

REGION	OFFICE CODE	DATE OF REVIEW (YYYY MMM DD)
OFFICE LOCATION		NUMBER OF STAFF
SUPERVISOR		
JOHS MEMBER OR MEMBERS		

This program review is conducted in accordance with the requirements of the Workers' Compensation Act and Regulations. www.worksafebc.com

The purpose of this review is to identify any health and safety deficiencies at all ministry workplaces in order to determine priorities and appropriate corrective actions. It is critical that the Review Team is thorough, accurate and candid in completing this document.

Roles and Responsibilities

Employer: In order to achieve a high level of health and safety in the workplace, employers should examine their basic management systems. Accidents and other operational problems may be the result of inadequate corporate policies and procedures; lack of proper supervision or poor employee training. Health and safety must be considered as a management function carried out by everyone in the organization. Joint occupational health and safety committees, employee representatives, unions, health and safety specialists and all workers have a responsibility to contribute through consultation, advice, inspections and investigations.

Supervisor: Employers must assign responsibility, accountability and authority to supervisory staff. Supervisors must analyze work activities with their workers and develop standard operating procedures that include safety practices. They must instruct workers in these operating procedures.

Worker: Workers are responsible for their own health and safety and that of their fellow workers. They include learning and following safe, standard operating procedures; being alert to hazards; reporting hazards to supervisors; using and wearing protective clothing and equipment. They also have the additional responsibility to refuse to do work that would create a hazard to the safety or health of any person. Workers shall report the hazardous circumstances to their supervisor or employer or, failing that, to the local joint occupational health and safety committee or representative.

Joint Occupational Health and Safety Committee: Committee responsibility is to make suggestions and recommendations to management respecting potential resolutions to health and safety problems, issues and concerns and to assist the local supervisor with implementing the OHS program at the local level, and developing and implementing local safety plans. In addition, JOHS Committee members play an important role in the promotion and auditing of the health and safety program by assisting to communicate the goals of the program to all workers, monitoring the programs ongoing effectiveness, providing feedback to management and workers, and recommending changes and improvements where necessary.

A JOHS PROGRAM POLICY AND GUIDELINES

1. Has your office posted a signed copy of the ministry JOHS Corporate Policy statement? YES NO
2. Are JOHS responsibilities for managers/supervisors/employees clearly defined and known? YES NO
3. Are all workers aware of the ministry Occupational Health and Safety Program Manual (on ministry intranet site) and its contents. YES NO
<http://icw.eia.gov.bc.ca/ohs/manual>

B WORKPLACE VIOLENCE PREVENTION

4. Have annual violence risk assessments been conducted? YES NO
Date of last assessment: _____
5. Are "at risk" clients identified in your office? How? _____ YES NO
6. Is a written local office violence prevention plan in place? YES NO
7. Has communication of the violence prevention plan to workers been documented and filed? YES NO
8. Have all workers been given a copy (or access to e-copy) of the prevention plan? YES NO
9. Is the prevention guidelines reviewed with workers following incidents of violence? YES NO
10. Are updates done to the violence prevention plan when changes occur in the office? YES NO

C INCIDENT REPORTING AND INVESTIGATIONS

["incident" means an accident or other occurrence that resulted in or had the potential for causing and injury or occupational disease, including violence and near misses.]

11. Are all workers trained in using the **IRT SYSTEM**? YES NO
12. Are all incidents being reported and documented according to written procedures? YES NO
13. Are incident investigations conducted jointly with an employer and worker representative? YES NO
14. Is there a follow-up to ensure corrective actions are implemented and workers advised? YES NO
15. Are corrective actions communicated to workers and documented? YES NO
16. Is Critical Incident Response Services (CIRS) offered to workers after a serious incident? YES NO
17. Is informal debriefing (e.g. supervisor, peer) offered to workers after an incident as appropriate? YES NO

D REFUSAL TO WORK ON GROUNDS OF HEALTH AND SAFETY HAZARD(S)

18. Are there written procedures for handling refusal to work situations? YES NO
19. Are managers/supervisors aware of a worker's right to refuse unsafe work? YES NO

E WORKING ALONE OR IN ISOLATION

20. Have local working alone or in isolation procedures been developed and implemented? YES NO
21. Are workers trained in the working alone or in isolation procedures? YES NO
22. Do workers have a copy (or access to e-copy) of the working alone or in isolation procedures? YES NO

23. Is there a plan in place to ensure equipment is maintained and functional? YES NO
- Are cell phones regularly charged? YES NO
 - Are the vehicles properly equipped with emergency equipment? YES NO
24. Are pre-trip inspections conducted on ministry vehicles daily/when used and documented? YES NO
25. Are emergency instructions (e.g. emergency numbers) located in ministry vehicles? YES NO

