**Health and Safety**

**Program and General Policies**

**Toronto Monthly Meeting**

Employee Version

**FEBRUARY 2021**

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1. OUR HEALTH AND SAFETY POLICY STATEMENT

The Toronto Monthly Meeting of the Religious Society of Friends (TMM)is committed to the health, safety, and wellbeing of its employees and of all individuals who enter its workplace. For the purposes of this policy, the terms “employee” and “employees” include any trainees.

It is our policy to provide a safe work environment for all of our employees at all times by continuously promoting safe work practices, educating and training our employees regarding all applicable health and safety laws and best practices (including their specific duties and obligations under health and safety legislation) and regularly inspecting and evaluating our workplace in order to identify any existing or potential hazards so that they can be avoided, if not eliminated.

The duty to maintain a safe workplace is shared equally by all our employees, supervisory personnel, members of the Personnel Committee and members and attenders of TMM, who are responsible for ensuring that our employees are aware of and carrying out their duties in accordance with all the health and safety policies and procedures that we have in place from time to time, including those that are set out in this policy.

It is our goal to foster and maintain a culture of health and safety compliance within our enterprise so that workplace safety becomes an attitude that all our employees carry with them both on and off the job.

However, we also recognize that the creation, maintenance and promotion of health and safety programs, policies, procedures and protocols is an organic exercise, and, as a result, our own programs, policies, procedures and protocols will need to be amended, revised, updated and modified from time to time as the organization changes and matures to ensure that our workplace is safe.

It is the policy of TMM to abide by all of the rules and provisions contained in the Ontario *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1, any successor legislation, and the regulations thereto, as all of them may be amended from time to time (collectively, the “*OHSA*” or the “*Act*”), including all of the exemptions set out in *Act*. Consequently, TMM’s health and safety programs, policies, procedures, and protocols shall be interpreted and applied in accordance with the *OHSA*. For further clarity, if any provision of any of our health and safety programs, policies, procedures or protocols conflict with the provisions of the *OHSA*, then the provisions of the *Act* and/or any other applicable legislation shall prevail.

Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positions: Clerks, Toronto Monthly Meeting

Draft updated 20 March 2019 and approved by TMM 2019.4.2.6

2.0 ROLES AND RESPONSIBILITIES

2.1 HEALTH AND SAFETY REPRESENTATIVE

TMM has in place a Health and Safety Representative (HSR) as required by law. Currently our HSR is Rose Coutts. She can be reached at admin@torontoquakers.com. The HSR acts as a link between workers and employers in supporting occupational health and safety in the workplace. (More specific duties are listed in Section 5.2.3 and Section 6: Hazard and Injury Reporting.)

2.2 WORKERS

**Training, Awareness and General Safety**

All workers must complete all necessary health and safety training (including PPE) and orientation programs, be familiar with all health and safety rules, policies and regulations, and comply with them at all times.

All workers must refrain from using handheld devices while working, and especially when doing safety sensitive work. Workers must never consume alcohol, illicit drugs or impairing substances in the workplace.

**Safety and Personal Protective Equipment**

All workers must use and wear all protective equipment, protective devices and clothing as instructed, or as required by law; operate all equipment in a safe manner; never tamper with any work equipment, machinery or protective equipment; and ensure that all tools, equipment and machinery are properly maintained and stored according to any applicable policies or specifications or as required by law.

If applicable, all workers must use suitable safety equipment at all times, such as safety glasses, protective footwear (e.g., steel-toe boots), hard hats, hearing protection (e.g., noise cancelling earmuffs), gloves, harness for working at heights, weather-appropriate clothing, reflective vests. (Eye goggles, dust masks and earmuffs are located in the workshop basement. A set of earplugs is located by the fire alarm, to be used when testing and resetting the alarm.)

All workers must use Personal Protective Equipment (masks, gloves, shields, hand sanitizer, wipes, gowns) appropriately.

