

APPENDIX 1: *Sample Occupational Health and Safety Policy and Responsibilities Statement*

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

Health and Safety Policy:

(Insert school authority here) is committed to the protection of our employees, contractors, volunteers and the students we serve.

In fulfilling this commitment, the school administration will provide and maintain a safe and healthful work environment in accordance with industry standards and in compliance with legislative requirements, and will strive to eliminate any foreseeable hazards which may result in injury, illness or damage.

We are all responsible for preventing incidents within our facilities and are each expected to comply fully with all applicable health and safety laws, rules and regulations.

Incidents can be prevented through good management in combination with active employee involvement. Participation in the safety and health program is the direct responsibility of all employees. All employees will perform their jobs in compliance with established safe work practices.

The information in this policy does not take precedence over OHS legislation. All employees should be familiar with the *OHS Act, Regulation and Code*. A copy of the legislation is available in every school office.

To ensure that this policy continues to meet our needs, this school authority will review it each year.

Signed:

Superintendent, headmaster or equivalent

School authority

Date

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Responsibilities:

Everyone within the operations of the (*insert school authority here*) has responsibilities to help create and maintain a safe working environment for themselves and others. Clear expectations are necessary to ensure that everyone is aware of their rights and obligations. This will enable the (*insert school authority here*)'s health safety management system to operate effectively.

Everyone has the right to work in a safe and healthy environment.

Therefore, the (*insert school authority here*) will clearly describe the roles and responsibilities of all levels within the operations, including the Board or Authority, Management (Principal or System Administrators), workers, volunteers, contractors and students.

These expectations will be a condition of employment and must be followed.

Board or Authority Responsibilities:

- Provide a safe workplace
- Inform all employees of their OHS rights and obligations
- Ensure that the health and safety program is created, operating and maintained as intended by actively overseeing, participating in and maintaining control of the program
- Establish policies and procedures for the health and safety management system
- Ensure adequate resources are available to successfully build and implement this system

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Principals and System Administrator Responsibilities:

- Implement a health and safety program in their facilities
- Inform all employees of their OHS rights and obligations
- Inform employees of any hazards specific to their location or nature of their work
- Ensure all employees perform their duties in accordance with applicable legislation
- Ensure all employees are aware of and comply with all aspects of the health and safety program
- Ensure all employees are competent by continuously providing adequate and necessary training in a timely manner
- Regularly inspect and correct substandard conditions
- Ensure all incidents and near misses are reported and investigated
- Ensure proper maintenance of equipment and tools
- Ensure all contractors and workers are aware of (*insert school authority here*)'s expectations
- Identify troubled or impaired workers and ensure they are looked after appropriately

Worker Responsibilities:

- Know and follow all aspects of the health and safety program
- Report all incidents, near misses, injuries, unsafe acts or conditions and infractions, no matter how small
- Wear all personal protective equipment required by safe job procedures, regulations or policies
- Take every reasonable precaution to ensure the safety of yourself, other workers and students
- Refuse to perform work when unsafe conditions exist or when not properly trained to do the job, in accordance with Section 35 of the *OHS Act*
- Know the locations and operations of the emergency safety equipment
- Be familiar with emergency response protocol

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Contractor Responsibilities:

- Present proof of good standing with the Workers' Compensation Board of Alberta and provide proof of insurance before working on any (*insert school authority here*) job location
- Follow all aspects of (*insert school authority here*)'s health and safety program
- Take work hazards seriously and protect yourself and others from danger
- Report all hazards, near misses, injuries or incidents that occur while working at a (*insert school authority here*) facility
- Comply with all legislated requirements pertaining to your scope of work

Visitors, Parents, Guests and Volunteer Responsibilities:

- Report to the main office prior to entering the facility
- Wear personal protective equipment when required and follow the instructions and rules of the location
- Provide all clearances required for the position

Key Legislation Requirements:

Obligations of employers, workers, etc.:

- 2(1) Every employer shall ensure, as far as it is reasonably practicable for the employer to do so,
 - (a) the health and safety of
 - (i) workers engaged in the work of that employer, and
 - (ii) those workers not engaged in the work of that employer but present at the worksite at which that work is being carried out, and
 - (b) that the workers engaged in the work of that employer are aware of their responsibilities and duties under this *Act*, the regulations and the adopted code
- (2) Every worker shall, while engaged in an occupation,
 - (a) take reasonable care to protect the health and safety of the worker and of other workers present while the worker is working, and
 - (b) co-operate with the worker's employer for the purposes of protecting the health and safety of
 - (i) the worker,
 - (ii) other workers engaged in the work of the employer, and
 - (iii) other workers not engaged in the work of that employer but present at the work site at which that work is being carried out

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- (3) Every supplier shall ensure, as far as it is reasonably practicable for the supplier to do so, that any tool, appliance or equipment that the supplier supplies is in safe operating condition.
- (4) Every supplier shall ensure that any tool, appliance, equipment, designated substance or hazardous material that the supplier supplies complies with this *Act*, the regulations and the adopted code.
- (5) Every contractor who directs the activities of an employer involved in work at a work site shall ensure, as far as it is reasonably practicable to do so, that the employer complies with this *Act*, the regulations and the adopted code in respect of that work site.

Prime contractor:

- 3(1) Every work site must have a prime contractor if there are two or more employers involved in work at the work site at the same time
- (2) The prime contractor for a work site is
 - (a) the contractor, employer or other person who enters into an agreement with the owner of the work site to be the prime contractor, or
 - (b) if no agreement has been made or if no agreement is in force, the owner of the work site.
- (3) If a work site is required to have a prime contractor under subsection (1), the prime contractor shall ensure, as far as it is reasonably practicable to do so, that this *Act* and the regulations are complied with in respect of the work site.
- (4) One of the ways in which a prime contractor of a work site may meet the obligation under subsection (3) is for the prime contractor to do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with this *Act* and the regulations in respect of the work site.

Multiple obligations:

- 4(1) In this section, “function” means the function of prime contractor, contractor, employer, supplier or worker.
- (2) If a person has two or more functions under this *Act* in respect of one work site, the person must meet the obligations of each function.

Refusal of unsafe work:

All workers have a legislated responsibility and an obligation to refuse unsafe work. “Unsafe Work” is defined as a task that is not normal for that occupation and/or a danger that would not normally be present as a part of the tasks that a person in that occupation has been deemed “competent” to perform (see 35(2) below).

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Existence of imminent danger:

35(1) No worker shall

- (a) carry out any work if, on reasonable and probable grounds, the worker believes that there exists an imminent danger to the health or safety of that worker,
- (b) carry out any work if, on reasonable and probable grounds, the worker believes that it will cause to exist an imminent danger to the health or safety of that worker or another worker present at the work site, or
- (c) operate any tool, appliance or equipment if, on reasonable and probable grounds, the worker believes that it will cause to exist an imminent danger to the health or safety of that worker or another worker present at the work site.

(2) In this section, “imminent danger” means in relation to any occupation

- (a) a danger that is not normal for that occupation, or
- (b) a danger under which a person engaged in that occupation would not normally carry out the person’s work.

(3) A worker who

- (a) refuses to carry out work, or
- (b) refuses to operate a tool, appliance or equipment

pursuant to subsection (1) shall, as soon as practicable, notify the worker’s employer at the work site of the worker’s refusal and the reason for the worker’s refusal.

(4) On being notified under subsection (3), the employer shall

- (a) investigate and take action to eliminate the imminent danger,
- (b) ensure that no worker is assigned to use or operate the tool, appliance or equipment or to perform the work for which a worker has made a notification under subsection (3), unless
 - (i) the worker to be so assigned is not exposed to imminent danger, or
 - (ii) the imminent danger has been eliminated,
- (c) prepare a written record of the worker’s notification, the investigation and action taken, and
- (d) give the worker who gave the notification a copy of the record described in clause (c).

(5) The employer may require a worker who has given notification under subsection (3) to remain at the work site and may assign the worker temporarily to other work assignments that the worker is reasonably capable of performing.