F ERGONOMICS – PREVENTION OF MUSCULOSKELETAL INJURY (MSI) IN THE WORKPLACE

26. Are ergonomic assessments/re-assessments being conducted and documented? YES NO
27. Is education/training part of the ergonomic assessment? YES NO
28. Are assessment recommendations being implemented? YES NO

G ENVIRONMENTAL TOBACCO SMOKE AND INDOOR AIR QUALITY

29. Is smoking restricted to designated smoking areas according to WorksafeBC regulations? YES NO
30. Are all workers aware of the process for reporting IAQ concerns? YES NO
31. Are IAQ concerns being resolved in a timely manner (i.e. within 30 days)? YES NO

H JOINT OHS COMMITTEE AND WORKER REPRESENTATIVE

32. Does your office have a JOHS committee or worker representative in place? YES NO
33. Have all committee members/ reps received the 2-day committee training? YES NO
34. Does the JOHS committee meet monthly and the minutes distributed/posted?
List the last 3 monthly meeting dates: _____ YES NO
35. Are JOHS committee meeting minutes for previous 3 months posted on the OHS Bulletin board? YES NO
36. Are JOHS meeting action items followed-up? YES NO
37. Is the first aid incident information reviewed at JOHS meetings? YES NO
38. Are joint safety inspections conducted on a quarterly basis?
Date of last safety inspection: _____ YES NO

I HAZARDOUS MATERIAL INFORMATION

39. Have all workers completed the on-line WHMIS training module? YES NO
40. Are workers aware of and know where to locate the Material Safety Data Sheets (MSDS), for any controlled products currently in the workplace? YES NO

J EDUCATION AND TRAINING

41. Do all key job duties with a safety component have written safe work procedures? YES NO
42. Are supervisors/managers knowledgeable in safe work procedures/practices? YES NO
43. Do workers carry out their work in accordance with established safe work procedures? YES NO
44. Does the workplace have an individual(s) who is trained to conduct office workstation/ergonomic assessments? YES NO
45. Are JOHS related training recorded and entered into CHIPS as applicable? YES NO

K FIRST AID SERVICES AND EQUIPMENT

46. Has your office conducted a First Aid Needs Review/First Aid Assessment as applicable? YES NO
47. Are first aid certificate(s) and kit(s) for the office compliant with WCB requirements? YES NO
48. Is a qualified first aid attendant readily available during hours of operation at the office? YES NO
49. Is the designated first aid attendant(s) name(s) and contact number(s) posted? YES NO
50. Do workers know how to summon a first aid attendant? YES NO
51. Is the First Aid Record Book monitored and completed accurately? YES NO
52. Are all first aid entries reviewed monthly by the supervisor or designate? YES NO
53. Are First Aid Attendants offered the HEP B vaccination and is this documented? YES NO

L EMERGENCY EVACUATION PROCEDURES

54. Are office and building emergency/evacuation procedures in place? YES NO
55. Have all workers been trained in building evacuation procedures and is this documented? YES NO
56. Are building emergency/evacuation drills conducted annually? YES NO
Date of last drill: _____
57. If the office has a panic alarm system, is it tested annually? YES NO
58. Are response drills conducted annually (fire, earthquake, first aid)? YES NO

M COMMUNICATIONS

59. Is relevant JOHS information (e.g. procedural changes) reviewed at team/staff meetings? YES NO
60. Does your JOHS Bulletin Board have the required information posted and is it up to date? YES NO
61. Do workers know where to access the Workers' Compensation Act and JOHS regulation? YES NO
62. Do workers have access to the Workers' Compensation Injury Claim-Related forms? YES NO

N OHS ORIENTATION

63. Do you know your Regional Workplace Health Advisor and Organizational Health and Development Manager? YES NO
64. Do all new workers receive JOHS orientation and is this documented? YES NO
65. Are all new workers introduced to a local JOHS/Worker representative? YES NO
66. Are all new workers introduced to the first aid attendant(s)? YES NO

O RECORDS AND STATISTICS

67. Are local OHS records and statistics maintained and readily available? YES NO
68. Are Workers' Compensation forms forwarded to applicable ministry personnel (e.g. payroll, management, supervisors, JOHS representatives), WorkSafeBC and the union if applicable? YES NO

P CULTURE / ENVIRONMENTAL CHANGE

69. Is a safety culture evident in the workplace?
Please explain: _____ YES NO
70. Are workers encouraged to report unsafe work conditions? YES NO

OCCUPATIONAL HEALTH AND SAFETY PROGRAM REVIEW

Recommendations/Comments: _____

Reviewed by: _____

(Employer Representative)
e.g. JOHS Committee Co-Chair/Supervisor

(Workers Representative)
e.g. JOHS Committee Co-Chair/Member

Reviewed by: _____

Manager/Field Manager/Director

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