

Occupational Health and Safety Booklet



Advantage Prevention Claims Management
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The New Source of Health and Safety Orientation for New Workers

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The New Source of Health and Safety Orientation for New Workers

HEALTH AND SAFETY POLICY STATEMENT

The Employment Solution (TES) is committed to protect the health and safety of its employees, contractors of TES, Client companies, general public, its property and the environment from accidental or deliberate loss caused by injury or accidents.

In fulfilling this commitment, TES will comply with all applicable municipal, provincial and federal legislation to the best of its ability.

Management will, through demonstrated leadership and commitment, be dedicated to the maintenance of a safe and healthy work environment through supporting the efforts of our employees, contractors of TES and Client companies to achieve this goal.

All employees and contractors of TES will be expected to work in compliance with TES's policies, together with the safety policies of the Client companies where they are assigned and conduct themselves in a professional manner when performing company business.

We expect excellence in health and safety performance and active participation of all our employees and contractors of TES.

AN ACCIDENT FREE WORKPLACE IS OUR GOAL



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GENERAL SAFETY RULES

The Employment Solution fulfills its safety policy commitment through the application of a comprehensive Health and Safety program, which provides all stakeholders with ongoing assurance that identifiable safety, health and environmental risks associated with business operations are assessed and successfully managed;

- Identifiable safety, health and environmental risks associated with business operations are assessed and successfully managed;
- Systems are in place to ensure that TES safety policies, guidelines and procedures are in place and being followed, and that performance is measured against the best in the industry;
- Safety, health, and environmental laws, codes, and regulation requirements are adhered to;
- Organizational responsibilities are clearly defined, understood and carried out;
- Every incident, accident, injury or near-lost time must be reported to the TES Supervisor and/or Safety Coordinator within the same day of occurrence for proper and timely investigation;
- Any unsafe practice or substandard condition reported by a worker of TES is immediately documented and followed up on promptly;
- Under no circumstance will the health and safety of the worker be sacrificed for reduced cost or by attempting to complete a task in a shorter length of time.
- No worker of TES will report to work or be at work while under the influence of alcohol, illegal drugs or drugs for which they have no lawful prescription.
- Any acts of violence, threats, intimidation or harassment in the workplace must be reported immediately to TES management.



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GENERAL SAFETY RULES continued...

- TES expects all workers to conduct themselves in a professional manner. Improper activities or behaviours such as horseplay, fighting, practical jokes, possession of weapons, gambling, internet gambling and pornography in the workplace are not permitted and violations may constitute grounds for dismissal;
- Each new worker receives an orientation, including a review of policies, procedures, and regulations;
- TES complies with client's guidelines on internet usage.
- Telephone lines are to remain open for business calls. Please limit the number of incoming and outgoing personal calls, with the exception of emergency calls. No personal long-distance calls are to be made from company phones. This general safety rule includes the use of company cellular phones and any other company owned technical device.
- **Any worker who repeatedly fails to abide by TES's safety policies, procedures, and guidelines will be subject to disciplinary actions which may include: verbal warning, written warning, suspension or termination.**



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SAFETY RULES

It is desirable that every worker become thoroughly familiar with the safety rules, practices as required by The Employment Solution and the M.O.L. outlined below. In all cases, "WORKERS", shall not supplement these rules.

EQUIPMENT LOCKOUT:

All electrical equipment, mechanical equipment, machine, machinery and/or piping systems shall be disconnected and effectively locked out to prevent the risk of injury to any worker during maintenance, overhauls, repairs, cleaning and oiling where guards and/or interlocks must be removed, and/or bypassed.

CONFINED SPACE ENTRY:

No worker shall enter a tank, vessel, or silo, etc. without the proper authorization and entry permit signed. In addition, appropriate personal protective equipment must be utilized.

ELEVATED WORK:

Extra caution must be taken when working at elevated work station. Properly placed ladders and mechanical platforms must be used. A safety harness is also required if an adequate guardrail cannot be maintained. No worker is to go up on a platform, roof or manlift without being properly trained in the use of Fall Arrest Harness.