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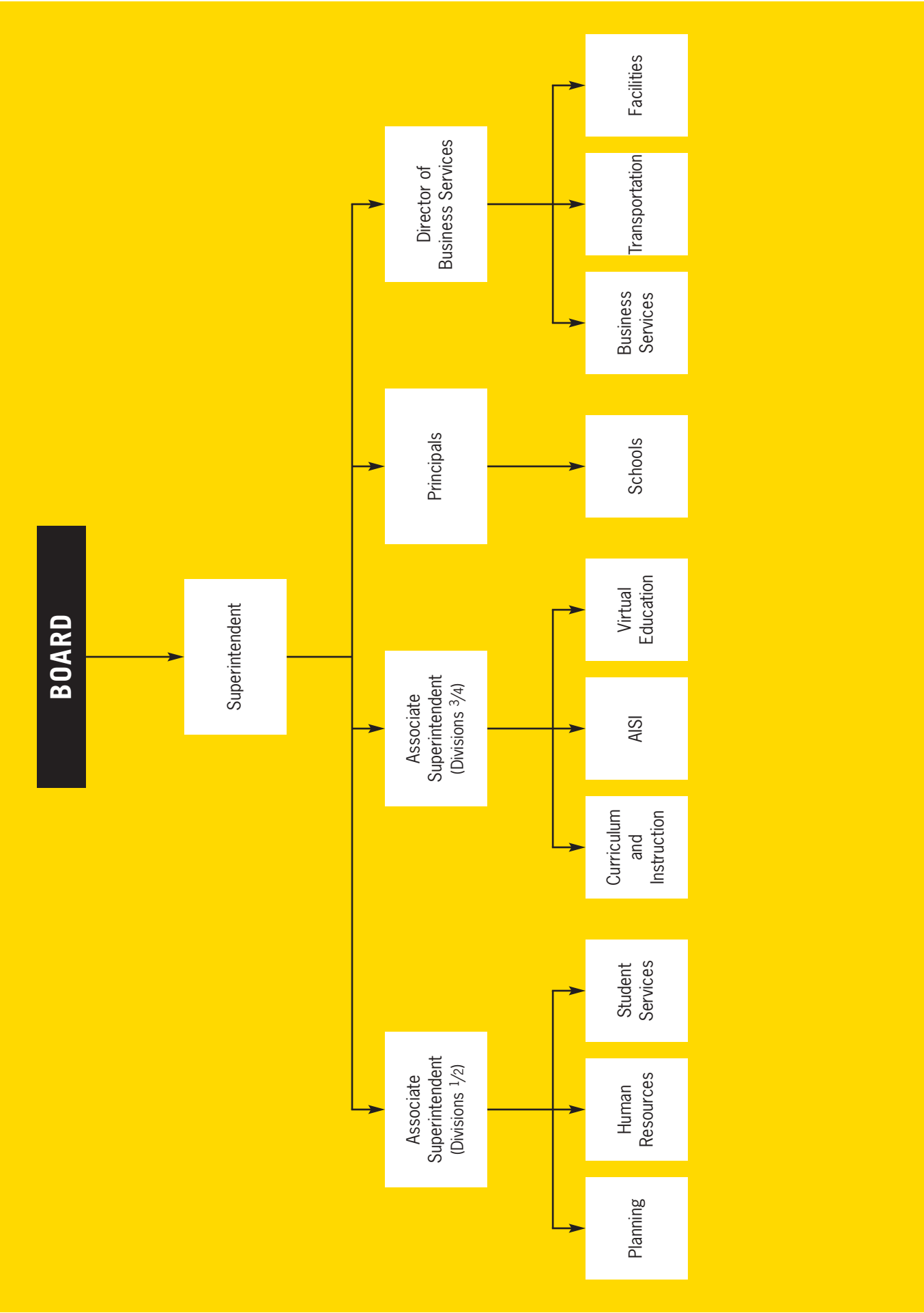
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- (6) A temporary assignment under subsection (5), if there is no loss in pay, is not disciplinary action for the purposes of section 36.
- (7) If a worker who receives a record under subsection (4)(d) is of the opinion that an imminent danger still exists, the worker may file a complaint with an officer.
- (8) An officer who receives a complaint under subsection (7) shall prepare a written record of the worker's complaint, the investigation and the action taken and shall give the worker and the employer a copy of the record.
- (9) A worker or an employer who receives a record under subsection (8) may request a review of the matter by the Council by serving a notice of appeal on a Director of Inspection within 30 days from the date of receipt of the record.
- (10) After considering the matter, the Council may by order
 - (a) dismiss the request for a review, or
 - (b) require the employer to eliminate the imminent danger.

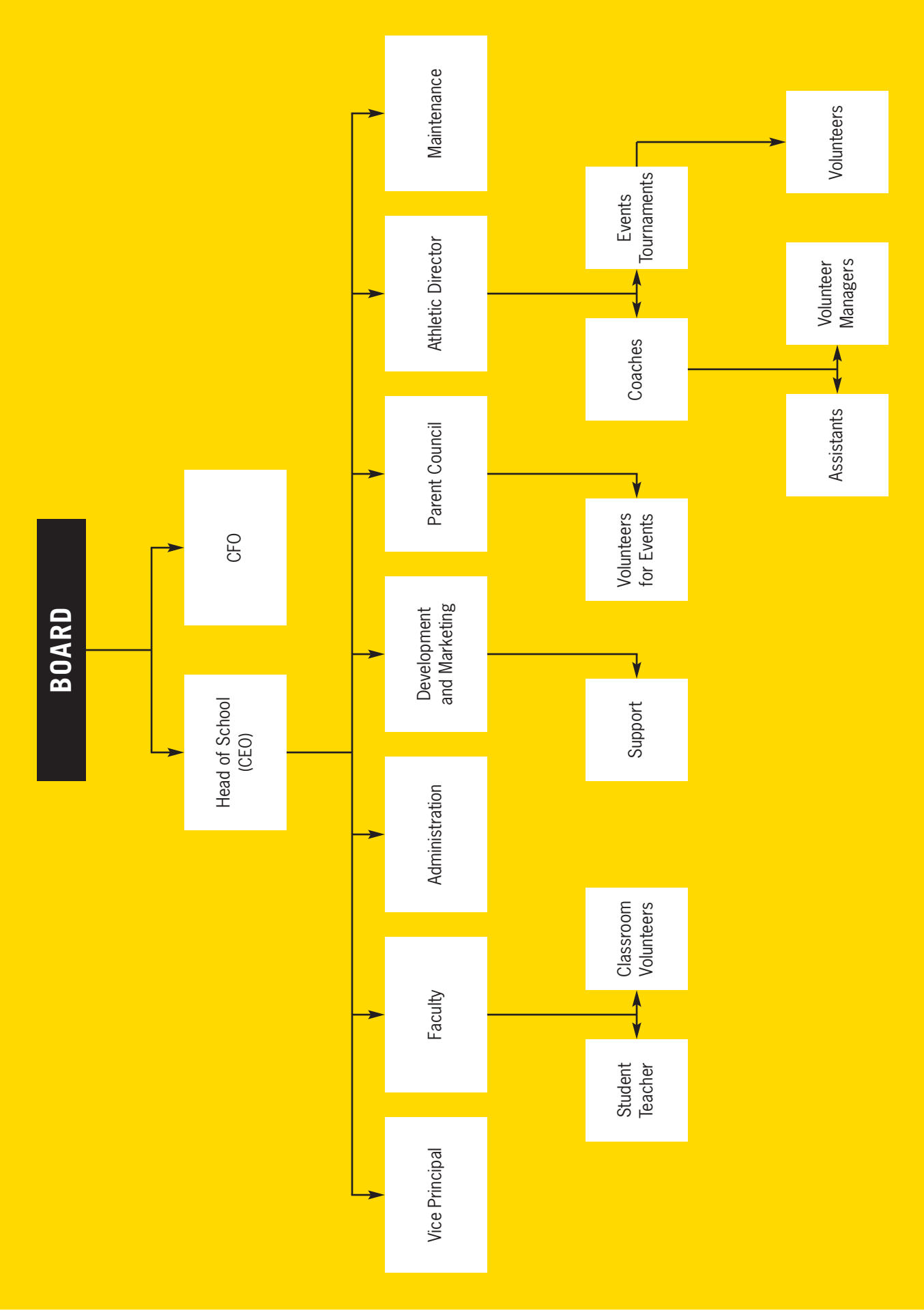
APPENDIX 2: Hazard Assessment and Control Process



APPENDIX 3: Sample Organizational Chart – Larger Jurisdiction



APPENDIX 4: Sample Organizational Chart – Independent School



APPENDIX 6: *Sample Custodian Work Inventory*

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

LOCATION:

DATE:

TYPE OF WORK: **CUSTODIAN**

1.	Maintain floor and carpets
2.	Remove garbage and recyclables
3.	Pressure wash walls and furniture
4.	Clean and disinfect washrooms
5.	Clean up hazardous spills, such as blood or body fluids, mouse or bird droppings and chemicals
6.	Perform general cleaning of desks, walls, chalk or whiteboards, windows or glass etc.
7.	Change or replace lights and ceiling tiles
8.	Move furniture and equipment
9.	Work on rooftops to check vents, retrieve balls, adjust flags, change security lights
10.	Inspect and clean up buildings and grounds
11.	Cut grass and maintain flower beds
12.	Remove snow or ice and sand walkways
13.	Perform routine maintenance and repair power equipment
14.	Perform boiler water testing, treat boiler water, relight pilots
15.	Monitor condition of building materials
16.	Lubricate fan motor or bearings and replace filters
17.	Prepare (take down) boilers for inspection
18.	Conduct security checks and unlock or lock building
19.	Assist in budget planning, prepare cleaning schedules, perform appraisals
20.	Supervise or train custodial staff
21.	Order stock and maintain custodial supplies
22.	Obtain MSDS updates and label chemicals for WHMIS compliance
23.	Prepare or monitor maintenance service requests
24.	Monitor or assist with community use of building
25.	Liaise with rental groups, facilities staff, contractors, regulatory agencies (e.g. fire or health inspectors)
26.	Receive or pick up supplies using personal vehicle and stock items
27.	Set up or dismantle stage equipment, move gym floor mats or tarps and desks or chairs for exams or special events
28.	Change filters and dust collectors

APPENDIX 7: Sample Custodian Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Responsible for the care, cleaning and security of the building and grounds, safe operation and maintenance of heating and mechanical equipment and oversight of custodial staff functions in the building.	ASSESSMENT BY:
STAFF GROUP: Head Custodian or Custodian	DATE COMPLETED:	

