br&gt;• The affected body part will be cold, tingling, stinging or aching followed by numbness&lt;br&gt;• Skin colour turns red then purple then white and is cold to the touch.&lt;br&gt;• There may be blisters in severe cases.&lt;br&gt;<strong>In severe cases amputation of the frostbitten area may be required.</strong></td>
</tr>
</tbody>
</table>
| Mild Hypothermia     | Occurs when body heat is lost faster than it can be replaced. | The core body temperature drops to around 95°F/35°C<br>• Shivering<br>• Poor coordination<br>• Slurred speech<br>• Fumbling<br>• Pale, cold skin | • Move to warm area and stay active<br>• Remove wet clothes and replace with dry clothes or blankets, cover the head<br>• Drink a warm (not**
- Avoid drinks with caffeine

<table>
<thead>
<tr>
<th>Moderate Hypothermia</th>
<th>Occurs when body heat is lost faster than it can be replaced.</th>
<th>The core body temperature is less than 95°F (35°C):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Symptoms worsen.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Shivering stops.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Workers may be unable to walk or stand.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call 911.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Move to warm area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cover all extremities completely.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place very warm objects, such as hot packs or water bottles on the victim's head, neck, chest and groin.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arms and legs should be warmed last.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Severe Hypothermia</th>
<th>Occurs when body heat is lost faster than it can be replaced</th>
<th>The core body temperature falls to around 85°F/29°C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Worker may become unconscious</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The core body temperature is 78°F/25°C the Worker could die</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call 9-1-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treat the Worker very gently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not apply external heat to re-warm</td>
</tr>
</tbody>
</table>

3.23.6 Wind-Chill
Wind-chill involves the combined effect of air temperature and air movement. The Wind-chill cooling rate is defined as heat loss resulting from the effects of air temperature and wind velocity upon exposed skin. The Wind-Chill Chart (Appendix A) compares the effects of air temperature with and without wind.

The higher the wind speed and the lower the temperature in the work environment, the greater the insulation value of the protective clothing that is required.

3.23.7 Cold Stress Controls

3.23.7.1 General Controls
- Workers shall be medically fit to work in cold environments.
- Warm sweet drinks shall be arranged at the work site to maintain caloric intake and fluid volume.
- Coffee shall be discouraged because it increases water loss and blood flow to extremities.
- Workers shall not work alone in isolated cold environments.
- Additional breaks shall be provided under extremely cold working conditions.

3.23.7.2 Engineering Controls
- Heaters shall be used to warm workers where practicable.
- Windbreaks shall be provided as required.
- Tools and machine controls to be used in cold conditions shall be designed for operation by gloved hands.
3.23.7.3 **Personal Controls**
- Protective clothing shall be selected to suit the environment, the job and the level of physical activity.
- Workers whose clothing gets wet for any reason must immediately change.
- Hats and hoods shall be worn to prevent heat loss from the head and to protect the ears.
- Balaclavas or other face covers shall be worn as required.
- Footwear should be large enough to allow wearing either one thick or two thin pairs of socks.
- Workers shall follow recommended schedule or rest breaks, as advised by supervisors, to prevent frostbite or hypothermia.

**Appendix A – Wind-Chill Chart**
3.24  HEAT STRESS

Heat stress takes place when your body’s cooling system is overwhelmed. It can happen when heat combines with other factors such as: dehydration and certain medical conditions. Heat stress could lead to illness or even death.

3.24.1  Symptoms

3.24.1.1  Heat rash: itchy red skin.

Treatment: Apply wet cloth on skin, thorough drying, will disappear in a few days.

3.24.1.2  Heat cramps: painful muscle cramps usually in the back, legs and arms as the body loses salt.

Treatment: Stretch and massage muscles. Replace salt by drinking commercially available carbohydrate/electrolyte replacement fluids

3.24.1.3  Heat exhaustion: High body temperature, confusion, or convulsions, nausea or vomiting, breathlessness, headache, weakness.

Treatment: Bring the person to a shaded area and apply water to the skin, and, if necessary, seek medical assistance immediately.

3.24.2  Avoiding Heat Stress

You and your employer should:

Provide yourself cool drinking water close by and try to drink a cup every ½ hour or so. Caution workers and co-workers about working in direct sunlight.

Wear light summer clothing to allow air to move freely and sweat to evaporate.

Avoid beverages such as tea, coffee, or alcohol that make you pass urine more frequently.
Avoid eating hot, heavy meals. They tend to increase internal body temperature.

3.24.3 **Workers**

Follow instructions and training for controlling heat stress.

Be alert to symptoms with yourself and others.

Avoid consumption of alcohol, and caffeine.

Bring to employer’s attention if any prescription medications you’re required to take increase susceptibility to heat stress.

Get adequate rest and sleep.

Drink small amounts of water regularly to maintain fluid levels and avoid dehydration.

3.25 **WORK SITE & PUBLIC PROTECTION, SECURITY & ACCESS CONTROL**

Taplen Construction’s goal in work site, public protection, security and access control is to ensure the protection of the public and construction workers at all times. It is imperative to allow construction to proceed safely and efficiently while prioritizing the safety of public traffic over construction equipment.

3.25.1 **Access to Work Areas**

Ladders, scaffolds, swing stages, ramps and runways should be constructed, erected and secured in accordance with the regulations under the Act. When work areas are above or below ground, access to and egress from the work area shall be provided and maintained in a safe condition. Proper and sufficient warning signs, tags or lockout devices shall be installed wherever hazards exist, such as moving machinery, open excavations, temporarily removed manhole covers and electrical hazards.

There are a number of checks a worker must do, prior to any commencement of construction work, as follow:

- What equipment is operating, and where.
- Protection of public traffic by ensuring there are adequate signs, delineators, cones and barriers.
- Ensuring there is adequate construction personnel to route and re-route traffic away from the work.
- Improvement of safety precautions by minimizing conversation, testing two-way communication units (if required), and understanding and communicating hand signals.
- Wear personal protective, reflective clothing

3.26 **PERSONAL PHONES, RADIOS & IPOD POLICY**

The use of personal phones, radios and IPods are not allowed on the project site due to their potential to cause a safety hazard either by creating a distraction or limiting the workers ability to hear instructions or a warning or a potential hazardous situation.

4.0 **INSPECTION AND REPORTING**

4.1 **ACCIDENT/INCIDENT REPORTING**

All accidents and incidents must be reported to TCI Site Supervisor immediately, who will in turn inform management. All accidents and incidents will be investigated once the occurrence has been attended to and further risks have been eliminated.

The prime objective of reporting and investigating is to prevent recurrence, and knowing how to identify accidents. The following procedures and forms hereafter will help prevent the recurrence of accidents/incidents and enable TCI to meet legal requirements.
Forms you should be familiar with are:
- Treatment Memorandum
- Employer's Report of Injury/Disease Form 7
- Functional Abilities Form

You may be required to participate in the investigation.