TOOLS:

Workers should never use defective or unsafe tools. Return such tools to the Maintenance department for repair.

MATERIALS/CHEMICALS:

All materials or chemicals used, if dangerous to health, must be properly identified and labelled as to the type of potential hazard. Consult the material safety data sheet or line supervisor for further hazard information.

FIRE PROTECTION:

All workers should become familiar with the location and operation of plant fire extinguishers. All fire protection equipment must be kept clear and accessible at all times. Fire extinguishers shall not be removed from their designated location except for use or servicing. Fire extinguishers, which have been discharged, must be returned to the Maintenance department for servicing.

ERGONOMICS:

All workers who are shown the non-ergonomic and office ergonomic work procedures will be properly trained to ensure that the work will not cause any issues related to ergonomics at the work site/location.



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SAFETY RULES continued

EXCAVATION:

Workers are not to go in any excavation, sewer trench/outside sewers without proper protection such as shoring in place before entering to do work or inspection.

DRIVERS:

Drivers of any equipment are not to back up on construction site without signalman in place to direct the driver.

COMPRESSED AIR:

Compressed air shall not be used to blow dust from clothing worn by a worker or in such a manner as to endanger the safety of any worker, in your place of work.

COMPRESSED GAS CYLINDERS:

Compressed gas cylinders, both flammable and non-flammable, shall always be secured in an upright position. Do not store in vicinity of excessive heat or open flame.

MACHINE GUARDING:

All machine guards and safety devices shall be in place, operative and correctly adjusted. Do not attempt to clean, repair, or adjust machinery or oil, while it is in operation. Workers are not to carry out this work unless they have been properly trained in Lockout Procedures.

HAZARDS:

Hazardous conditions, defective equipment or unsafe acts shall be reported immediately to your supervisor for prompt corrective measures.

MATERIAL HANDLING:

If material/equipment is required to be lifted, carried or moved; always ensure that proper lifting techniques are followed or the proper lifting device is used. If the material is bulky, awkward or too heavy - ask for assistance - get help. All forklift drivers must have a valid driver wallet card before been allowed to drive.

SAFETY SHOE / BOOTS:

Non-slip steel toe safety shoes / boots are required CSA by **ALL WORKERS**, before you start work.