STEP 1 ¹		STEP 2 ²					STEP 3			STEP 4						
List Types of Work and Work-related Activities		Identify Existing or Potential Hazard Sources or Types					Assess Risk and Prioritize Hazards			Identify and Implement Hazard Controls						
Type of Work	Related Tasks or Activities	Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial					A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A X B X C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place		Comments	Corrective Action
		YES	NO													
Cleaning or Building Maintenance	Floor maintenance: sweep, wet mop, strip, wax, scrub burnish and buff floors	Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial Brooms, mops, buckets, heavy floor machines scrapers Chemical exposure to cleaning products, strippers, waxes, dust, carbon monoxide from propane machines and asbestos from asbestos containing materials Slips or falls on wet floors Noise and electrical hazards from equipment Physical injury (sprains or strains) from: <ul style="list-style-type: none"> • moving heavy items or furniture • awkward postures (bending, twisting, pushing, pulling, bending wrists, kneeling on hard floors) • lifting water buckets into sinks or floor drains • working with improperly maintained machines 					4	3	3	30	High	Provide properly designed or maintained equipment and tools Avoid pressing handles into palms Avoid twisting or bending motions Supply enough machines per wing or floor to reduce carrying or lifting distances Supply carts and dollies Use approved personal protective equipment (e.g. gloves, chemical cartridge respirator, dust masks, eye, foot and hearing protection)				
	Maintain floors: sweep, wet mop, strip, wax, scrub burnish and buff floors	Current Material Safety Data Sheets (MSDS) on site for all chemicals Site working alone protocol in place WHMIS Supplier and Workplace labels in place WHMIS and TDG training Asbestos Awareness Training Asbestos Safe Work Procedures on site Hazardous Materials Management Project (HMMP) Asbestos Survey report on site and up to date Certification for Propane Burnishing (if applicable)					4	3	4	48	High	Current Material Safety Data Sheets (MSDS) on site for all chemicals Site working alone protocol in place WHMIS Supplier and Workplace labels in place WHMIS and TDG training Asbestos Awareness Training Asbestos Safe Work Procedures on site Hazardous Materials Management Project (HMMP) Asbestos Survey report on site and up to date Certification for Propane Burnishing (if applicable)				

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									YES	NO		
Cleaning or Building Maintenance	Maintain carpets: clean or vacuum, spot cleaning	Use extractors, bonnet machines, lifting furniture, vacuum bags, upright, canister or backpack vacuums Awkward postures (bending, twisting, pushing pulling, reaching), repetitive motions, exposure to dust or moulds, noise	4	3	3	36	High	Alternate with other tasks to use different muscle groups Take mini rest pauses or stretch breaks between strenuous tasks Use district carpet cleaning service				
	Remove garbage and recyclables	Strains or sprains carrying bags and lifting out of carts or cans and into dumpsters, awkward postures (e.g. stooping, kneeling, reaching over shoulder, lifting heavy lids), slips or falls on ice or uneven surfaces, physical injury to hands or fingers if lid falls	4	3	3	36	High	Safe work procedures for lifting or handling loads Provide mechanical aids for transporting loads (e.g. carts and dollies)				
	Pressure wash walls and furniture	Pressure washer; chemical exposure to strong chemicals or degreasers, eye, skin injuries from high pressure	1	3	4	12	Med	Respirator, gloves, eye protection				
	Clean or disinfect washrooms	Chemical disinfectants, acid bowl cleaners, glass cleaners, scrapers, blood or body fluids, slips or falls, poor ventilation, muscle strain from bent wrists, twisted forearms from hand wringing, forceful scrubbing	4	3	4	48	High	Remove acid bowl cleaners on site (if applicable) or safe work procedure Appropriate protective equipment available and worn				
	Hazardous spill clean up (e.g. blood or body fluids, mouse or bird droppings, chemicals etc.)	Exposure to hazardous chemicals, bacteria, viruses	1	2	4	8	Low	Procedures for handling blood and body fluids and hanta virus on site Blood Borne Pathogens Training				

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		YES	NO														
Cleaning or Building Maintenance	General cleaning: desks, walls, chalk or whiteboards, windows or glass etc.	Whiteboard cleaners, neutral and glass cleaners	Awkward postures, repetitive motions	Glass cleaning may involve working from heights or ladders			4	3	3	36	High	Whiteboard cleaning guidelines on site Ladder safety guidelines on site					
	Change or replace lights, ceiling tiles	Asbestos, working from heights, ladders, geni-lifts	Risk of electrocution			2	2	4	16	Med	Safe procedures for working from heights including procedure for rooftop work						
	Move furniture and equipment	Tables, benches, desks, cabinets, TV's, entrance mats, floor machines etc. Physical injury from awkward postures, Heavy lifting, overexertion, repetitive motions, bending, twisting, carrying up and down stairs, foot or hand hazards				4	3	3	36	High	Adequate foot protection worn Use strategies to minimize loads and frequency of manual handling (e.g. provide carts and dollies)						
	Work on rooftops: vent checks, ball retrieval, flag adjustments, changing security lights	Falls from heights or ladders or rooftops Slips or falls on ice or snow Awkward access and egress – fixed ladders or roof hatches Awkward postures carrying equipment up ladders				3	2	4	24	Med	Follow working alone procedures Establish check in protocol with office Implement safe work procedures for working from heights						
Maintain Building or Grounds	Building or grounds inspections, clean up	Needles, condoms, broken glass Cuts or lacerations, blood or body fluids Bitten by stray animals, insects Encounters with threatening strangers				3	1	4	12	Low	Appropriate protective equipment available and used Guidelines for blood borne diseases Blood Borne Pathogens Training Follow working alone protocol						

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STAFF GROUP: Head Custodian or Custodian			

STEP 1 ¹		STEP 2 ²					STEP 3		STEP 4			
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Type of Work	Related Tasks and Activities	Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A x B x C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place		Corrective Action	Comments
									YES	NO		
Maintain Building or Grounds	Grass cutting, maintain flower beds	Lawn mower, noise exposure pesticides, sun exposure, insects, stooping, bending, kneeling Hand or foot hazards from contact with moving parts	2	2	4	16	Med	Safe operating procedure for lawnmowers Gasoline stored outdoors in approved shed and approved metal containers Written procedures for dispensing gasoline				
	Winter snow or ice removal, sanding walkways	Shovels, snow blowers, heavy snow, flammable materials Heavy repetitive lifting, bending or awkward postures Pushing, pulling equipment over uneven terrain Physical injury from flying debris, moving machinery parts Fatigue and time constraints, slips or falls, noise	3	3	4	36	Med	Follow snow shoveling and snow blower guidelines				
	Routine maintenance on power equipment or initiate repairs	Snow blowers, burnishers, lawn mowers, contact with moving parts	1	2	4	8	Low	Send to Facilities Maintenance for repairs				
Maintain Physical Plant	Perform boiler water testing, treat boiler water, relight pilots	Caustic or corrosive chemicals, burns, high temperatures, asbestos, noise, confined spaces, fire or explosions	4	2	4	32	High	Wear personal protective equipment				
	Monitor condition of building materials	Exposure to asbestos, mould, confined spaces	3	1	3	9	Low	Asbestos Awareness Training Asbestos safe work procedures on site Current Asbestos Building Survey Report on site and up to date				

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Type of Work	Related Tasks and Activities	Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A x B x C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place		Comments
									YES	NO	
Physical Plant	Lubricate fan motor or bearings and replace filters	Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial	1	2	4	8	Low	Confined Space Code of Practice			
	Prepare (take down) boilers for inspection	Ladders, heights, dust, confined spaces, superheated water, asbestos	1	3	4	12	Med	Safe work practice for steam boilers on site			
Security	Conduct security checks, unlock or lock building	Intruders, violent encounters, slips or falls	4	3	4	48	High	Written working alone procedures for work site in place			
	Check security and fire safety alarm systems	Walking around the building, inside and outside checks, exposure to elements if outside						Security checks done from inside the building Communication system in place in the event of an emergency			
Administrative	Assist in budget planning, prepare cleaning schedules, performance appraisals	Stress associated with work demands	1	1	1	1	Low	Employee Assistance Program			
	Supervise or train custodial staff		1	2	4	8	Low				
	Order stock, maintain custodial supplies	Use of a computer, stairs system, telephone	1	1	1	1	Low				
	Obtain MSDS updates, Label chemicals for WHMIS compliance	Use of computer and telephone to get new MSDS Possible exposure to chemicals	1	1	4	4	Low				
	Prepare or monitor maintenance service requests	Computers, STARS	3	1	1	3	Low				

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STAFF GROUP: <i>Head Custodian or Custodian</i>	ASSESSMENT BY:	

STEP 5

Review and communicate assessment with applicable staff
(list staff below and have staff initial document)

STEP 6

Review assessment annually and update as necessary

Review Dates

- 1) **Types of work** include a description of the broad general nature of the work carried out (e.g. office work, classroom preparation, cleaning).
Work-related activities would be the specific activities carried out within each type of work starting with an action verb (e.g. operating office equipment, using computers, planning lessons, vacuuming floors).
- 2) **Hazards** can be identified using several methods including personal experience or intuition, physical observations, task or job analysis or incident investigation.
- 3) **Engineering Controls:** Preferred method. Reduces exposure by removing or isolating hazard from worker. Examples are elimination, ventilation, substitution, redesign, guarding, enclosure, automation, mechanical aids.
- 4) **Administrative Controls:** Practices that reduce likelihood of exposure by altering the time or way a task is performed (e.g. training or education, safe work procedures, purchasing stds, supervision, signage, job rotation or scheduling, housekeeping etc.).
- 5) **Personal Protective Equipment (PPE):** Not to be used as primary control unless engineering or administrative controls are not feasible. Examples are safety glasses, safety footwear, gloves, respiratory protection, hearing protection.
- 6) **Frequency of Exposure to Hazard:**
 - 1 = Less than once per month
 - 2 = At least once per month
 - 3 = At least once per week
 - 4 = One or more times daily
- 7) **Hazard Probability:** Likelihood hazard will result in an incident causing harm.
 - 1 = **Not likely**
 - 2 = **Remote:** not likely but possible once every 5 to 20 years
 - 3 = **Occasional:** likely to happen once every 1 to 5 years
 - 4 = **Probable:** expected to happen one or more times per year
- 8) **Potential Consequence:** Severity of loss if hazardous event occurs.
 - 1 = **Negligible** (no injury, first aid, limited property damage)
 - 2 = **Marginal** (medical aid, minor injury or illness/no lost time)
 - 3 = **Critical** (lost time injury, temporary disability)
 - 4 = **Catastrophic** (serious injury or illness, permanent disability, death, extensive property damage)
- 9) **Risk Classification:**
 - 1-9 = **Low Risk:** minimal controls
 - 12-27 = **Medium Risk:** take scheduled action to minimize
 - 32-64 = **High Risk/“Critical Task”:** take immediate action to eliminate hazard or reduce degree of risk
- 10) Documents or procedures referenced in this template are available from Occupational Health and Safety, Personnel Support Services.