PERSONAL INJURIES, NO MATTER HOW MINOR, MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR.

4.2 ACCIDENT/INCIDENT INVESTIGATION
The Safety Support Staff and Superintendent shall initiate investigations for the following:
- Fatalities
- Critical injuries
- Lost time accidents
- Medical aid accidents
- Any work fall arrested by a harness or belt
- Property damage exceeding $500.00

Accident investigation shall be carried out in accordance with CSAO Data Sheet Accident Investigation (Form DS029).

Accidents/Incidents vary in severity. The reporting of accidents or incidents by management to the Ministry of Labor, Workplace Safety & Insurance Board, and the Health and Safety Representative shall be reported within 48 hours for a critical injury and within four days according to the time frame of the severity.

Two Levels of Severity:
A. Minor injuries requiring first aid only.
B. Injuries requiring medical attention.

Accidents, Incidents and reporting requirements are described in the Site Safety Incident Report form (attachment).

The procedures include the following:
- Accidents and Incidents
- Investigation Required
- Investigation
- Action of the Investigation
- Role and action of the investigators
  ➢ Forms
  ➢ Records
  ➢ Follow-up

Action required from the investigation:

Primary action to be taken by the investigator(s)
- Secure the scene
- Identify and Interview witnesses
- Gather evidences and survey the scene
- Analyse contributing factors and prepare report (see attached form).
All records, forms and reports of the investigation must be kept on file at Taplen Construction Inc office for future reference.

The result of the investigation shall be distributed to all TCI site supervisors and management for awareness and education of all workers and shall include recommendations to prevent recurrences. All recommendations must be documented and submitted by the Health and Safety Officer to ensure that all corrective steps are implemented.

5.0 ♦ RETURN TO WORK ♦

5.1 RETURN TO WORK PROGRAM

As part of TCI’s commitment to provide a safe and healthy working environment, the following Return to Work Program has been established for workers who sustain workplace injuries:

- TCI undertakes to, where possible, accommodate injured workers through early assistance, rehabilitation, and placement to the benefit of the entire workplace.

- This program provides gradual and consistent rehabilitation to all injured workers. TCI will facilitate injured workers to achieve an appropriate and timely return to work in their pre-injury positions. If this is not possible, TCI will make every effort to reemploy workers in the same position with modified conditions, or offer a suitable, alternate position. All alternate position placements will be made in cooperation with the affected worker, management, health care providers, and the Ontario Workplace Safety & Insurance Board (WSIB).

- Any personal information received by management will be treated as confidential. Personal information will only be released if required by law and/or with the approval of the affected worker who will specify the information that may be released and to whom it can be released.

- Injured workers participating in Return to Work Program are expected to provide feedback in order to improve the program’s future development. All injured workers, regardless of injury, will be considered for placement through the Return to Work Program.

- It is expected that the injured worker will be responsible for participating in the program to the best of his/her abilities and capacities.

- Early assistance is considered the cornerstone of this Return to Work Program.

5.1.1 Role of the Employer in the Return to Work Program

1) Investigate/review the accident or illness to prevent recurrence.
2) Provide immediate support to the injured/ill worker and his or her family.
3) Schedule continuing contact with the injured/ill worker to determine the workers recovery and return to work.
4) Participate in the development and implementation of the Return to Work Program, and communicate commitment to the injured/ill worker.
5) Provide assistance in the rehabilitation effort and access to employment.

5.1.2 Role of the Injured/Ill Worker in the Return to Work Program

1) Seek timely and appropriate health care to treat the injury/illness.
2) Follow the instructions and recommendations of the health care provider.
3) Participate in the rehabilitation process, and in the development and implementation of the Return to Work program.
4) Maintain a positive attitude about returning to work when appropriate.

5.2 RETURN TO WORK (RTW) CASE MANAGEMENT

5.2.1 Purpose

Taplen Construction Inc. (TCI) recognizes that the provision of alternate or modified work is important in the prevention of disability and has established a Return-to-Work Program for employees who are unable to perform any or all of their normal duties as a consequence of an injury/illness. TCI will work in collaboration with the injured/ill employee and expend serious effort to identify alternate or modified work that is both productive and safe. TCI’s return-to-work process begins immediately after an injury/illness occurs. It is expected all employees will cooperate fully in facilitating the timely return-to-work of injured/ill employee. It is expected all injured/ill employees will cooperate by accepting alternate or modified work that is within their skills and abilities. Any personal medical information will be held in the strictest confidence.

5.2.2 Definitions

- **Accommodation** - the removal of barriers to employment and opportunities in a manner that preserves personal dignity and equality with others. Accommodation may be temporary or permanent.
- **Comparable work** - an alternative similar position with earnings not less than 85% of the pre-accident wage, with similar working conditions and opportunities for advancement.
- **Essential duties of the pre-injury job** - regular work or work that includes the primary responsibilities and wage of the pre-injury job that enables the worker to resume a pre-accident level of productivity.
- **Functional Abilities Form** - a WSIB form to be completed by the worker’s primary health care practitioner that outlines the worker’s specific physical limitations (e.g. lifting, bending, carrying) and clarifies the level of disability. The Functional Abilities Form is used by the employer and the employee to identify suitable work.
- **Physical demands analysis** - the identification of the tasks in a job and the weights, forces, frequency and duration of each task, as well as the cognitive demands of the job.
- **Modified work program** - gives structure and organization to the safe and timely return of an injured worker to the workplace.
- **Suitable work** - any job that a worker has medical fitness and skills to perform that would not cause any health and safety risk to him or herself or others.
- **Vocational goal** - to restore the injured worker’s pre-injury earnings profile.
- **Vocational objective** - an occupation that will bring the worker’s earnings profile as close as possible to the vocational goal.
- **Work conditioning** - an individualized program designed to increase a worker’s ability to return to full duties via progressive physical task or job demands.
- **Workplace or work modification** - the modification of equipment, or the work station, or the restructuring of a job to accommodate a worker with employment that promotes the return to regular duties.

5.2.3 Responsibilities

Employee Responsibilities and Steps to follow include:
1) Get proper medical treatment immediately following a work-related injury or illness and follow the recommendations of your health care providers.

2) Report your injury to your employer as soon as possible.

3) Contact your employer as soon as possible after the injury or illness occurs. Stay in contact with your employer on a weekly basis throughout your recovery to keep the company informed about your progress and status.

4) Keep a log to document each time you made contact with your employer and what was discussed.

5) Give your WSIB case manager or doctor any information requested concerning your return to work.

6) Give your doctor a WSIB Functional Abilities Form to complete and then return it to your employer. Make sure you sign the form and fill out the appropriate information prior to giving it to your doctor.