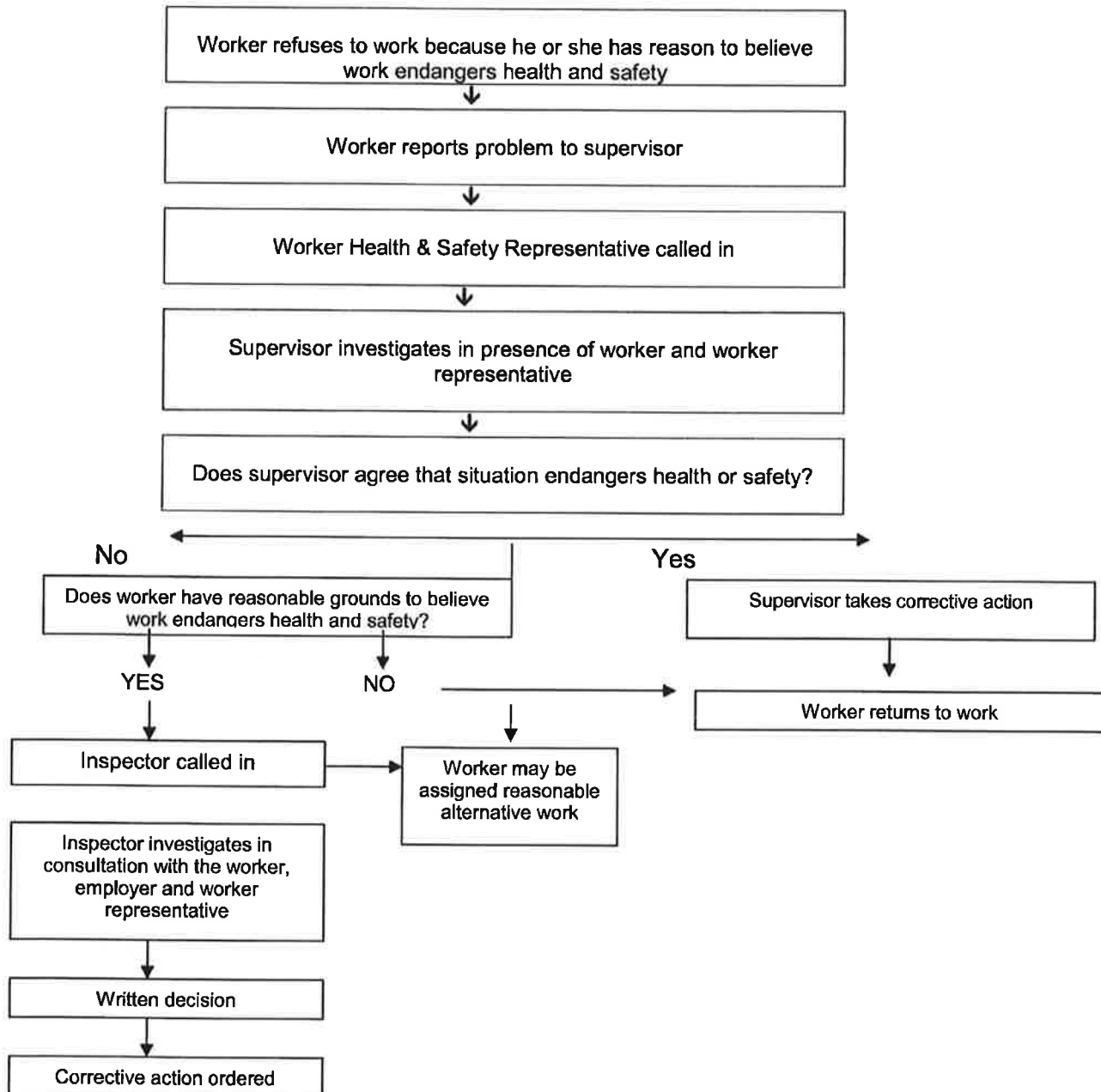


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WORK REFUSAL PROCESS

This process shall be followed step by step by Supervisor at time of Worker Work Refusal for unsafe condition.





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ALCOHOL & DRUG POLICY

The Employment Solution is committed to protecting the health and safety of their workers and ensuring Clients are provided with workers knowledgeable in the risks of using alcohol and drugs. This policy extends specifically to the consumption of alcohol and drugs and their effects on an individual's ability to safely perform their duties at work.

For purpose of TES's policies and procedures with regard to Alcohol and Drugs:

Alcohol – any substance that may be consumed and that has an alcohol content in excess of 0.5 percent by volume. These include the agent ethyl alcohol, methyl and isopropyl alcohols.

Client's facility – any lands or premises occupied by a Client to which a worker is assigned.

Drug or Drugs – any harmful substance (other than prescription drugs being used for whom it is prescribed and as directed by a physician), including alcohol, illicit drugs, or solvents that have the potential to affect, change, or inhibit the individual ability to perform their job safely.

Vehicle – any on road or off road vehicle used for transportation purposes. This includes any device or structure owned or chartered by a Client used to transport workers to the Client's facility or worksite.

Work – includes training and any coffee, lunch, supper or other breaks from work while at a TES or Client facility.

Worker – any individual or consultant retained by TES to work at TES's Head Office, branches, or as a TES Representative at a Client's facility.



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WORKING ALONE GUIDELINES

TES wants to do everything reasonably practicable to ensure your safety if you are working alone or assigned to work at a remote location.

A worker is considered to be working alone if they are at a facility where assistance is not readily available in the event of an illness, injury or emergency.