APPENDIX 8: Sample Teacher Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Education of students following the "Guide to Education" and "Teaching Quality Standard."	DATE COMPLETED:
STAFF GROUP: Teacher (Elementary)	ASSESSMENT BY:	

STEP 1 ¹		STEP 2 ²					STEP 3		STEP 4	
List Types of Work and Work-related Activities	Identify Existing or Potential Hazard Sources or Types	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A X B X C	Risk Priority ⁹	Identify and Implement Hazard Controls			
Type of Work	Related Tasks and Activities						Summary of Recommended Hazard Controls ¹⁰	In Place	Comments	
									YES	NO
Classroom Planning Preparation and Management	<p>Update curriculum knowledge and establish program goals</p> <p>Establish classroom rules and routines</p> <p>Develop individual program plans for special needs students</p> <p>Research and develop lesson, unit and student growth plans</p> <p>Prepare classroom materials and unit displays</p>	<p>Environment, Tools, Equipment, People</p> <p>Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial</p>	<p>1</p>	<p>2</p>	<p>3</p>	<p>6</p>	<p>Low</p>	<p>1. Take micro-breaks: alternate from standing to seated positions regularly</p> <p>2. Working alone procedures for school staff (including security and door locking procedures), posting of parent and student expectations for behaviour</p> <p>3. Employee Assistance Program (EAP)</p> <p>4. Safe work practices for lifting and handling loads</p> <p>5. Use mechanical aids (dolly) for transporting loads</p> <p>6. Review ladder safety checklist</p> <p>7. Basic Health and Safety Inspection Checklist</p> <p>8. Artwork and teaching aids do not exceed 20% of wall or ceiling surface</p>	<p></p>	<p></p>

APPENDIX 8: Sample Teacher Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Education of students following the "Guide to Education" and "Teaching Quality Standard."	DATE COMPLETED:
STAFF GROUP: Teacher (Elementary)	ASSESSMENT BY:	

STEP 1 ¹		STEP 2 ²				STEP 3				STEP 4	
Type of Work	List Types of Work and Work-related Activities	Identify Existing or Potential Hazard Sources or Types	Assess Risk and Prioritize Hazards				Identify and Implement Hazard Controls		Corrective Action		
		Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A x B x C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place	Comments	
								YES	NO		
Routine Classroom and Teaching Instruction	<p>Deliver lesson plans using variety of learning tools and resources</p>	<p>Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial</p> <p>Use auditory, print and visual media, overhead projectors, chalkboards, whiteboards and computers Awkward postures, muscle strain and fatigue from using equipment and from prolonged standing and walking when assisting students Trips and falls from cords and extension cords Electrical hazards from cords and AV equipment Voice loss from repetitive use of voice Exposure to chalk dust, solvent markers, white-board cleaners, air contaminants and allergens from building materials and occupants and from cleaning and maintenance or renovation activities (e.g. asbestos and moulds, cleaning products, perfumes, propane exhaust emissions) Uncomfortable temperatures and humidity, odours, poor lighting and ventilation Potential exposure to communicable diseases (viruses, bacteria, lice etc.) and contact with pests (e.g. mice, ants, flies) Stress from large class sizes, limited space and resources, language barriers with students, parents and integration of special needs students where support systems may be limited Physical injury from unstable furniture or sharp edges or created by limited storage space and cluttered work areas Cuts and bruises from sharp edges on desks and cabinets, or unsecured, improperly stacked or protruding materials Physical or verbal abuse from students</p>	4	4	3	4B	High	<p>9. Use of anti-fatigue matting or cushioning insoles</p> <p>10. Electrical safety tips</p> <p>11. FM Sound Systems for voice projection</p> <p>12. Indoor air quality tips</p> <p>13. Procedures for blood and body fluids</p> <p>14. Flu immunization program</p> <p>15. Promptly report all incidents of workplace violence</p>			

APPENDIX 8: Sample Teacher Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Education of students following the "Guide to Education" and "Teaching Quality Standard."	ASSESSMENT BY:	DATE COMPLETED:
STAFF GROUP: Teacher (Elementary)			

STEP 1 ¹		STEP 2 ²					STEP 3			STEP 4	
List Types of Work and Work-related Activities		Identify Existing or Potential Hazard Sources or Types					Assess Risk and Prioritize Hazards			Identify and Implement Hazard Controls	
Type of Work	Related Tasks and Activities	Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A X B X C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place		Comments
									YES	NO	
Physical Education	Demonstrate and supervise indoor and outdoor physical activities and spot students who are using equipment	Exposure to high noise levels from whistles, student activities Potential for physical injury (e.g. bruises, lacerations, strains and sprains, back or overexertion injuries) Exposure to blood and body fluids from student inquires	3	3	3	27	Med	16. Hearing protection 17. First Aid Training 18. See # 13 19. Safety Guidelines for Physical Activity in Alberta Schools (Nov. 2003)			
	Set up and take down and inspect various gym equipment	Strains and sprains from lifting, carrying, moving heavy and awkward gymnastics equipment, mats, benches, volleyball nets etc. Physical injury from structural failure of wall-mounted equipment (e.g. backstops, climbing walls etc.) Exposure to sun and pests (e.g. bees, wasps) during outdoor activities and field events	1	3	3	9	Low	20. Anaphylaxis handbook for School Boards (Health Canada) 21. Sun Safety Procedures			
Music Programs	Set up equipment and instruments Set up risers for assemblies Clean recorders	Strains and sprains from moving pianos, lifting and carrying instruments and audio equipment etc. on and off shelves, moving tables and benches and risers Uneven floor surfaces, trips and falls on stairs and risers. Chemical exposure to products used to clean and sanitize instruments and mouthpieces	3	2	3	18	Med	22. See # 4 23. Store heavier instruments on shelves between knuckle and shoulder height 24. Material Safety Data Sheets for chemical products			
	Music instruction	Use rhythm instruments, recorders, piano Voice fatigue (singing, talking) Possible high noise exposure from instruments Muscle strain from repetitive hand and arm motions (e.g. conducting) and moving heavy instruments Awkward postures working with younger students on floor	4	2	4	32	Med	25. Noise testing and CSA approved hearing protection if levels exceed occupational exposure limits.			

APPENDIX 8: Sample Teacher Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Education of students following the "Guide to Education" and "Teaching Quality Standard."	ASSESSMENT BY:	DATE COMPLETED:
STAFF GROUP: Teacher (Elementary)			

STEP 1 ¹		STEP 2 ²					STEP 3		STEP 4							
List Types of Work and Work-related Activities		Identify Existing or Potential Hazard Sources or Types					Assess Risk and Prioritize Hazards		Identify and Implement Hazard Controls							
Type of Work	Related Tasks and Activities	Environment, Tools, Equipment, People Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial					A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A x B x C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place		Corrective Action	Comments
													YES	NO		
Student Assessment	Mark tests and assignments Enter data into computer	Computers, prolonged sitting, working after hours and weekends at work or from home. Extensive reading, muscle and visual fatigue and strain Eye, neck, shoulder, arm and wrist strain from prolonged sitting, repetitive motions, awkward postures and poorly designed and positioned furniture and workstations Fatigue and stress from working extended hours and interruptions to family and personal time					3	2	2	12	Med	26. See # 1, 2, 3, 11				
	Prepare interim reports and report cards						1	3	3	9	Low					
Stakeholder Communication	Conduct student and parent conferences Liaise with social services, school councils, colleagues, councillors, health care providers, ESHIP, etc.	Use telephones, e-mail, student agendas, interviews Potential verbal abuse, and threats of physical abuse Parents may call teachers after hours at their home numbers (angry or threatening calls)					3	2	3	18	Med	27. Non-violent crisis intervention training 28. See # 2, 3				
	Deliver minor first aid and medications						2	1	4	8	Low					
Other	Provide extracurricular; coaching, volunteer clubs, special events (dances, choir; bingo, casinos) Pick up classroom supplies	Risk of physical injury from activities and equipment Motor vehicle accidents from use of personal and school vehicles to attend events or transport students Exposure to second-hand smoke, noise Stranded during inclement weather					1	2	4	8	Low	29. See Student Focused Medication Guidelines See # 13, 14 30. Defensive Driving				
							1	2	4	8	Low					

APPENDIX 8: Sample Teacher Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Education of students following the "Guide to Education" and "Teaching Quality Standard."	ASSESSMENT BY:	DATE COMPLETED:
STAFF GROUP: Teacher (Elementary)			

STEP 1 ¹		STEP 2 ²					STEP 3			STEP 4		
List Types of Work and Work-related Activities		Identify Existing or Potential Hazard Sources or Types					Assess Risk and Prioritize Hazards			Identify and Implement Hazard Controls		
Type of Work	Related Tasks and Activities	Environment, Tools, Equipment, People <i>Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial</i>	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A x B x C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰	In Place		Corrective Action	Comments
									YES	NO		
Other	Provide supervision outdoors, in lunchroom, before or after school activities, field trips	Temperature extremes, sun exposure, insects, trips and falls from slippery or uneven surfaces, burns from microwave ovens	3	2	3	18	Med	31. Bulletin Microwave Safety				
	Entering or leaving the building, unlocking doors turning building security systems off and on	Potential for violent encounters with people or animals Slips and falls on snow and ice or uneven surfaces Parking stalls located far away from entrance	4	4	4	64	High	32. See # 2, 27				
	Assist with setting up assemblies and special events	Lifting and carrying, pushing and pulling heavy stage equipment, chairs, pianos, screens Awkward postures, strains and sprains, foot hazards, wooden splinters	2	2	3	12	Med	33. See # 4, 5				
	Discipline students or restrain violent students	Verbal abuse and physical injury, violent students or parents (hit, kicked, bitten) Possible contact with blood or body fluids	4	3	4	48	High	34. See #2 , 13, 27				
	Collection and retention of cash from students for field trips, special fees etc.	Risk of robbery	2	1	4	16	Med	35. Robbery prevention procedures (see Working Alone Compliance Guideline)				