7) If TCI requests a second opinion on the diagnosis of your condition you are required to get the assessment done by the TCI appointed doctor.

8) Periodic reassessments by your doctor/TCI doctor are required along with completing a new Functional Abilities Form.

9) Help your employer identify suitable work that is available, that is consistent with your functional abilities, and that restores pre-injury earnings when possible.

10) Report to your employer any significant change in your medical condition or income that may affect your benefits (also called a “material change”). If you are in doubt about whether a change is material, contact your WSIB case manager. You must report any material change in your status within 10 days of the change occurring.

   Significant changes include:
   i. returning to work
   ii. beginning to receive other income or government benefits
   iii. significant changes in your medical condition

11) Cooperate with your employer and the WSIB in your early and safe return to work.

**Employer Responsibilities and Steps to follow Include:**

1) Investigate the injury/illness and report the employees injury to the WSIB using a Form

2) Contact the employee as soon as possible after the injury and stay in contact with the employee throughout the employees recovery to review their progress. When the employee misses 5 consecutive work days this is a trigger for a RTW process.

3) Start a RTW case file on the injured/ill employee and keep a contact log of everytime a meeting or telephone conversation occurs. The employer will stay in contact with the employee on a weekly basis.

4) Provide the employee with a WSIB Functional Abilities Form, have them sign it, and then instruct the employee to give it to their doctor.

5) When the doctor or employee returns the Functional Abilities Form, meet with the employee and anyone else in the company involved in the return to work process within 5 days if possible.

6) Compare the Functional Abilities with the physical requirements (essential duties) of pre-accident job.
7) TCI shall fulfill the obligations of re-employment as deemed by the Workplace Safety and Insurance Act and establish a modified work program.

8) When applicable, the employer is normally responsible for the costs of workplace modification if required.

9) Individualized work-conditioning programs shall be monitored by the workplace supervisor if required.

10) The employer and employee will work together to develop a RTW Plan to provide **suitable work** that:
   
i. Is safe and within the employees physical capabilities (Physical demands analysis)
   
ii. The employee has the skills to do or that they can learn the skills to do
   
iii. Restores the employees pre-injury earnings as much as possible (Vocational goal/objective)
   
iv. Establishes goals and timeframes, hours, location, wages

11) Give the WSIB any information requested about your return to work.

**WSIB Responsibilities include:**

a) Help the employee understand
   
i. What to expect through the Return to Work (RTW)
   
ii. What the employee and the employer are expected to do
   
iii. Employee rights and obligations
   
iv. Who to ask for help

b) Monitor employee activity, progress, and cooperation between the employee and employer throughout the RTW process.

c) Obtain and clarify functional abilities information.

d) Assess the need for **Work Reintegration** services if return to work is unlikely.

e) Help resolve difficulties and disputes through the process.

f) Provide ergonomic and/or mediation services, and/or site visits to help the employee and the employer through the process.

g) Make decisions on all claim-related and compliance issues.

**5.2.4 Failure To Cooperate**

The workplace parties (employee and employer) are required to co-operate in the return to work (RTW) process. If WSIB determines through investigation that either party involved in the RTW process is not cooperating, WSIB has the authority to issue penalties; these penalties can include:
For employee:

- reduces the employees wage loss benefits by 50%
- suspends the employees wage loss benefits

For employer:

- levies an initial penalty of 50% of the cost of the wage loss benefits to the employee
- 100% of the cost of the wage loss benefits payable to the employee, plus
- 100% of any costs associated with providing WT services to the employee

Article I. Refer to “Responsibilities of the Workplace Parties in the RTW Process” document No. 19-02-02 on the WSIB website www.wsib.on.ca for a full explanation.

5.2.5 **End of RTW Program**

The employer's obligation to re-employ continues until the earliest of:

1) two years from the date of injury
2) one year after the worker is medically able to do the essential duties of the pre-injury job
3) the date the worker declines an offer of work, or
4) the date the worker reaches age 65.

Article II. Refer to “Re-employment Obligation in the Construction Industry - Threshold, Duration and Specific Employer Requirements” document No. 19-05-02 on the WSIB website www.wsib.on.ca for a full explanation.

5.2.6 **Training**

TCI Management will distribute this policy to all TCI employees and discuss the RTW procedures annually. The TCI case manager will typically be a member of senior management.

5.2.7 **Evaluation**

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding Return to Work. The evaluation will include a review of any cases that were completed or still open to assess the procedures and determine areas of improvement. TCI Management will take this information and modify the procedures to improve its ability to fulfill the needs of both the employee and employer.

5.2.8 **Acknowledgement/Make Improvements**

TCI Management’s ultimate goal is to help the injured/ill employee return to regular work or work that includes the primary responsibilities and wage of the pre-injury job that enables the worker to resume a pre-accident level of productivity. TCI Management will continue to encourage injured/ill workers on their road to recovery and stress that their feedback on the RTW process is important and a valuable part of the improvement process.
5.3 PHYSICAL DEMAND INFORMATION (RTW PLAN)

5.3.1 Purpose

Taplen Construction Inc. (TCI) is committed to developing and maintaining a safe and healthy work environment. In keeping with this goal, it is the policy of TCI to make every reasonable effort to provide suitable employment to any employee unable to perform his/her duties as a result of a work-related injury.

The purpose of this Return to Work (RTW) plan is to:

a) assess each individual's situation according to any practitioner’s report and recommendations and will provide some kind of modified work to suit the degree of injury
b) assist in the employee's active recovery and encourage the worker to return to work to their pre-accident job, wherever possible
c) identify jobs that are suitable for accommodating injured workers on a temporary basis in order to facilitate the early and safe return to work program and limit any loss of their earnings
d) accommodate a change or modification to the job or workplace so that the work is within the injured or ill person’s functional capabilities and the risk of injury is reduced

5.3.2 Scope

The TCI return to work plan lays out the steps that need to be taken to return an employee to his or her pre-injury job. The plan will be developed jointly by the injured employee, TCI management, and the worker's health care provider. The goal of the TCI RTW plan is to set out milestones for the employee to achieve until he or she reaches the final goal: a return to pre-injury employment. The plan will also include time frames for achieving these goals. These will provide a yardstick to measure the employee’s progress. The plan has a beginning and an end, as graduated work is a means to achieve a return to pre-injury work, and is not an end in itself.