To help reduce the risks involved when workers are working alone, TES will:

- Ensure that workers are made aware of the risks and hazards associated with working alone;
- Work with our Clients to determine the risks of working alone at their work site;
- Work with our Clients to ensure that workers have an effective method of communication in case of an emergency situation.



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WORKPLACE INJURY REPORTING PROCEDURE

In the event of a workplace injury the location supervisor will follow as outlined in this procedure:

- Report the injury immediately to his/her Supervisor at the work location.
- Report the injury immediately to his/her TES Supervisor.
- Location Supervisor will carry out a Full Accident Investigation Report which when completed will be sent to the TES Supervisor.
- The TES Supervisor will provide the following documents to the worker to take to the Hospital, Clinic and/or Doctor's Office:
 1. Medical Treatment Form for the Doctor to complete
 2. Functional Abilities Form (FAF) for the Doctor to complete

Both these Forms must be completed within 24 hours and faxed to APCM at 905-486-1675 the same day received back from worker.

- After all the medical information is provided and if the injury causes loss time an offer of modified work within his/her known medical restrictions will be made to the worker within 24 hours.
- While on modified work the worker will complete Daily Modified Work Report which will be signed off by his/her Location Supervisor where modified work is carried on.
- The APCM will stay in contact with the worker until full recovery.
- Second part to this procedure is as follows:
 1. Supervisor must report all First Aids and Near Misses to his/her immediate Supervisor at the TES Office.
 2. The TES Supervisor and/or First Aid Person must record the information in the First Aid Book.
- Transportation of injured workers to hospital is as follows:
 1. Critical injury accident is driven to hospital by ambulance
 2. Non-critical injury (medical aid) is taken to the hospital, medical walk-in clinic via taxi and accompanied by supervisor or management.
- Taxi voucher(s) are supplied by The Employment Solution if required.



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FAF

Functional Abilities Form
For Planning Early
and Safe Return to Work

Please PRINT in black ink

A. Section A to be completed by the employer and/or worker.				Claim No.										
Worker's Last Name		First Name		Telephone ()										
Address (no., street, apt.) Code		City/Town		Province										
		Postal												
Employers Name:			Date of Birth (dd/mm/yyyy)											
Full Address (No., Street, Apt)			Date of Accident/ Awareness of Illness (dd/mm/yyyy)											
City/Town		Province		Postal Code										
			Employer Telephone											
			Employer Fax No.											
1. Type of job at time of accident (where available, please attach description of job activities) Area(s) of injury(ies)/Illness(es)														
2. 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 information about my functional abilities.														
Signature yyyy				Date dd mm										
C. Health Professional's Billing Information														
INFORMATION IN THE SHADED AREAS SHOULD NOT BE PROVIDED TO THE WORKER OR EMPLOYER														
Health Professional's Designation <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Registered Nurse (Extended Class) <input type="checkbox"/> Other														
Are you registered <input type="checkbox"/> Yes Please enter the nine digit Provider ID. in the box provided ► <div style="text-align: center;"><input type="checkbox"/> No</div>				Provider ID. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Health Professional's Name (please print)				Service Code <div style="text-align: right;">901</div>										
Address (No., Street, Apt.)				Your Invoice Number <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
City/Town		Province		Postal Code										
				Fax ()										
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.														
Health Professional's Signature yyyy				Telephone Date dd mm <div style="text-align: center;">()</div>										



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Continued...