APPENDIX 8: Sample Teacher Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY: Education of students following the "Guide to Education" and "Teaching Quality Standard."	DATE COMPLETED:
STAFF GROUP: Teacher (Elementary)	ASSESSMENT BY:	

STEP 5

Review and communicate assessment with applicable staff
(list staff below and have staff initial document)

STEP 6

Review assessment annually and update as necessary

Review Dates

- 1) **Types of work** include a description of the broad general nature of the work carried out (e.g. office work, classroom preparation, cleaning).
Work-related activities would be the specific activities carried out within each type of work starting with an action verb (e.g. operating office equipment, using computers, planning lessons, vacuuming floors).
- 2) **Hazards** can be identified using several methods including personal experience or intuition, physical observations, task or job analysis or incident investigation.
- 3) **Engineering Controls:** Preferred method. Reduces exposure by removing or isolating hazard from worker. Examples are elimination, ventilation, substitution, redesign, guarding, enclosure, automation, mechanical aids.
- 4) **Administrative Controls:** Practices that reduce likelihood of exposure by altering the time or way a task is performed (e.g. training or education, safe work procedures, purchasing stds, supervision, signage, job rotation or scheduling, housekeeping etc.).
- 5) **Personal Protective Equipment (PPE):** Not to be used as primary control unless engineering or administrative controls are not feasible. Examples are safety glasses, safety footwear, gloves, respiratory protection, hearing protection.
- 6) **Frequency of Exposure to Hazard:**
 1 = Less than once per month
 2 = At least once per month
 3 = At least once per week
 4 = One or more times daily
- 7) **Hazard Probability:** Likelihood hazard will result in an incident causing harm.
 1 = **Not likely**
 2 = **Remote:** not likely but possible once every 5 to 20 years
 3 = **Occasional:** likely to happen once every 1 to 5 years
 4 = **Probable:** expected to happen one or more times per year
- 8) **Potential Consequence:** Severity of loss if hazardous event occurs.
 1 = **Negligible** (no injury, first aid, limited property damage)
 2 = **Marginal** (medical aid, minor injury or illness/no lost time)
 3 = **Critical** (lost time injury, temporary disability)
 4 = **Catastrophic** (serious injury or illness, permanent disability, death, extensive property damage)
- 9) **Risk Classification:**
 1-9 = **Low Risk:** minimal controls
 12-27 = **Medium Risk:** take scheduled action to minimize
 32-64 = **High Risk/"Critical Task":** take immediate action to eliminate hazard or reduce degree of risk
- 10) Documents or procedures referenced in this template are available from Occupational Health and Safety, Personnel Support Services.

APPENDIX 9: Hazard Assessment and Control Form

SCHOOL OR WORK SITE:	JOB OR POSITION SUMMARY:	ASSESSMENT BY:	DATE COMPLETED:
STAFF GROUP:			

STEP 1 ¹		STEP 2 ²					STEP 3			STEP 4		
List Types of Work and Work-related Activities	Identify Existing or Potential Hazard Sources or Types	Assess Risk and Prioritize Hazards					Identify and Implement Hazard Controls			Corrective Action		
Type of Work	Related Tasks or Activities	A: Frequency of Exposure ⁶	B: Hazard Probability ⁷	C: Potential Consequence ⁸	Risk Level: A x B x C	Risk Priority ⁹	Summary of Recommended Hazard Controls ¹⁰			In Place	Comments	
							YES	NO				
	Environment, Tools, Equipment, People <i>Hazard Types: Physical, Chemical, Biological, Ergonomic, Psychosocial</i>											

APPENDIX 10: *Sample* Hazard Report Form

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

LOCATION OF HAZARD:

NAME:	DATE:
-------	-------

EQUIPMENT:

Description of hazard:

Suggested corrective action:

SIGNATURE OF WORKER:

Supervisor's remarks:

Corrective action taken:

SUPERVISOR NAME/SIGNATURE:	DATE:
----------------------------	-------

APPENDIX 11: *Sample* Employee Health and Safety Orientation Checklist

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

NAME:	DATE:
POSITION:	LOCATION:

ORIENTATION ELEMENTS	Completed	Initials
Health and Safety Policy	<input type="checkbox"/>	
Roles and Responsibilities	<input type="checkbox"/>	
General Rules	<input type="checkbox"/>	
Job Specific Hazards	<input type="checkbox"/>	
Health and Safety Training	<input type="checkbox"/>	
Inspections/Audits	<input type="checkbox"/>	
Refusal of Unsafe Work	<input type="checkbox"/>	
Incident Reporting and Investigations	<input type="checkbox"/>	
Emergency Response Process	<input type="checkbox"/>	

ADDITIONAL INFORMATION	Completed	Initials
Emergency Contact Information	<input type="checkbox"/>	
Location of PPE	<input type="checkbox"/>	
Location of First Aid and Emergency Supplies	<input type="checkbox"/>	

Questions:

Comments:

Notes:

SUPERVISOR NAME/SIGNATURE:	DATE:
WORKER NAME/SIGNATURE:	DATE:
DATE FOR ORIENTATION FOLLOW-UP:	

APPENDIX 12: *Sample* Inspection Checklist

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

LOCATION:	
INSPECTED BY (STAFF):	DATE:

INSPECTED ITEMS

Priority Index: **1. Imminent Danger** **2. Serious** **3. Minor** **4. Acceptable** **5. Not Applicable (N/A)**

SECTION A – Slipping, Tripping and Falling	Yes/No	Priority	Comment
Are hallways and classrooms free of obstructions to pedestrians?			
Are classroom aisles free from debris and obstruction?			
Are cords (phone/electrical) secured out of aisles, work areas?			
Are there any spills that require cleaning?			
Are stepladders available for staff to use to reach and hang decorations?			
Are stepladders in good condition?			
SECTION B – Falling Objects	Yes/No	Priority	Comment
Are materials in classrooms stacked so that they cannot fall to a lower level?			
Are shelves and cabinets free of overload?			
SECTION C – Electrical	Yes/No	Priority	Comment
Is there insulation on electrical cords?			
Are appropriate plugs equipped with grounding prongs?			
Are covers and cover plates in place?			
Are equipment and lights free of loose connections?			
Are electrical panels labelled and shut?			
Are outlets free of overloads?			

APPENDIX 12: *Sample* Inspection Checklist

2/3

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

LOCATION:	
INSPECTED BY (STAFF):	DATE:

INSPECTED ITEMS

Priority Index: 1. *Imminent Danger* 2. *Serious* 3. *Minor* 4. *Acceptable* 5. *Not Applicable (N/A)*

SECTION D – Fire Prevention	Yes/No	Priority	Comment
Are flammable liquids in approved containers if present?			
Is waste disposed of properly?			
Is equipment shut off at the end of the day?			
Do employees know evacuation procedures?			
Are all exit signs visible from your door illuminated?			
If there are personal space heaters, electric hot plates or coffee makers, are they clear of flammable or combustible material and from contact with people?			
SECTION E – First Aid and Emergency Response	Yes/No	Priority	Comment
Are you aware of Emergency Response Plan?			
Do you know where the first aid kits are located?			
Do you know where the eyewash stations are located?			
Are emergency equipment and exits free of obstruction?			
SECTION F – Miscellaneous	Yes/No	Priority	Comment
Is the classroom void of abrasion hazards such as sharp edges or corners of furniture or wall mounted fixtures?			
Are the aisles free of any blind corners?			
Is adequate light available?			
Are computer screens/consolas positioned properly (no glare)?			
Are computer stations equipped with wrist rests?			
Do staff know where to access the Health and Safety policy?			
Are there other concerns with your general working environment?			

APPENDIX 12: Sample Inspection Checklist

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

LOCATION:	
INSPECTED BY (STAFF):	DATE:

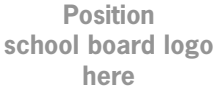
CORRECTIVE ACTION SUMMARY (TO BE COMPLETED BY ADMIN)

Description of Deficiency	Corrective Action	Responsible Person	Due Date	Completion Date

MANAGEMENT REVIEW AND SIGN OFF

NAME:	TITLE:
SIGNATURE:	DATE:

APPENDIX 13: *Sample Incident Report Form*

	SCHOOL OR WORK SITE:	
	ADDRESS/CITY/POSTAL CODE:	
	CONTACT NAME/NUMBER:	
LOCATION OF INCIDENT:		
NAME OF WORKER:		DATE OF INCIDENT:
POSITION:		TIME OF INCIDENT:
PHONE:		DATE REPORTED:
Witnesses? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, list and submit witness statements:		
Type of incident:		
Near Miss <input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental/Spill <input type="checkbox"/>		
Injury (First Aid, Medical Aid, Lost Time) <input type="checkbox"/> Other <input type="checkbox"/>		
Was there an injury? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES, describe (type and location) and submit First Aid Report and WCB forms:		
Description of of incident (including events leading up to incident):		
Immediate action taken:		
Suggestions to prevent recurrence:		
SIGNATURE:		DATE:
MANAGER/PRINCIPAL NAME/SIGNATURE:		DATE:

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

Draw out the Incident Scene. Be sure to include the locations of all witnesses, equipment, machinery, buildings, etc. in relation to the incident site.

The grid consists of 20 columns and 25 rows of small squares, providing a space for drawing the incident scene.

Please describe the details of your drawing.