5.3.3 Types of Accommodations

- Modified hours
- Modified duties
- More frequent rest breaks
- Training in their selected field, where possible

5.3.4 Terms of Reference

Article III. Temporarily Disabled Employees

Employees who are temporarily unable to do their regular job duties due to injury/illness will be offered suitable employment if:

a) A productive work assignment, suitable to the employee's limitations is available
b) The work assignment will have a rehabilitative affect on the employee's condition and not hinder their recover process
c) Complete rehabilitation is expected to occur within four weeks. This placement may be extended if there is progress in his/her rehabilitation. (Complete rehabilitation means the ability to perform the essential duties of the pre-injury job but it is preferable if the worker is able to perform all his pre-injury job duties)
Article IV. Permanently Disabled Employees
Employees who are permanently disabled due to injury/illness will be offered suitable work if a work assignment suitable to the employee's limitations, education and training is available. It may be necessary for some employees to obtain additional training before they are qualified to perform the work assignment.

5.3.5 RTW Process & Evaluation

Article V. Return to Work Plan (RTW Plan) and Placement
TCI Management will develop with their injured/ill employee a RTW plan using the Functional Abilities assessment provided by their doctor. Once a suitable work assignment is identified and all parties agree, TCI will send a copy of the plan to the WSIB.

A suitable work assignment will be developed using the TCI RTW Forms TAP-S-RTW-017. The RTW plan shall include goals, duties, duration, hours of work to be performed, breaks, and any job assistance to be provided. An adjustment in pay structure will be discussed if applicable.

Article VI. Periodic Review
TCI management and injured employee should review the employee's progress once every two (2) weeks while on a suitable work assignment. Annual evaluation shall take place to track the goals of the RTW Plan and if changes need to be made and when future evaluation are to take place. The RTW Process will end when the employee can return to regular work and responsibilities of the pre-injury job that enable the worker to resume a pre-accident level of productivity. An acknowledgement of the pre-injury status will be done using form TAP-S-PIJR-018 and signed by the employee and TCI management.

5.3.6 Evaluation / Acknowledgement

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding Return to Work Plan and Process. TCI Management’s ultimate goal is to help the injured/ill employee return to regular work or work that includes the primary responsibilities and wage of the pre-injury job that enables the worker to resume a pre-accident level of productivity. TCI Management will continue to encourage injured/ill workers on their road to recovery and stress that their feedback on the RTW process is important and a valuable part of the improvement process.

6.0 ♦DESIGNATED SUBSTANCES♦

6.1 DESIGNATED SUBSTANCE POLICY

6.1.1 Purpose

The objective of the policy is to:
Protect all workers, contractors, visitors, and the public from exposure to designated substances.
6.1.2 **Application**

It applies to all Taplen Construction Employees (TCI), and any consultants, architects, engineers, owners, and sub-contractors that work on a TCI Construction Site.

6.1.2 **Definitions**

For the purpose of this policy, designated substances are substances so named in regulations made under the Occupational Health & Safety Act, namely:

- Acrylonitrile
- Arsenic
- Asbestos
- Asbestos in Construction projects and in building and repair operations
- Benzene
- Coke Oven Emissions
- Ethylene Oxide
- Isocyanates
- Lead
- Mercury
- Silica
- Vinyl Chloride

A Designated Substance is defined by the OHSA as a “biological, chemical or physical agent or combination thereof prescribed as a designated substance to which exposure of a worker is prohibited, regulated, restricted, limited or controlled”

6.1.3 **Common Found Locations**

<table>
<thead>
<tr>
<th>Designated Substance</th>
<th>Common Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>insulation, wallboard, asphalt, adhesives, caulking, ceiling &amp; floor tiles, gaskets, drywall compound, plaster, and roofing shingles</td>
</tr>
<tr>
<td>Isocyanates</td>
<td>spray foam insulation, sealants, finishes, paint, and auto body materials</td>
</tr>
<tr>
<td>Lead</td>
<td>old paint, old mortar, old water pipes, lead sheeting, and contaminated soil</td>
</tr>
<tr>
<td>Mercury</td>
<td>fluorescent lights, switches, pressure gauges, electrodes, and contaminated soil</td>
</tr>
<tr>
<td>Silica</td>
<td>bricks and blocks, granite, abrasives, concrete, sandstone, cement, and mortar</td>
</tr>
</tbody>
</table>

6.1.3 **Control Program**

On a construction site, the project owner is legally required to identify any designated substances and make a list of them. The list must be given to TCI as part of the bidding process and before the
contracts are finalized.

If the assessment indicates a potential exposure the Superintendent along with the Project Manager in consultation with the JHSC will develop and implement a designated substance control program as prescribed by the specific designated substance regulations.

Depending on the identity of the Designated Substance, the control program may involve some or all of the following provisions:

- Engineering Controls - to remove a hazard or place a barrier between the worker and the hazard.
- Administrative Controls & Personal Protective Equipment - are frequently used with existing processes where hazards are not particularly well controlled.
- Methods of monitoring the use of the designated substance and/or concentration of the workers exposure
- Exposure records
- Medical examinations and clinical tests
- Training for supervisor and workers

All control actions must be documented as designated substance records.

6.1.4 Roles & Responsibilities

6.1.4.1 Senior Management

For the purpose of this policy, Senior Management is expected to:

- Provide the support and resources necessary to implement and maintain the prescribed Designated Substance control measure.

6.1.4.2 Supervisor

For the purpose of this policy, as a Supervisor, you are expected to:

- Be aware of and familiar with the designated substances used, stored or handled in your workplace;
- When possible, substitute a less hazardous product for any designated substance;
- Provide or ensure all workers are aware of the personal protective equipment required to work with the designated substance;
- Ensure that spill kits and clean-up protocols are provided if required;
- Inform the management if an designated substance is thought to be discovered and await confirmation if a designated substance assessment required;
- Document any control programs in place to reduce exposure to designated substances;
- Ensure that all individuals who handle the designated substance are fully trained including:
  - Have knowledge of the specific legislation for the designated substance they are working with;
  - Proper use of the substances and all aspects of the control program in place, including safe storage, spill clean up and disposal;
  - Have valid WHMIS training and access to the MSDS for the designated substances;
  - Are aware of safe use and care of required personal protective equipment;
6.1.4.3 TCI Employee

For the purpose of this policy, as a TCI Employee, you are expected to:

- Have current WHMIS training;
- Wear all personal protective equipment required by the supervisor and ensure that it is in proper working order;
- Report any failures in personal protective equipment, protocols or engineering system failures immediately to your supervisor;
- Report any suspected designated substance thought to be uncovered immediately to your supervisor;
- Follow all procedures and protocols for the safe use, storage and disposal of the designated substance

6.1.5 Communication & Training

A memo will be sent out to all TCI site personnel and an e-mail to all office personnel informing them about the new policy or changes to the existing policy and that it will be discussed at one of the TCI staff meetings and that a brief training session on the policy will take place.

6.1.6 Evaluation

This policy will be reviewed on an annual basis to ensure that it conforms with any changes to the Occupational Health and Safety Act, Code and Regulation and that it continues to address the needs of the company regarding procurement. The review will be done by Senior Management and selected members of the Joint Health & Safety Committee (JHSC) during a Committee meeting.