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: ▶ <input type="checkbox"/> Patient is capable of Returning to work with No restrictions	<input type="checkbox"/> 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Walking <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100-200 metres <input type="checkbox"/> Other (please specify)</td> <td style="width: 25%;">Standing <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 – 30 minutes <input type="checkbox"/> Other (Please specify)</td> <td style="width: 25%;">Sitting <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes – 1 hour <input type="checkbox"/> Other (please specify)</td> <td style="width: 25%;">Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 – 10 kilograms <input type="checkbox"/> Other (please specify)</td> </tr> <tr> <td>Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 – 10 kilograms <input type="checkbox"/> Other (please specify)</td> <td>Stair climbing <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 – 10 steps <input type="checkbox"/> Other (please specify)</td> <td>Ladder climbing <input type="checkbox"/> Full abilities <input type="checkbox"/> 1 – 3 steps <input type="checkbox"/> 4 – 6 steps <input type="checkbox"/> Other (please specify)</td> <td>Travel to work Ability to use public transit Ability to use drive a car <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No</td> </tr> </table>		Walking <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100-200 metres <input type="checkbox"/> Other (please specify)	Standing <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 – 30 minutes <input type="checkbox"/> Other (Please specify)	Sitting <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes – 1 hour <input type="checkbox"/> Other (please specify)	Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 – 10 kilograms <input type="checkbox"/> Other (please specify)	Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5 – 10 kilograms <input type="checkbox"/> Other (please specify)	Stair climbing <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5 – 10 steps <input type="checkbox"/> Other (please specify)	Ladder climbing <input type="checkbox"/> Full abilities <input type="checkbox"/> 1 – 3 steps <input type="checkbox"/> 4 – 6 steps <input type="checkbox"/> Other (please specify)	Travel to work Ability to use public transit Ability to use drive a car <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
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2. Please indicate Restrictions that apply, include additional details in Section 3 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Bending/twisting Repetitive movement (please specify) <input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify) </td> <td style="width: 33%;"> <input type="checkbox"/> Work at or above of shoulder activity: <input type="checkbox"/> Opening motorized equipment (e.g. forklift) <input type="checkbox"/> Potential side effects from medications (please specify) Do not include names of medications </td> <td style="width: 34%; text-align: right;"> Limited use of hand(s): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Left <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify) </td> <td style="width: 50%;"> Right <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table> <input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm </td> </tr> </table>		<input type="checkbox"/> Bending/twisting Repetitive movement (please specify) <input type="checkbox"/> Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Work at or above of shoulder activity: <input type="checkbox"/> Opening motorized equipment (e.g. forklift) <input type="checkbox"/> Potential side effects from medications (please specify) Do not include names of medications	Limited use of hand(s): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Left <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify) </td> <td style="width: 50%;"> Right <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table> <input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm	Left <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify)	Right <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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Left <input type="checkbox"/> Gripping <input type="checkbox"/> Pinching <input type="checkbox"/> Other (please specify)	Right <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
3. Additional Comments on Abilities and/or Restrictions .									
4. From the date of this assessment, the above will apply for approximately: <input type="checkbox"/> 1 – 2 days <input type="checkbox"/> 3 – 7 days <input type="checkbox"/> 8 – 14 days <input type="checkbox"/> 14 + days									
5. Recommendations for yyyy Work hours and start date:	<input type="checkbox"/> Regular full-time hours Start Date dd mm								
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: <input type="checkbox"/> Worker and/or <input type="checkbox"/> Employer									



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Worker's Claim/Consent Form

DO NOT RETURN THIS TO THE WORKERS' COMPENSATION

Worker's Signature

By signing below, I am claiming benefits under the Workers Compensation, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Worker's Compensation Board with information about my functional abilities on the Board's "Functional Abilities for Timely Return to Work" form.

Name (in full)

Signature

Date Signed (dd/mmm/yyyy)

Accident Date (dd/mmm/yyyy)

Description of Injury/Disease

Employee ID/SIN

Employer FAX Number

()

Employer instructions: Use this form when you cannot get your employee's signature on the Form. Keep a copy on file. Send another copy to the worker's health professional as permission from the worker to release functional abilities information, if required, to help with a safe return to work plan. Also give a copy to your employer.



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EMERGENCY RESPONSE

Always follow and obey your workplace's procedures and ensure you are aware of the exit routes to take if there is an emergency.