APPENDIX 14: *Sample* Incident Investigation Form

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

LOCATION OF INCIDENT:	
NAME OF WORKER:	DATE OF INCIDENT:
POSITION:	TIME OF INCIDENT:
PHONE:	DATE REPORTED:

Witnesses? YES NO

If YES, list and submit witness statements:

Type of incident:

Near Miss Property Damage Environmental/Spill

Injury (First Aid, Medical Aid, Lost Time) Other

Was there an injury? YES NO

Injured worker's name, position and experience:

Describe (type and part/location of injury) and attach First Aid Report and WCB forms:

Description of of incident (including events leading up to incident):

APPENDIX 14: Sample Incident Investigation Form

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

Direct or immediate causes (Substandard Acts or Conditions):

Indirect or underlying causes (Personal or Work Factors):

Immediate action taken:

Recommended corrective measures:	By Whom	Completion Date

Investigated by:	SIGNATURE:	DATE:
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COMMENTS:

Reviewed by:	SIGNATURE:	DATE:
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COMMENTS:

Status: COMPLETE MONITOR REQUIRES FURTHER INVESTIGATION

<p>Position school board logo here</p>	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

NAME OF WITNESS:	DATE OF INCIDENT:
POSITION:	CONTACT INFORMATION:

Please state in your own words what happened.

SIGNATURE:	DATE:
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APPENDIX 16: *Sample First Aid Report Form*

Position school board logo here	SCHOOL OR WORK SITE:
	ADDRESS/CITY/POSTAL CODE:
	CONTACT NAME/NUMBER:

Employee Information	
LAST NAME:	FIRST NAME:
WORKSITE:	DEPT. NAME:
	DEPT. PHONE:

Employee Incident/Injury Information (to be completed by the employee)	
Date incident/injury occurred:	Year: _____ Month: _____ Day: _____ Time: _____ AM or PM: _____
Date reported to supervisor:	Year: _____ Month: _____ Day: _____ Time: _____ AM or PM: _____
Description of injury or illness:	
Location where the injury or illness occurred or began:	
Cause of the injury or illness:	

First Aid Treatment Information (to be completed by the First Aid Provider)		
Was first aid treatment provided?	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>If YES, complete the following</i>
Description of First Aid Treatment provided:		
First Aid Provider #1:	SIGNATURE:	DATE:
Qualifications:	Emergency First Aid <input type="checkbox"/>	Standard First Aid <input type="checkbox"/> Advanced First Aid <input type="checkbox"/>
First Aid Provider #2:	SIGNATURE:	DATE:
Qualifications:	Emergency First Aid <input type="checkbox"/>	Standard First Aid <input type="checkbox"/> Advanced First Aid <input type="checkbox"/>
First Aid Provider #3:	SIGNATURE:	DATE:
Qualifications:	Emergency First Aid <input type="checkbox"/>	Standard First Aid <input type="checkbox"/> Advanced First Aid <input type="checkbox"/>

This record must be kept in the employee's file for a minimum of three years from the date of the injury or illness.

Employer's Report

MARCH 2008

of Injury or Occupational Disease

Important Information

How soon should you report injuries to WCB?

- As soon as possible. Research shows the longer the delay in reporting and managing an injury, the higher the claim costs. If you fail to report an injury within 72 hours after receiving notice or knowledge of the injury, you may be penalized up to \$25,000.
- Complete and send the attached *Employer's Report* to WCB or if you are a current *eLink* user report online at www.wcb.ab.ca.
- Provide a copy of the first aid record to your employee.

What injuries should you report to WCB?

- Work-related injuries that cause (or are likely to cause) your employee to be off work beyond the day of the injury.
- Injuries that require modified work beyond the day of the injury.
- Injuries that require medical treatment beyond first aid (e.g., physical therapy, prescription medications, chiropractic).
- Injuries that may result in a permanent disability (e.g., amputations, hearing loss).

What if I have additional information or concerns?

- Send us a letter to help us make a decision about the claim. Check the box in number 4 of the form indicating you have attached a letter. Include names, telephone numbers, and statements of any witnesses.

Important: If you send a letter, please include your employee's name and Social Insurance Number, your company's name, and your signature.

To report an injury

Electronic: Visit *eLink Online Services for Employers* at www.wcb.ab.ca. Request access online or, if you are a current user, log on to our secure connection with your user ID and password.

Fax: 780-427-5863 (Edmonton) or 1-800-661-1993
If you fax the report, do not send another copy by mail.

Phone: 780-498-3999
8 a.m. - 4:30 p.m. Monday through Friday

Mail to: WCB, PO Box 2415
Edmonton AB T5J 2S5

Any questions?

Edmonton: 780-498-3999

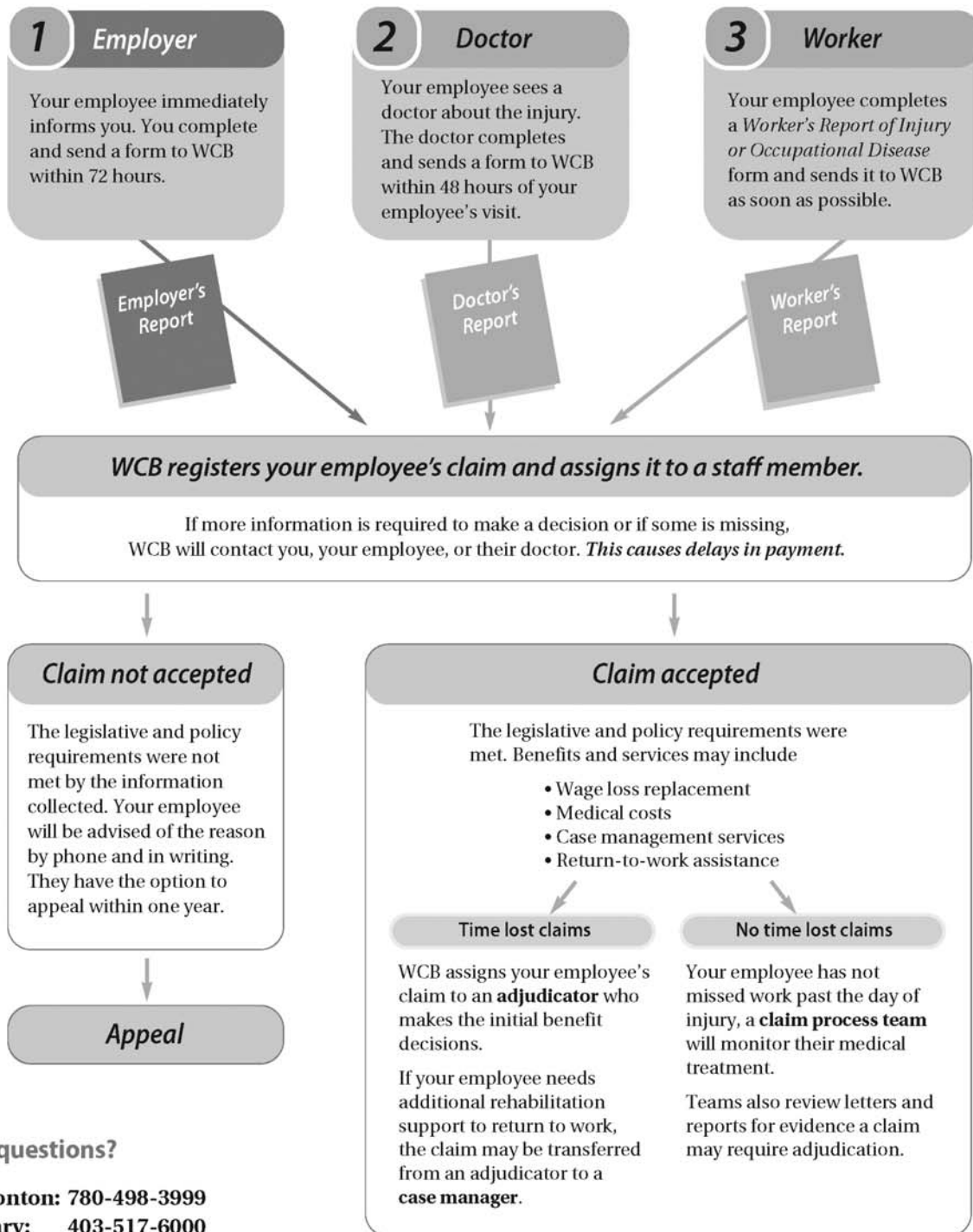
Calgary: 403-517-6000

Toll Free in Alberta: 1-866-922-9221

Toll Free outside Alberta: 1-800-661-9608

WCB Workers' Compensation Board
Alberta

What happens when your employee is injured at work?



Any questions?

Edmonton: 780-498-3999
 Calgary: 403-517-6000
 Toll Free: 1-866-922-9221

Employer's Report Instructions

The numbers refer to question numbers on the form that may require additional explanation.

If you are unclear or need assistance completing this form, call 780-498-3999.

Claim Number

Please provide the seven digit claim number if available.

Claim Type

Time Lost (TL)

Check this box if your employee is off work past the day of the injury. (Complete both pages of the form.)

Modified Work

Check this box if your employee's duties have changed because of the injury. Modified work includes a change in duties, job, hours, or amount of work. If your employee is on modified work beyond the day of the accident, the injury must be reported to WCB even if there is no time lost or loss of earnings. (Complete both pages of the form.)

No Time Lost (NTL)

Check this box if your employee will not miss work beyond the day of the injury. (Complete the first page only of the form.)

Worker Information

Please provide as much information as possible.

Employer Information

Employer contact

Provide the contact name and number of the person in your company managing your employee's claim and return to work.

Injury or Occupational Disease Information

1 Date & time of injury

If the injury/condition or occupational disease developed over a period of time, indicate the date you first became aware of the injury.

2 When was someone notified of the injury?

Name the person, position and contact information.