6.1.7 Acknowledgement / Make Improvements

During the annual review any recommendations or suggested changes to the policy will be discussed and implemented if the change will improve the effectiveness of the policy. Action items will be assigned to key individuals if required and the policy will be updated and included in a revised copy of the TCI Health and Safety Manual

6.2 ASBESTOS

As asbestos is a widely used material in the construction industry, TCI will ensure that if workers encounter material that they suspect to contain asbestos, they are to immediately inform the superintendent or TCI management before proceeding with the work. TCI and the superintendent will investigate and confirm whether or not asbestos is present and any measures that need to be undertaken.
ACKNOWLEDGEMENT FORM

I have received a copy of Taplen Construction Inc.’s Safety and Loss Prevention Handbook. I understand that in accepting employment on a Taplen project I am expected to abide by these rules, and as such, confirm that all employees reporting to me on this project have been fully trained in WHMIS and Fall Prevention. I further understand that a violation of these or failure to perform my work in a safe manner will be cause for my termination.

COMPANY: ______________________  NAME: ______________________

DATE: ______________________  SIGNATURE: ______________________
ACKNOWLEDGEMENT FORM

I have received a copy of Taplen Construction Inc.’s Safety and Loss Prevention Handbook. I understand that in accepting employment on a Taplen project I am expected to abide by these rules, and as such, confirm that all employees reporting to me on this project have been fully trained in WHMIS and Fall Prevention. I further understand that a violation of these or failure to perform my work in a safe manner will be cause for my termination.

COMPANY: ______________________  NAME: ______________________

DATE: ______________________  SIGNATURE: ________________

OFFICE COPY
# EMERGENCY CONTACT LIST

<table>
<thead>
<tr>
<th>PROJECT LOCATION</th>
<th>Updated</th>
</tr>
</thead>
</table>

| Fire Department | 9 1 1 |
| Ambulance       | 9 1 1 |
| Police          | 9 1 1 |

Closest Hospital:
- Poison Control: 613-737-1100, 1-800-267-1373
- Water Utility: 613-580-2424, ext. 22300 (3 1 1)
- Electrical Utility: 613-738-6400
- Gas Utility: 1-866-763-5427
- Ministry of Labour: 613-228-8050
- Ministry of Environment: 613-521-3450

**OTHER (example only)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMERGENCY RESPONSE</th>
<th>NAME</th>
<th>CONTACT INFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response Team Leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Response Team Members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First Aid Attendants:

Other:

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
</tr>
</thead>
</table>

**OTHER (example only)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/Department Manager</td>
<td></td>
</tr>
<tr>
<td>Project Coordinator</td>
<td></td>
</tr>
<tr>
<td>H&amp;S Department Contact</td>
<td></td>
</tr>
<tr>
<td>Security Monitoring</td>
<td></td>
</tr>
</tbody>
</table>

**POST BY ALL TELEPHONES**
NEW WORKER SAFETY ORIENTATION CHECKLIST

☐ I have issued and reviewed the Company Health & Safety Policy (Safety and Loss Prevention Handbook).

☐ I have addressed to the worker(s) his/her responsibilities within the company.

☐ Hazard Communication (The Right to Know / The Right to Refuse) has been communicated.

☐ Disciplinary Action procedures discussed.

☐ The name of the Safety Representative has been given to the new employee.

☐ The employee is aware of and will comply with the following requirements under the Occupational Health and Safety Act:

(A) Approved Personal Protective Equipment (must be worn and inspected)

☐ Eye Protection
☐ Gloves
☐ Hard Hat
☐ Hearing Protection
☐ Respiratory Protection where applicable
☐ Safety Belts, Harnesses & Lanyards, Lifelines, Bungi Cords
☐ Safety Boots
☐ Other

(B) Accident Prevention (reporting incidents and potential hazard)

☐ Proper lifting and material handling
☐ Workplace specific hazardous materials
☐ Housekeeping
☐ Conduct and Behaviour
☐ Tools and Equipment (Inspect, report defective equipment)
☐ Equipment Maintenance
☐ Hazard Reporting
☐ Fire protection, equipment location and use, and emergency procedures
☐ First aid procedures and locations
☐ Accident reporting procedures including modified work policy
The employer’s confirmation of receipt and understanding:

SUPERVISOR’S ACKNOWLEDGEMENT

SUPERVISOR’S NAME (print): __________

I acknowledge that I have received new employee orientation including a copy of the Company’s Health and Safety Policy.

__________________________

The above worker and in my opinion this employee has an understanding of it.

Supervisor’s Signature: ____________ Date: ______

I, ________________________________, understand and agree to work in compliance with this company’s Health and Safety Policy, as well as the requirements of the Occupational Health & Safety Act.

Employee’s Signature: ______________________________

Date: __________________________

This checklist must be signed and returned to the office
### SECTION A: INCIDENT DETAILS

**Description of Incident's Location:**

**Date of Incident:** __________

**Approx. Time:** __________ hh:mm (24 hrs)

**Nature and circumstances of occurrence and the bodily injury sustained (explain):**

### Part of Body Injured (Indicate "R", "L", F or "B" where applicable)

<table>
<thead>
<tr>
<th>Head</th>
<th>Lower Back</th>
<th>Hand/Fingers</th>
<th>Ankle / Foot</th>
<th>Other (Explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye</td>
<td>Upper Arm</td>
<td>Elbow</td>
<td>Hip</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>Lower Arm</td>
<td>Wrist</td>
<td>Knee</td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td>Upper Back</td>
<td>Lower Leg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of machinery or equipment involved**

### SECTION B - INJURED PERSON DETAILS

**Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth (dd/mm/yyyy)</th>
</tr>
</thead>
</table>

**Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt.</th>
<th>City</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

**Telephone:**

( ) _______________________

**Employer Name:**

__________________________

**Employer Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt.</th>
<th>City</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

**Employer Telephone:**

( ) _______________________

**WITNESSES:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
SECTION C - SEVERITY OF INCIDENT

☐ Incident Without Injury (if checked go to Section D)

☐ Non-Critical Injury with Medical Attention (if checked, go to Section D)

☐ Critical Injury (if checked, go to Section D)
   Check only if any of the following apply:
   ☐ life was in jeopardy
   ☐ produced unconsciousness
   ☐ substantial loss of blood
   ☐ involved the fracture of a leg or arm, but not a finger or toe
   ☐ involved the amputation of a leg, arm, hand or foot, but not a finger or toe
   ☐ burns to a major portion of the body
   ☐ caused the loss of sight in one eye

☐ Fatality (if checked, go to Section D)

SECTION D - MINISTRY OF LABOUR INCIDENT REPORTING REQUIREMENT

Did the incident involve any of the following? (check all that apply)