For all emergencies (fires, tornadoes, earthquakes, chemical spills, fumes, leaks), ensure the emergency response team has been notified by calling:

9-1-1

1. Proceed to the appropriate exit area and evacuate;
2. If one route is blocked off, proceed to the nearest alternative route as advised;
3. Upon exiting the building, proceed to the appropriate designated location;
4. Do not leave the designated location unless instructed to by your workplace supervisor;
5. Follow any instruction given by the emergency crews to ensure no one is put at risk.

**STAY CALM AND FOLLOW THE DIRECTIONS OF
THE WORKPLACE SUPERVISOR.**



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HOUSEKEEPING

Good housekeeping means a clean and orderly workplace. The basic rule of housekeeping is a proper place for everything and everything in its proper place. Good housekeeping results in high production, low accident rates and improved morale.

Poor housekeeping can lead to injuries from slips, trips and falls, being struck by falling objects, or can cause fires.

Good Practices:

- Clear aisles and pathways of debris;
- Do not place items on stairs;
- Store materials in the appropriate containers (i.e. glass, paper, cans, etc.);
- Clean up spills on floors;
- Remove any slipping hazards;
- Make others aware and report the hazard.



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MANUAL LIFTING

Improper lifting places stress and strain on the body and may result in injuries. To reduce the possibility of injury, plan the lift and follow these proper lifting techniques:

- Know your physical limitations and the approximate weight of materials you are trying to lift;
- Obtain assistance in lifting heavy objects;
- Before any manual lifting is done, the use of power equipment or mechanical lifting devices such as dollies, trucks or similar devices should be considered and employed where practical;
- Bulky loads should be carried in such a way as to permit an unobstructed view ahead;
- Ensure a good grip before lifting;
- Lift gradually, slowly, smoothly and without jerking;
- Your back should be kept close to vertical or straight, and the lifting done with leg muscles which are large and strong;
- Avoid unnecessary bending. Do not place objects on the floor if they must be picked up later;
- Avoid unnecessary twisting. Turn your feet, not your hips or shoulders. Leave enough room to shift your feet so as not to twist;
- Avoid reaching out. Handle heavy objects close to the body. Avoid a long reach out to pick up an object;
- Do not be tempted at the last moment to swing the load onto the deck or shelf by bending or twisting your back – it could end up being your last heavy load;
- Keep in good physical shape. Get proper exercise and maintain a good diet.



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WORKPLACE HAZARD MATERIALS INFORMATION SYSTEM (WHMIS)

WHMIS is a Canada-wide system to ensure the proper labeling of materials that may be encountered in the workplace.

The following table outlines the hazard symbol, the class and description of the materials.

HAZARD SYMBOL	CLASS AND DIVISION	DESCRIPTION
	CLASS A	Compressed Gas: A substance that at room temperature (20C) is in the gaseous state and kept under pressure.
	CLASS B	Flammable and Combustible: A solid, liquid or gas that will ignite and continue to burn if exposed to a flame. This class includes the following divisions:
	Division 1	Flammable Gas
	Division 2	Flammable Liquid
	Division 3	Combustible Liquid
	Division 4	Flammable Solid
	Division 5	Flammable Aerosols
	Division 6	Reactive Flammable Materials
	CLASS C	Oxidizing Material: This is a substance that will cause another substance to burn.
	CLASS D	Poisonous and Infectious Material: materials causing effects ranging from acute to chronic. This class includes the following divisions:
	Division 1	Materials causing immediate and serious toxic effects. These are materials which cause harmful effects, including death, within a short period of time after exposure.
	Division 2	Materials causing other toxic effects days, months or years after one or more exposure.
	Division 3	Biohazardous infectious materials. An organism or its toxins that may cause serious infectious disease.
	CLASS E	Corrosive Material: A substance that will erode steel or aluminum or destroy animal tissues.
	CLASS F	Dangerously Reactive Material: A material that which will react with water to produce a poisonous gas or which will undergo a reaction if the container is heated, pressurized or agitated.



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PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDELINES

Personal Protective Equipment (PPE) must be kept clean and well maintained. Always wear the appropriate PPE as required. It should meet manufacturer, government, and the Canadian Standards Association (CSA) guidelines. You will be made aware of any Personal Protective Equipment requirements by your TES Representative or by the Client if assigned to their work facility.