3 Location of accident

This information may be needed to determine:

- whether your employee was performing duties in the course of employment, *OR*
- whether the injury occurred due to the negligence of another party.

Provide a street address, if possible, indicate the location (e.g., 25 km east of Edmonton on Highway 16, an oil rig site). If it is a motor vehicle accident, include the direction of travel.

4 Describe what happened to cause the injury

Include typical actions and how often they are repeated on the job (e.g., twisting, typing, pushing, and pulling). If there is any lifting, indicate the weight.

If you need more space than the area provided, please attach a letter.

Example:

Bob walked into our walk-in cooler to get a 50 lb. sack of potatoes. He bent down and picked up the sack, turned to his right to leave. He felt a pull in his lower back and dropped the potatoes on his right foot, also injuring his right foot.

Call the customer contact centre 780-498-3999 or 1-866-922-9221 if you are reporting one of the following:

1. Repetitive strain injury

For example, a typist developed tendonitis in the wrist as a result of job duties. Describe fully what job duties are done each day. Include the time spent at each task.

2. Occupational disease

Describe hearing loss, respiratory problems, etc. due to prolonged exposure to gas, chemicals, loud noises, etc.

3. Motor vehicle accident

Send us a copy of the police report, when available.

8 Physical Demands of the job

Sedentary

- Lifting 10 lbs maximum
- Occasional lifting/carrying
- Primarily sitting, with occasional walking/standing

Light

- Lifting 20 lbs maximum
- Frequent lifting/carrying up to 10 lbs
- May require walking/standing to a significant degree
- May involve sitting with pushing and pulling of arm and/or leg controls

Medium

- Lifting 50 lbs maximum
- Frequent lifting/carrying up to 20 lbs
- May involve sitting with pushing and pulling of arm and/or leg controls

Heavy

- Lifting 100 lbs maximum
- Frequent lifting/carrying up to 50 lbs

Very Heavy

- Occasional lifting in excess of 100 lbs
- Frequent lifting/carrying excess of 50 lbs

Reference: The Canadian Classification and Dictionary of Occupations

Please fill in your employee's name, Social Insurance Number, and date of birth at the top of the second page in case the pages get separated.

Time Lost/Return to Work Information

10 Please fill out all of the information that applies.

Type of Employment

11 Complete one of the following A or B or C

- **Complete A** if your employee works for you 12 months per year.
- **Complete B** if your employee works only part of the year, even though you may call him/her back to work each year. To correctly set the amount of compensation, we need to know the total number of days or months per year you would employ someone doing the same job as the injured employee, even if the work period starts and ends several times.
- **Complete C** if the injured person is a contractor, subcontractor, or does piecework. They must send detailed income and expense information.

Wage Information

12 b. Additional taxable benefits

Vacation and statutory holiday pay

Please indicate if your employee is paid holiday and stat pay as an additional percentage on their paycheque (therefore must take these days off without pay) or, these days are included as days off with pay.

Shift premiums

Complete if your employee receives pay in addition to the regular rate of pay (e.g., 50¢ paid per hour for night shift). If your employee receives more than one shift premium (e.g., night premium, weekend premium), complete both shift premium boxes. Attach a list if you have three or more shift premiums.

Regular overtime

Complete only if your employee works regular overtime throughout the year.

Other

Use this if your employee gets any other taxable benefits (e.g., permanent accommodation, company car, northern living allowance).

13 a. Gross earnings

Provide the gross earnings for your employee for the one year period prior to the injury (less if they have not worked a full year).

Example:

Your employee was injured on June 4, 2007. Provide gross earnings for the period June 4, 2006 to June 3, 2007. A T4 slip for the previous year is not sufficient. If employment lasts less than one year or worked on a seasonal or casual basis, provide the total gross earnings for the entire period worked prior to the injury.

b. Time missed from work without pay

These are periods your employee missed because of work shutdown, maternity leave, or sick leave without pay. Do not include vacation periods.

Hours of Work

14 a. Number of Hours

Indicate the regular hours of work, not including overtime periods.

b. Does work schedule repeat?

If No:

Report the average number of hours worked per week during the year prior to the injury. DO NOT COMPLETE THE WORK SCHEDULE.

If Yes:

Mark the number of hours worked per day in each of the boxes. Put zero for days off. Explain any codes you use in the boxes (for example, N=night, W=weekends, D=days, E=evenings). We need to know at what point in this work schedule your employee was injured to determine the compensation to pay.

See example below.

OR:

If the work schedule longer than **21 calendar days**, attach a copy of the schedule. Circle the day on this work schedule that your employee was injured.

Example: Your employee worked 8-hour days in the first week and 8-hour nights in the second and third weeks. Your employee was injured on the Wednesday of the second week and was off work for 2 days (Thursday and Friday). Your employee would be paid WCB benefits for 2 days.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours per day:	8D	8D	8D	8D	0	0	0
Hours per day:	8N	8N	8N	8N	8N	8N	0
Hours per day:	8N	8N	8N	8N	8N	0	0

Important: Circle the day in the work schedule your employee was injured.



P.O. BOX 2415
EDMONTON AB T5J 2S5
Phone 780-498-3999 (in Edmonton)
1-866-922-9221 (toll free in Alberta)
1-800-661-9608 (outside Alberta)
Fax 780-427-5863 or 1-800-661-1993

March 2008
EMPLOYER'S REPORT
of Injury or Occupational Disease C040

Seven Digit Claim #:

Claim Type	<input type="checkbox"/> Time Lost	<input type="checkbox"/> Modified Work	<input type="checkbox"/> Fatality	<input type="checkbox"/> No Time Lost (Notice of non-disabling injury/illness)
	Complete entire report if claim type is one of the above			Complete first page only

Worker Information

Last Name:	Former Name: (e.g., maiden name)	First Name:	Initial:
Address:		Apt #:	Social Insurance #:
City:	Province:	Postal Code:	Health Care #: (Year / Month / Day)
Daytime Phone:	Evening Phone:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Occupation:		Apprentice: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Information

Business Name or Government Department:	WCB Account Number:	Industry:
Does the injured worker have WCB personal coverage with this business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:	Is injured worker a proprietor, partner or director in this business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	Employer/Supervisor Contact Name:	
Province:	Postal Code:	Phone:
Phone:	Fax:	E-mail Address:

Injury or Occupational Disease information

- Date and time of injury: (Year / Month / Day) Time: a.m. p.m. This condition developed over a period of time.
Scheduled hours of employment on the day of accident: From: To:
- When was someone at your business notified of the injury? (Year / Month / Day) Time: a.m. p.m.
Name of person and their position: Position:
- Did the injury occur on employer's premises? Yes No Did injury occur in Alberta? Yes No
Location where the accident happened (address or general location):
- Describe fully, based on the information you have, what happened to cause this injury or disease. Please describe what the worker was doing, including details about any tools, equipment, materials, etc. the worker was using. State any gas, chemicals or extreme temperatures worker may have been exposed to:

If you have more information, please attach a letter. Letter attached? Yes No
- What part of body injured? (hand, eye, back, lungs, etc.) Left side Right side
- What type of injury is this? (sprain, strain, bruise, etc.)
- Were the worker's actions at the time of injury for the purpose of your business? Yes No
- Were the actions part of the worker's regular duties? Yes No
Check the box that best describes the physical demands of the regular duties: Sedentary Light Medium Heavy Very Heavy
(See detailed description on page 2 of attached instructions)
- Indicate type of aid provided: First aid Medical aid (Name of treating healthcare professional/hospital): None

Was a copy of this report given to the injured worker as per the *Workers' Compensation Act*? Yes No Worker declined it

Employer's Signature: _____ Date: (Year / Month / Day) _____ (for office use only)



EMPLOYER'S REPORT

Worker's Last Name:	Worker's First Name:	Initial:
Social Insurance #:	Date of Birth:	(Year / Month / Day)

Lost Time/Return to Work Information

10 a. Date and time worker first missed work: _____ (Year / Month / Day) Time: a.m. p.m.

b. Will/did you pay the worker while off work? Yes No

If yes, will/did you pay: Pre-accident rate of pay and hours of work Other Rate: \$ _____ per _____, or Number of hours: _____ per _____, or gross amount: \$ _____

For the period from: _____ (Year / Month / Day) to _____ (Year / Month / Day)

c. If the worker has returned to work indicate date: _____ (Year / Month / Day) Time: a.m. p.m.

Check: Regular work duties, or Modified work duties Regular hours of work, or Modified hours of work _____ hrs per _____

Pre-accident rate of pay, or Revised rate of pay \$ _____ per _____

d. If the worker is not back at work are you able to modify work duties/hours to accommodate an early return? Yes No Was offered but the worker declined

Type of Employment (Complete A or B or C)

11 **A** Permanent position employed 12 months of the year: Full-time Part-time

or **B** Non-permanent position employed only part of the year (subject to seasonal or lack of work layoffs):

Seasonal worker Temporary position Casual as needed Volunteer Summer student

Had this injury not occurred the worker's last day of employment would have been: _____ (Year / Month / Day) Estimated or Actual

How many months or days per year do you employ people in this position? _____

or **C** Special employment circumstance: Contractor/sub contractor Vehicle owner/operator Welder owner/operator Commission

Piece work Other/self-employed

Does the worker incur expenses to perform the work (materials, tools, etc.)? Yes No Will the worker receive a T4? Yes No

Note: If you have checked any box in 11C, have the worker submit a detailed income and expense statement.