☐ 1. A worker falling a vertical distance of 3 meters or more

☐ 2. A worker falling and having the fall arrested by a fall arrest system other than a fall restricting system

☐ 3. A worker becoming unconscious for any reason

☐ 4. Accidental contact by a worker or a worker's tool or equipment with energized electrical equipment, installations or conductors

☐ 5. Accidental contact by a crane, similar hoisting device, backhoe, power shovel or other vehicle or equipment or its load with an energized electrical conductor rated at more than 750 volts

☐ 6. Structural failure of all or part of falsework designed by, or required by this Regulation to be designed by, a professional engineer

☐ 7. Structural failure of a principal supporting member, including a column, beam, wall, or truss of a structure

☐ 8. Failure of all or part of the structural supports of a scaffold

☐ 9. Structural failure of all or part of an earth or water retaining structure, including a failure of the temporary or permanent supports for a shaft, tunnel, caisson, cofferdam or trench

☐ 10. Failure of a wall of an excavation or of similar earthwork with respect to which a professional engineer has given a written opinion that the stability of the wall is such that no worker will be endangered by it

☐ 11. Overturning or the structural failure of all or part of a crane or similar hoisting device

If any items checked, go to Section E.

If any items checked without medical attention go to Section F

If any of items 6 through 11 are checked, go to Section G.
SECTION E - REPORTING TO MINISTRY OF LABOUR - CRITICAL INJURY OR

Date of Incident: ___________________________ + 48 Hours → ___________________________ (hh:mm (24 hrs))

Report Deadline

Report to MOL Submission Date ___________________________ by: ___________________________

Initials ___________________________ Name ___________________________ Position ___________________________

Taplen Legal Counsel review before submission

Initials

Written notice to Safety Committee or Safety Representative

Initials

Date Submitted: ___________________________ by: ___________________________ 

Initials ___________________________ Name ___________________________ Position ___________________________

SECTION F - REPORTING FOR NON-CRITICAL INJURY/INCIDENT

Date of Incident: ___________________________ + 4 Days → ___________________________ (hh:mm (24 hrs))

Report Deadline

Written notice to Safety Committee or Safety Representative

Initials ___________________________ Rep. ___________________________ Date Submitted: ___________________________ by: ___________________________

Initials ___________________________ Name ___________________________ Position ___________________________

Notice of Ministry of Labour required by Inspector?

Yes ☐ No ☐

If Yes, Date Submitted: ___________________________

Taplen Legal Counsel review before submission

Initials

Name of Medical Practitioner: ___________________________ Phone ___________________________

SECTION G - FOLLOW-UP WITH PROFESSIONAL ENGINEER’S REPORT

Date of Incident: ___________________________ + 14 Days → ___________________________ (hh:mm (24 hrs))

Report Deadline

Report to MOL Submission Date ___________________________ by: ___________________________

Initials ___________________________ Name ___________________________ Position ___________________________

Taplen Legal Counsel review before submission

Initials

SECTION H - PREVENTION/CORRECTIVE ACTIONS

Actions to prevent accident/incident recurrence. Check (✓) those actions taken to prevent recurrence.

Mark with (P) other corrective actions decided upon or planned but not yet carried out.

✔ Training/instruction of person involved

✔ Improve work procedures

✔ Inform staff/managers of hazards/safe work procedures

✔ Perform Job Safety Analysis

✔ Notify appropriate individuals

✔ Improve inspection procedures

Correction of work area

Tools, equipment, furniture repair or replace

Improve housekeeping

Other (Describe)

Corrective Action form completed? Yes ☐ No ☐ Date: (dd/mm/yy)

Remember that ALL corrective action taken must be expanded upon on the Corrective Action form.
SITE SAFETY INCIDENT REPORT

SECTION I - WITNESS STATEMENT

Name of Witness: _____________________________ Date: (dd/mm/yy) ____________

Name of Interviewer: _____________________________ Time: (hh:mm 24 hr) ____________

The Witness states that:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of Witness: _____________________________

Signature of Interviewer: _____________________________

SECTION J - DECLARATION & SIGNATURE

I hereby Declare that the information provided in this form is true and correct to the best of my knowledge.

Date: ____________________________

dd-mm-yyyy

Name: _____________________________ Title: _____________________________

Signature: _____________________________
HAZARD REPORT

Taplen Construction Inc. (TCI) gives all workers on a TCI jobsite including subcontractor, consultants, engineers, and H&S Reps, the opportunity to report health and safety concerns which they believe may affect themselves or other workers.

**Section A. (Worker Completes this section)**

Name of Worker: ______________________________________ Date: ____________________

Name of Company: ____________________________________

Name of Supervisor: ___________________________________

Worker Signature: _____________________________________

Location of Hazard Concern (project name, building, room, area, etc.):
___________________________________________________________________________
___________________________________________________________________________

Description of Hazard Concern:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**Note:** Attach additional sheets if more space is required

**Section B. (Site Superintendent/Supervisor Completes this section)**

Hazard Rating: check appropriate box

Major □ (potential to cause death, critical injury, or lost time)

Moderate □ (potential to cause injury requiring medical attention, cause property damage)

Minor □ (potential to cause injury requiring first aid)

Hazard Control Action Plan (include identifying hazard, what, how, when, and who implements the required corrective action items):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Site Superintendent Signature: ___________________________ Date: ______________

**Note:** Attach additional sheets if more space is required

Notified: □ JHSC □ Health & Safety Representative

**FOLLOW-UP (sign only when corrective actions have been taken)**

Site Superintendent/Supervisor Signature: ___________________________ Date: ____________

**Note:** Keep (1) one copy on site, (1) one copy returned to worker who identified hazard, and (1) one signed copy to the TCI H&S Representative once the corrective action has been taken

TAP-S-HRF-019 Nov 2011
Functional Abilities Form
for Planning Early and Safe Return to Work

Health Professionals, please use this form ONLY when requested by an employer or worker.

The purpose of this form is to identify your patient's overall functional abilities and work restrictions that will assist his/her return to suitable work.

Please promptly complete and return pages 2 and 3 of this form to the worker or employer to assist the workplace parties in planning an early and safe return to work.

PLEASE ENSURE YOUR BILLING INFORMATION IS NOT GIVEN TO THE WORKER OR EMPLOYER.

Authority to Release Information

Section 37(3) of the Workplace Safety and Insurance Act, 1997 provides the legal authority for health professionals to give the Workplace Safety and Insurance Board (WSIB), the injured worker and the employer such information as may be prescribed concerning the worker's functional abilities.

When completing this report, please print in black ink.

Worker and/or employer should complete Sections A and B of this report. If your patient needs assistance, please help. Please submit this report even if Section A is not fully completed.

Information about your responsibilities can be found on Page 4.

The WSIB will pay health professionals for completing this form.