All workers must complete proper training regarding any protective equipment they are required to wear or use. If any worker is unsure of how to properly use any protective equipment, they must notify their supervisor or a member of the Personnel Committee immediately and must not perform any work until they have been properly instructed on how to use the equipment.

**Keeping the Work Area Safe**

All workers are required to keep their work area safe, including, but not limited to:

1. Refraining from leaving cabinet and desk drawers open when they are not being used;

2. When accessing filing cabinets, only opening one drawer at a time. Opening multiple drawers can give rise to a serious tipping or tripping hazard;

3. Not leaning back or tilting chairs;

4. Not using or standing on tables, chairs, desks, cabinets or other elevated objects to obtain items that are out of reach;

5. Refraining from using a ladder or other elevation device when alone, or using a ladder or device that is improperly positioned, broken, tilted, unsecure, or unstable;

6. Not leaving office supplies, boxes, bags or any other storage equipment or items on the floor or in any other area in such a way as to pose a tripping hazard, or in any manner that would result in an obstruction during an emergency;

7. Not placing power cords, phone or internet cables or similar objects in any location or in any manner that would create a tripping hazard, or that would result in an obstruction during an emergency;

8. Adhering to any waste management procedures; and

9. Immediately reporting any defects, or potential defects, in any flooring, door mechanisms or other devices that if left uncorrected could pose a safety risk to others.

Reporting Obligations

All workers must immediately report to the Resident Friend Manager or to a member of the Personnel Committee any contravention of this policy or of any health and safety regulations; any unsafe or potentially unsafe working conditions or workplace hazards; any defective or non-functional safety equipment; any medical condition or medical prescription (in confidence if necessary) that could affect a worker’s ability to complete their work safely or that could endanger another person; or any workplace accidents, spills, injuries, or near misses, and complete any required incident reporting forms (Form E)

3.0 EDUCATION AND TRAINING

3.1 HEALTH AND SAFETY LITERATURE POSTED IN THE WORKPLACE

The following documents are posted on the noticeboard outside the RFM office:

1. A complete copy of the Ontario Health and Safety Act;

2. A complete and up-to-date copy of this manual;

3. An up-to-date copy of the Ontario Ministry’s “Health and Safety at Work: Prevention Starts Here” poster;

4. An up-to-date copy of TMM’s Employee Handbook

5. Information regarding asbestos in the workplace (Safety Data Sheets are available in the laundry room near the hazardous cleaning materials);

6. An up-to-date copy of the “In Case of Injury” information as published by the Workplace Safety and insurance Board (WSIB);

7. An emergency contact list (911. Ben Bootsma, Carolyn Knott and Contact People);

8. The name and email of the Health and Safety Representative (HSR);

9. Information about the nearest hospital.

4.0 LONE WORKING

4.1 DEFINITION

“Lone working” is defined as a situation where a worker is in the workplace and assistance is not readily available in the event of an injury, illness, or emergency.

4.2 LONE WORKING RISK AND HAZARD ASSESSMENTS

Employees are frequently required to work alone at Friends House. Our assessments of the risks include

but are not limited to:

1. They can be alone for several hours;

2. They may not be easily seen by others;

3. They might be using a ladder or lifting heavy materials;

4. They might trip over an electrical cord:

5. They might be working late in the evening;

6. The only alarm system is the fire alarm, which could potentially be used in other emergencies;

7. There might be a perception that the House contains or individuals using the House carry valuables.

4.3 LONE WORKING SAFETY MEASURES

All employees will be required to carry a working cell phone at all times while working alone and dial 911 in case of dire circumstances. Workers shall, in addition to the foregoing:

1. Undergo training and education to limit the dangers of working alone

2. Leave the inner door locked unless the visitor is known, and explain that Friends House is not open to visitors. Visitors who just want to use the washroom can be advised that there is a Tim Horton’s coffee shop on the corner;

3. Carry an unmonitored personal safety alarm button, provided by TMM, in any situation that they might feel unsafe.

5.0 “HAZARD” (Health and Safety Concern) REPORTING

5.1 WHAT IS A “HAZARD”?

For the purposes of this policy, a “hazard” is any practice, behaviour, condition or circumstance or combination of these that could cause injury or illness to people or damage property, such as completing dangerous work without adequate training, defective machinery or safety equipment, or a near miss.