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PERSONAL PROTECTIVE EQUIPMENT THAT SHALL BE WORN BY WORKER WHEN REQUIRED

FALL PROTECTION:

Fall Protection Harness must be used at times when working over three (3) meters.

HEAD PROTECTION:

Safety hats are available and must be worn whenever there is the potential for head injury.

HAND PROTECTION:

Appropriate hand protection is available and shall be worn when handling materials which are hot, corrosive, sharp, electrically energized, etc.

EYE PROTECTION:

Safety glasses, goggles and face shields are available and shall be worn on any operation with the potential for eye/facial injury.

HEARING PROTECTION:

A variety of types, styles and sizes of hearing protection are available and shall be worn in areas with a noises level greater than 85 dBA. Contact the Health Centre for selection and instruction on the proper use.

RESPIRATORY PROTECTION:

Various types of respiratory protection are available and shall be worn properly where there exists the potential of inhaling harmful dust, mists, vapours, fumes, or gases. Contact the Safety Department for selection and instruction of their use.

Note: The effectiveness of the respirator is greatly reduced if the face piece seal is broken due to excess facial hair.

FOOTWEAR:

All workers shall wear approved protection appropriate to their working environment to prevent the hazard of foot injury.

CARE OF PERSONAL PROTECTIVE EQUIPMENT:

Personal Protective Equipment shall be kept clean and in good order to provide effective protection. Report any deficiencies to your Supervisor or Safety Department.



The New Source of Health and Safety Orientation for New Workers

SAFETY HANDBOOK QUIZ

1. Safety in the workplace is NOT my responsibility.

- ☐ True
☐ False

2. All injuries, regardless of how minor, must be reported to my Supervisor or Safety Representative.

- ☐ True
☐ False

3. If I observe an unsafe condition, I should:

- ☐ Report it immediately to my supervisor.
☐ Let someone else worry about it. Someone else has probably reported it before me.

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

- ☐ True
☐ False

5. Proper lifting techniques include:

- a) Assessing the weight of the materials before lifting;
- b) Getting a good grip and footing, and lifting with the leg muscles;
- c) Keeping the materials close to your body without obstructing your view;
- d) All of the above

6. It is important to maintain a clear and orderly work area.

- ☐ True
☐ False

7. I know the name and contact information for The Employment Solution Office Safety Representative and my Account Manager.

- ☐ True
☐ False

8. I understand my roles & responsibilities with regard to safety, and understand The Employment Solution's commitment to Health and Safety.

- ☐ True
☐ False



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DISCIPLINARY ACTION

Because of TES's strong commitment to safety, any infractions or violations, with regard to safety, committed workers will be taken seriously. It is TES's expectation that all workers follow the implemented policies, procedures and guidelines.

If it is determined that a problem has arisen as a direct result of non-compliance from a worker, disciplinary action may proceed in the following manner:

First Step:

- Verbal acknowledgement of the problem;
- Review of the applicable safety element in violation;
- A discussion of the necessary corrective action is required.

Second Step:

- If a second infraction arises, a letter of reprimand will be issued to worker;
- A verbal discussion of the safety infraction will be completed;
- Depending upon the seriousness of the safety infraction, TES may use its discretion to suspend the worker(s) without pay.

Third Step:

- After a third infraction, at TES's discretion, a longer period of suspension may be issued, or termination of the worker may be initiated.



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WORKER INFORMATION CHECKLIST

WORKER ORIENTATION FOR THE FOLLOWING

Worker's Name: _____

Job Type: _____

Hire Date: _____

Start Date: _____

Supervisor or Recruiter: _____

<input checked="" type="checkbox"/>	CHECK OFF ALL ITEM BOXES WITH EMPLOYEE BEFORE HE/SHE STARTS WORK
<input type="checkbox"/>	Company Health and Safety Policy – Give Copy
<input type="checkbox"/>	Company Health and Safety Program
<input type="checkbox"/>	Company Health and Safety Rules
<input type="checkbox"/>	Company Personal Conduct Procedures
<input type="checkbox"/>	Reporting of Workplace Injury
<input type="checkbox"/>	Return to Work Program for Workplace Injured Workers
<input type="checkbox"/>	Blackout Exit Plan



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Continued...