Wage Information Date the worker was hired: _____ (Year / Month / Day)

12 a. Worker's rate of pay at time of accident: \$ _____ Hourly Weekly Bi-weekly Semi-monthly Monthly Other:

b. Additional taxable benefits:

Vacation Pay Included in rate of pay %: _____ OR Taken as time off with pay

Stat Holiday Pay Included in rate of pay %: _____ OR Taken as time off with pay

Shift Premium # 1 Amount: \$ _____ → Paid per: _____

Shift Premium # 2 Amount: \$ _____ → Paid per: _____

Regular Overtime Rate: \$ _____ → Number of hours: _____ per Week Month Shift cycle

Other Explain: _____ → Amount: _____ per Week Month Shift cycle

13 a. Gross earnings for the period of one year or date the worker was hired if less than one year: \$ _____ from: _____ (Year / Month / Day) to: _____ (Year / Month / Day)

(12 months or less prior) (date of injury)

b. Was any time missed from work **without pay** during the above period, excluding vacation? (eg. maternity, sick, work shutdown, WCB benefits) Yes No

If yes, number of days: _____ Reason: _____

Hours of Work

14 a. Number of hours (not including overtime): _____ per Day Week Shift cycle Other:

b. Does the work schedule repeat? No Yes → Mark hours worked for one complete work schedule (use zero for days off):

		Sun	Mon	Tues	Wed	Thur	Fri	Sat
Average hours worked per week: _____	Hours per day:							
	Hours per day:							
	Hours per day:							

IMPORTANT: Circle day of injury. See instructions

c. Date shift cycle commenced: _____ (Year / Month / Day)

or If the worker's schedule is more than 21 days, attach a copy of schedule.

Earnings Information Contact (please print): _____ Phone Number: _____



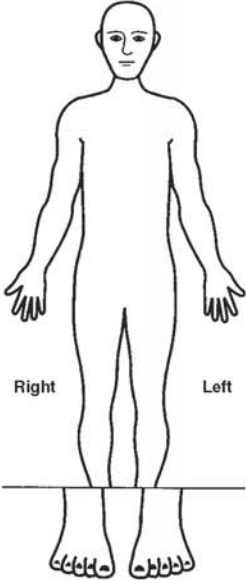
Workers' Compensation Board
Alberta

P.O. BOX 2415
EDMONTON AB
T5J 2S5

Phone 780-498-3999 (in Edmonton)
1-866-WCB-WCB1 (922-9221) (toll free in Alberta)
Fax (780) 427-5863 or 1-800-661-1993

WORKER'S REPORT
of Injury or Occupational Disease

Claim Number

Worker Information		Will you be off work past the day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name <input type="text"/>		First Name <input type="text"/> Initial <input type="text"/>	
Apt# <input type="text"/>	Address <input type="text"/>		Social Insurance # <input type="text"/>
City <input type="text"/>	Province <input type="text"/>	Prov. Health Care # <input type="text"/> - <input type="text"/> Prov. <input type="text"/>	
Postal Code <input type="text"/>	Home Telephone <input type="text"/>	Date of Birth <input type="text"/> (Year / Month / Day)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Occupation and Job Title at time of injury <input type="text"/>		Self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, account # <input type="text"/>	
Employer Information			
Employer Name or Government Dept. <input type="text"/>			
Address <input type="text"/>		Fax <input type="text"/>	
City <input type="text"/>	Province <input type="text"/>	Postal Code <input type="text"/>	Telephone <input type="text"/>
Injury or Occupational Disease Information			
1 Date and time of injury <input type="text"/> (Year / Month / Day) Time <input type="checkbox"/> am <input type="checkbox"/> pm OR Did this condition develop over a period of time? <input type="checkbox"/>			
Hours of employment on the day of accident: From <input type="text"/> To <input type="text"/>			
2 When did you report the injury to your employer? <input type="text"/> (Year / Month / Day)		Supervisor's Name <input type="text"/>	
3 To whom did you report the injury? Name <input type="text"/>		Title <input type="text"/>	Telephone <input type="text"/>
If not reported immediately, give the reason. <input type="text"/>			
4 Did the injury occur on your employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did the injury occur in Alberta? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location where accident happened (address or general location.) <input type="text"/>			
5 Was the work you were doing for the purpose of your employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it part of your usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 What part of your body was injured? <input type="checkbox"/> Left side (hand, eye, back, lungs, etc.) <input type="checkbox"/> Right side		7 What type of injury is this? (sprain, strain, bruise, etc.) <input type="text"/>	
8 Describe fully what happened to cause this injury or disease. Describe what you were doing and include any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you have been exposed to.		Circle part injured: Please check: <input type="checkbox"/> Front <input type="checkbox"/> Back	
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
If you have any other information or a list of witnesses, attach a letter. Letter attached? <input type="checkbox"/> Yes Add separate page for more description.			
9 Have you had a similar injury before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, attach a letter with details.	
10 Have you reported or claimed this injury to another WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which Province or Territory? <input type="text"/>	
Name and address of treating Dr./Hospital <input type="text"/>			

If your injury is the result of a motor vehicle accident complete the Motor Vehicle Accident Report (L-054).

Complete all three pages and sign the form before sending.



Your Last Name		First Name		Initial		
Social Insurance #		Date of Birth		(Year / Month / Day)		
Lost Time / Return to Work Information						
11 a. Date and time you first missed work _____ (Year / Month / Day) Hour _____ am _____ pm						
b. If you have returned to work, indicate the date _____ (Year / Month / Day) and time _____ am _____ pm <input type="checkbox"/> regular work or <input type="checkbox"/> modified work						
c. If you have not returned to work give the expected return to work date _____ (Year / Month / Day)				d. Date you were hired _____ (Year / Month / Day)		
e. Is there any other work you can do until you are medically fit to return to your regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Who can we call?			Telephone			
f. Will your employer pay you for the time you missed work? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide the exact gross amount \$ _____ per _____						
Type of Employment FILL IN A OR B OR C Telephone _____						
12 A <input type="checkbox"/> Permanent full time <input type="checkbox"/> Permanent part time						
B <input type="checkbox"/> Seasonal work <input type="checkbox"/> Summer student <input type="checkbox"/> Irregular / casual <input type="checkbox"/> Temporary						
Had this injury not happened, what would have been your last day of employment? <input type="checkbox"/> Estimated or <input type="checkbox"/> Actual _____ (Year / Month / Day)						
With this employer how many months per year would this job last? _____						
Did you have any other earnings or income from any other employers during the last 12 months? <input type="checkbox"/> Yes • Please attach copies of pay stubs and/or T4 slips						
C <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Piece work <input type="checkbox"/> Vehicle Owner/Operator <input type="checkbox"/> Welder Owner/Operator <input type="checkbox"/> Apprentice						
<input type="checkbox"/> Other or Self Employment – Explain _____						
Note: If you checked any box in 12C, please submit a detailed income and expense statement for the year prior to your date of accident.						
Wage Information						
13 a. Your rate of pay \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> other						
b. Additional taxable benefits						
Vacation / Stat holiday Pay		<input type="checkbox"/> %	→	<input type="checkbox"/> Taken as time off with pay	<input type="checkbox"/> Paid on regular basis	
Shift Premium #1		<input type="checkbox"/> Amount	→	Paid per _____		
Shift Premium #2		<input type="checkbox"/> Amount	→	Paid per _____		
Regular Overtime		<input type="checkbox"/> Rate	→	Number of hours	per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> shift cycle	
Other		<input type="checkbox"/> Explain	→	Amount	per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> shift cycle	
c. Do you have a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – Employer's Name _____ Telephone _____ (Second employer may be contacted.)						
d. Did you miss time from this job? If yes, please provide earning information and time missed details: <input type="checkbox"/> Yes <input type="checkbox"/> No _____						
Hours of Work						
14 a. Number of hours _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> shift cycle <input type="checkbox"/> other						
b. Does the work schedule repeat? <input type="checkbox"/> Yes → Mark hours worked for one complete work schedule (use zero for days off)						
<input type="checkbox"/> No → Report average hours worked per week _____		Hrs per day				Sun Mon Tues Wed Thur Fri Sat
		Hrs per day				
		Hrs per day				
c. Date shift cycle commenced _____ (Year / Month / Day)						
OR if your schedule is more than 21 days, attach a copy of the schedule. Circle the day the injury occurred on this schedule.						



Your Last Name	First Name	Initial
Social Insurance #	Date of Birth	(Year / Month / Day)

Declaration and Consent

I declare that the information in my 'Worker's Report of Injury or Occupational Disease' to the Workers' Compensation Board (WCB) is true and correct. I understand that:

- If I am collecting any benefits, it is my obligation to inform the WCB immediately if I return to work of any kind, become capable of working or if there is any other change in my employment status. Work includes but is not limited to any activity in which labour or services are provided, whether or not payment of any kind is received.
- Criminal prosecution may result from any attempt on my part to collect benefits by providing false information, failing to provide information regarding my ability to work, or other fraudulent means.
- My employer may request a review or appeal of any decisions made on my claim and may therefore examine my claim file. My claim file may also be examined by anyone with a direct interest, as determined by the WCB, or a person or company I have authorized to review my claim file. (To provide authorization, use the 'Worker's Information Release' form in this booklet).
- My social insurance number may be used for reporting to Canada Customs and Revenue Agency.

I consent to WCB collecting any information that it considers relevant to determine benefit entitlement, including information pre-dating my accident, from any source including physicians, other health care providers, employer(s) and vocational rehabilitation service providers. This information is collected to determine my entitlement to compensation under the *Workers' Compensation Act*.

(Year / Month / Day)

Date Name (please print) _____

Signature _____

Signing the above consent enables the Workers' Compensation Board to process your claim.

NOTE: The information required in the Worker's Report is collected under the authority of sections 32 and 36 of the *Workers' Compensation Act* for the purpose of determining entitlement to compensation and for determining employers' premium rates. Questions can be directed to the Customer Contact Centre as noted on the front of this form and on the back of the Worker Handbook. The information provided to the Workers' Compensation Board is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.

This report form is part of a booklet of information intended to help workers with completing the necessary WCB forms and understanding the process.