Mail to:
Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1

OR

Fax to:
416-344-4684
or 1-888-313-7373

A guide to completing this form is available at www.wsib.on.ca
# Functional Abilities Form for Planning Early and Safe Return to Work

**A. Section A to be completed by the employer and/or worker.**

<table>
<thead>
<tr>
<th>Worker's Last Name</th>
<th>First Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (no., street, apt.)</td>
<td>City/Town</td>
<td>Province Postal Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Full Address (No., Street, Apt.)</th>
<th>City/Town</th>
<th>Prov.</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (dd/mm/yyyy)</th>
<th>Date of Accident/Awareness of Illness (dd/mm/yyyy)</th>
<th>Employer Telephone</th>
<th>Employer Fax No.</th>
</tr>
</thead>
</table>

1. **Type of job at time of accident (where available, please attach description of job activities)**

2. **Have the worker and the employer discussed Return To Work**
   - yes
   - no
   - If no, will be discussed on dd mm yyyy

3. **Employer contact name**

   **Position**

**B. Worker's Signature**

By signing below, I am authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board (WSIB) with information about my functional abilities on the WSIB's "Functional Abilities for Planning Early and Safe Return to Work" form.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date dd mm yyyy</th>
</tr>
</thead>
</table>

**C. Health Professional's Billing Information**

For billing purposes fax or mail pages 2 and 3 to the WSIB.

<table>
<thead>
<tr>
<th>Health Professional's Designation</th>
<th>Chiropractor</th>
<th>Physician</th>
<th>Physiotherapist</th>
<th>Registered Nurse (Extended Class)</th>
<th>Other</th>
</tr>
</thead>
</table>

**PROVIDER BILLING INFORMATION IN THE BOLDED AREA OF SECTION C SHOULD NOT BE PROVIDED TO THE WORKER OR EMPLOYER.**

<table>
<thead>
<tr>
<th>Are you registered with the WSIB?</th>
<th>yes</th>
<th>Please enter the WSIB Provider ID. in the box provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td></td>
<td>Please call 1-800-569-7919 to register</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Professional's Name (please print)</th>
<th>WSIB Provider ID.</th>
<th>Your Invoice Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (No. Street, Apt.)</th>
<th>Service Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City/Town</th>
<th>Province Postal Code</th>
<th>Fax</th>
</tr>
</thead>
</table>

I hereby declare that the information being submitted in Sections C, D, E and F of this form is true and complete. It is an offense to knowingly make a false or misleading statement or representation to the WSIB.

<table>
<thead>
<tr>
<th>Health Professional's Signature</th>
<th>Telephone</th>
<th>Date dd mm yyyy</th>
</tr>
</thead>
</table>

2647A2 (07/06)
Functional Abilities Form
for Planning Early and Safe Return to Work

Please PRINT in black ink

Worker’s Last Name | First Name | Claim No.

D. The following information should be completed by the Health Professional to identify the patient’s overall abilities and restrictions.

1. Date of Assessment: dd mm yyyy

2. Please check one:
   - [ ] Patient is capable of returning to work with restrictions. Complete sections E and F.
   - [ ] Patient is capable of returning to work with no restrictions.
   - [ ] Patient is physically unable to return to work at this time. Complete section F.

E. Abilities and/or Restrictions

1. Please indicate Abilities that apply. Include additional details in section 3
   - Walking:
     - [ ] Full abilities
     - [ ] Up to 100 metres
     - [ ] 100 - 200 metres
     - [ ] Other (please specify)
   - Standing:
     - [ ] Full abilities
     - [ ] Up to 15 minutes
     - [ ] 15 - 30 minutes
     - [ ] Other (please specify)
   - Sitting:
     - [ ] Full abilities
     - [ ] Up to 30 minutes
     - [ ] 30 minutes - 1 hour
     - [ ] Other (please specify)
   - Lifting from floor to waist:
     - [ ] Full abilities
     - [ ] Up to 5 kilograms
     - [ ] 5 - 10 kilograms
     - [ ] Other (please specify)
   - Lifting from waist to shoulder:
     - [ ] Full abilities
     - [ ] Up to 5 kilograms
     - [ ] 5 - 10 kilograms
     - [ ] Other (please specify)
   - Stair climbing:
     - [ ] Full abilities
     - [ ] Up to 5 steps
     - [ ] 5 - 10 steps
     - [ ] Other (please specify)
   - Ladder climbing:
     - [ ] Full abilities
     - [ ] 1 - 3 steps
     - [ ] 4 - 6 steps
     - [ ] Other (please specify)
   - Travel to work:
     - [ ] Ability to use public transit
     - [ ] Ability to drive a car
     - [ ] Yes
     - [ ] No

2. Please indicate Restrictions that apply. Include additional details in section 3
   - [ ] Bending/twisting repetitive movement of (please specify)
   - [ ] Work at or above shoulder activity
   - [ ] Chemical exposure to:
     - [ ] Environmental exposure to: (e.g., heat, cold, noise or scents)
   - [ ] Limited use of hand(s):
     - [ ] Left
     - [ ] Gripping
     - [ ] Pinching
     - [ ] Right
     - [ ] Other (please specify)
   - [ ] Limited pushing/pulling with:
     - [ ] Left arm
     - [ ] Right arm
     - [ ] Other (please specify)
   - Operating motorized equipment: (e.g., forklift)
   - Potential side effects from medications (please specify)
     - Do not include names of medications.
   - [ ] Exposure to vibration:
     - [ ] Whole body
     - [ ] Hand/Arm

3. Additional Comments on Abilities and/or Restrictions.

4. From the date of this assessment, the above will apply for approximately:
   - [ ] 1 - 2 days
   - [ ] 3 - 7 days
   - [ ] 8 - 14 days
   - [ ] 14 + days

5. Have you discussed return to work with your patient?
   - [ ] Yes
   - [ ] No

6. Recommendations for work hours and start date:
   - [ ] Regular full-time hours
   - [ ] Modified hours
   - [ ] Graduated hours
   - Start Date: dd mm yyyy

F. Date of Next Appointment

Recommended date of next appointment to review Abilities and/or Restrictions: dd mm yyyy

I have provided this completed Functional Abilities Form to:
   - [ ] Worker
   - [ ] Employer

2647A3 (07/06)
Important Information

To receive benefits, the worker must apply for benefits within six months of the date of a work-related injury or illness. When filing a claim for benefits, the worker must also consent to the disclosure of functional abilities information provided by a health professional to his or her employer for the purpose of facilitating an early and safe return to work. Failure to file a claim or provide consent for the release of the functional abilities information can result in no benefits.

If you have questions about the completion of this form please call 1-800-387-0750.

Worker's Responsibilities

- This form is to be completed by a treating health professional, who will discuss the information with you.
- Once completed, contact your employer immediately to review the information on the completed form. Together, you and your employer will begin to plan an early and safe return to work.