<input type="checkbox"/>	Health and Safety Discipline Policy
<input type="checkbox"/>	Names of Joint Health and Safety Committee – Posted
<input type="checkbox"/>	Fire Evacuation Plan
<input type="checkbox"/>	Fire Assembly Areas
<input type="checkbox"/>	Washrooms
<input type="checkbox"/>	Eye Wash Stations
<input type="checkbox"/>	First Aid Station and Recording Book
<input type="checkbox"/>	WHMIS MSDS Books Workers Right to Know
<input type="checkbox"/>	Ministry of Labour Green Books Location
<input type="checkbox"/>	Hours of Work



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HEALTH AND SAFETY VIOLATION

INFRACTION FORM

Date of Infraction: _____

Time of Infraction: _____

Department: _____ Location: _____

Number of Infractions: _____

Type of Infraction: _____

Action Taken by Management: _____

Name of person initiating the Discipline: _____

Name of Worker: _____

Name of Supervisor: _____

Safety Comments:

Signed By: _____ Date: _____



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ACKNOWLEDGEMENT OF REVIEW

I certify that the contents of The Employment Solution's Safety Program Handbook have been reviewed with me, that I understand the contents of this Safety Program Handbook, and that I will govern my work activities accordingly. I agree to accept and follow the Safety Policies, Procedures and Guidelines that The Employment Solution has in place as a condition of my employment.

I have completed the required Safety Handbook Quiz as part of my Safety Orientation.

Date: _____

Worker's Name: _____

Worker's Signature: _____

The Employment Solution Representative: _____

TES Representative Signature: _____

If you have any safety questions or concerns, please contact:

The Employment Solution Representative: _____

Account Manager: _____

This duplicate page is to remain in the Safety Program Handbook after names and signatures are obtained.

The Employment Solution will accept Acknowledgements that have been returned by email, mail, or fax as proof that the worker has reviewed and understands the contents of the handbook.

January 1, 2016

***** IMPORTANT INFORMATION – READ CAREFULLY *****

Dear Valued Employee, Contractor/Consultant:

T.E.S. is committed to the safety of its employees, contractors/consultant. This includes safety while on assignment. Please take the time to familiarize yourself with the enclosed health and safety booklet so that you will fully understand our commitment and your commitment to working safely.

The Worker Health & Safety Booklet that is enclosed with this letter is designed to protect you while you are on assignment. Employers in Ontario are required to ensure workers follow Company (T.E.S.) health and safety policy, procedures and rules. Failure to comply is in violation of both T.E.S. policies, programs, procedures and the Ministry of Labor, Industrial Act and Regulations that apply to all employers, workers and supervisors. You are required to follow our health and safety awareness training programs.

If the work you are asked to perform at the client's worksite is not safe – contact your supervisor at _____.

As the worker, I have read this Health and Safety Booklet, and understand that my failure to follow any of the Safety Rules, Procedures and Policies will result in a very serious violation, for which as the worker, I will be disciplined. Health and safety is an obligation that I have under the law, and I will fulfill it.

I _____, acknowledge receipt of this Workers Health and
(workers name)
Safety Booklet, by signing below agree to follow each and every page of information related
to the Company Health & Safety and WSIB Procedures.

I have read and understand what is expected of me, while on assignment and I will assist my supervisor in every way possible to have a Safe Workplace.

Worker Print Name:

Date:

Worker Signature:

Date:

FOR OFFICE USE ONLY

T.E.S. Representative:

Date:

Should you have any questions, please talk to your T.E.S. Representative.

Advantage Prevention Claims Management

Telephone: 905-891-3474

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