Employer's Responsibilities

- This form provides general information about this worker's functional abilities and restrictions to help you plan an early and safe return to work.
- When you provide this form to the treating health professional, ensure that you have the worker's signed consent (Section B) for the release of functional abilities information.
- Where available, also attach a description of the worker's job activities to assist the health professional in completing the form.
- The prescribed form that is available from the WSIB is a generic form developed to assist with general functional abilities information.
- The WSIB will pay the health professional to complete the prescribed WSIB form only. A charge will appear on your Accident Cost statement or Schedule 2 Invoice which reflects the cost of payment for each form completed.
- If you have a form that is specific to your workplace and have the cooperation of the worker in providing consent for the release of information on your form, you may use your own form. If you create your own form, you must reimburse the health professional directly.
- Do not send a copy of the completed Functional Abilities Form for Planning Early and Safe Return to Work to the WSIB. The health professional is responsible for submission of the form.

Health Professional's Responsibilities

- The employer and worker will use this information to plan the worker's early and safe return to work.
- Their return to work plans will reflect the functional abilities and restrictions you have noted and presume that no clinical contraindications exist for other work activities, therefore it is crucial that all sections be completed in full.
- The completion of this form is based on your examination of the worker and does not require a specialized functional abilities evaluation.
- Diagnostic or confidential information must not be included.
- Please add specific information on the duration of temporary restrictions or maximum times or weights to be considered, in section E3 under abilities and/or restrictions. If necessary, attach an additional page to this completed form to describe abilities and restrictions.
- Completion of this form does not replace clinical reporting requirements to the WSIB.
- Once you have received this form, promptly complete it and give it to the worker and/or employer.
- For billing purposes fax or mail pages 2 and 3 to the WSIB. When faxing, do not mail a copy.

The WSIB will pay the health professional for the completed form when pages 2 and 3 are received.

Workplace Safety and Insurance Board
200 Front Street West
Toronto ON M5V 3J1.

WSIB Fax 416-344-4684
or 1-888-313-7373

A guide to completing this form is available at www.wsib.on.ca
RETURN TO WORK PLAN

Employee Name: ____________________________________ Date: ____________________
Employee Occupation: __________________________________________

Date of Injury (mm/dd/yy): ___/___/___ Off work Since (mm/dd/yy): ___/___/___
Supervisor Name: __________________________________________
TCI Case Manager Name: ________________________________

Nature of Injury:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Worker Restriction/Limitations based on Functional Abilities Form:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Doctor/Care Provider Information:
Doctor Name: ____________________________________
Address: __________________________________________________________________
Phone No. ___________________________ Fax No. ___________________________
E-mail: ________________________________

Nature of current job:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Immediate goal of RTW Plan: (Select applicable)
Temporary assignment until complete recovery □ Permanent job with modifications □
Unable to Return to Work □

Possible Work Accommodations:

☐ Reduce hours, ☐ Frequent Breaks, ☐ Mini-stretch breaks, ☐ other (specify)
________________________________________________________________________
________________________________________________________________________

Is training required? Yes □ No □
What type of training is required? ________________________________
________________________________________________________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is rehabilitation required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What type of rehabilitation is required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated date by which the employee will be back to pre-injury job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the Interim Goals in terms of workplace, duties and hours:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected Commencement Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the Final Goals in terms of workplace, duties and hours:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected Commencement Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RTW Details: (Do not fill in if this is the first meeting to discuss the RTW Plan)</td>
<td></td>
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</tr>
<tr>
<td>Were your interim goals met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were your final goals met?</td>
<td></td>
<td></td>
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<tr>
<td>Were your interim duties met?</td>
<td></td>
<td></td>
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<tr>
<td>Were your final duties met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were your interim hours met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were your final hours met?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Final RWT: (mm/dd/yy):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No, why not? (check applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee is totally and permanently incapacitated for work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee is partially incapacitated but unable to be placed in suitable employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee is temporarily incapacitated for work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee ceased involvement</td>
<td></td>
<td></td>
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<tr>
<td>Voluntary retirement</td>
<td></td>
<td></td>
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<tr>
<td>A return to work was not a goal</td>
<td></td>
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<tr>
<td>Next RTW Evaluation Date:</td>
<td></td>
<td></td>
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<tr>
<td>Employee’s Signature</td>
<td></td>
<td></td>
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<tr>
<td>Supervisor’s Signature</td>
<td></td>
<td></td>
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<tr>
<td>Employer Signature</td>
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</table>
EMPLOYEE NOTICE – Suitable Employment

EMPLOYEE NAME: ______________________________________ DATE: ___________

Taplen Construction Inc. (TCI) is pleased that you are returning to suitable employment following your accident.

We are providing you with a copy of the RTW Plan which we jointly developed in order to facilitate your safe return. Working together will ensure that your return to work is safe, timely and supports your full recovery.

As discussed in our meeting on ________________, we recognize your present medical restrictions (as outlined below and in the RTW Plan) and agree to provide suitable employment based on these restrictions.

1._____________________________________________________________________
2._____________________________________________________________________
3._____________________________________________________________________
4._____________________________________________________________________

Your co-operation in the following is expected:

1. If you are experiencing any problems with assigned tasks, please discuss with your supervisor.
2. Your continued safety and recovery is our first concern. If you are asked by a fellow employee to assist in a task which you are not medically capable of doing, explain your restrictions and ask that they request assistance from supervision.
3. If you are on prescribed medication, please inform your manager immediately as to the types, dosage, so that appropriate documentation is maintained and so that we can make fully informed decisions on your Return to Work plan that takes the nature of your medication into account. You are responsible for ensuring that you have adequate supply of your prescribed medication and follow your doctor's instructions regarding its use in order to participate with us in helping you return to work in a safe manner.
4. Every effort must be made by you to attend work. If you are unable to do so, you must notify your Supervisor.

Please report to ________________ at _____ a.m./p.m. on ________________, for the appropriate duties which have been designed around what you reasonably believe you can perform.

Thank you for your co-operation.

Employee Signature ________________________________________________
Supervisor Signature _______________________________________________
Employer Signature ________________________________________________
RTW PRE-INJURY JOB RESUMPTION
ACKNOWLEDGEMENT

EMPLOYEE NAME: ___________________________ DATE: __________

Taplen Construction Inc. (TCI) is pleased that you are returning to your Pre-Injury Job Resumption and Duties.

This form acknowledges that you are willing and able to resume your pre-injury duties and that you followed TCI’s RTW Plan in your recovery and have been truthful regarding your health status during your evaluations.

Date of Pre-Injury RTW Duties: ___________________

Employee Signature ________________________________________________

Supervisor Signature _______________________________________________

Employer Signature _______________________________________________