A “near miss” is any unplanned event or incident that has the potential to cause but does not actually result in an injury, environmental or equipment damage, or an interruption to normal operations.

5.2 PROCEDURE FOR REPORTING AND ADDRESSING HAZARDS (Health and Safety concerns)

### 5.2.1 First Responders/On-duty Friends/Health and Safety Representative

1. Upon noticing a cause for concern, the Friend on Duty should be notified of the cause of concern, verbally if possible, and that it is a Health and Safety concern. An email should then be sent to Friends House email address (house@torontoquakers.org) with Friends House Health and Safety Representative (Rose) cc’ed (admin@torontoquakers.org), and with “Health and Safety Concern” in subject line, describing the situation. Then Form D found in section 17.0 “Forms” must be immediately filled out and submitted to the RFM (manager@torontoquakers.org) and the Clerk(s) of the Personnel Committee.

2. The first responder (either the Friend on Duty who was notified verbally or the first to receive email notification sent to Friends House’s email address) will assess the cause of the concern and address it immediately if possible.

3. If the cause of the concern cannot be addressed immediately, the first responder will take appropriate precautionary measures (for example, marking off an area with caution tape, which can be found in basement workshop, and/or posting signage) immediately. The first responder will notify all staff, tenants, house guests and residents who may be at risk due to the cause of the concern via email. The first responder will make verbal notification (in person or via telephone) if appropriate and possible.

4. The first responder will make note of additional action required to address the cause of the concern in the “Health and Safety Job list” on Friends House Online Task List (“Trello”), and in the digital logbook (“Glimpses”) on the computer desktop.

5. Friends House Health and Safety Representative will review the status of the concern when next on duty, inspecting the cause of concern, and communicating with the persons involved.

6. Reported items, where appropriate, will be added to the Health and Safety checklist. (See Form B of the Policy Regarding Workplace Inspections and Housekeeping.)

6.0   ACCIDENT AND INJURY REPORTING

6.1  REPORTING POLICY

All workers and staff must immediately report any workplace accident, injury or near miss on a project site, to the Resident Friend-Manager and to the Personnel Committee, as well as to the Health and Safety Representative using the Workplace Accident, Injury or Near Miss Reporting Form E found in Section 16.0, “Forms”.

6.2   ACCIDENT REPORTING AND INVESTIGATION PROCEDURES

**6.2.1  Fatalities and Critical Injuries**

Fatalities and critical injuries (as defined in section 1, regulation 834 of the HSO, as an injury that is serious in nature, puts life in jeopardy, renders unconscious, causes a substantial loss of blood, causes loss of leg or arm but not finger or toe, or causes severe burns or causes loss of sight in at least one eye) must be reported immediately and acted upon as follows:

### 6.2.2 Non-Fatal Accidents and Injuries

Non-fatal accidents, injuries and near misses, including any incident as a result of which a worker requires medical attention or is disabled, such as an explosion or a fire, must be reported immediately and acted upon as follows:

### 6.2.3  Occupational Illnesses

If a worker or former worker advises TMM, either directly or through another person (such as the worker’s representative or lawyer), that he or she has an occupational illness, or that a claim involving an occupational illness has been filed with the WSIB by or on behalf of the worker, then it must be reported and acted upon as follows:

6.2.4 Witnesses

In each case, witnesses should complete the Workplace Accident, Injury or Near Misses Witness Statement Form F found in Section 16.0.

7.0 REFUSAL TO WORK

7.2   WORK   REFUSALS

Subject to the provisions of the OHSA a worker may refuse to work, or refuse do particular work if he or she has reason to believe that:

1. Any equipment, machine device or thing the worker is to use or operate is likely to endanger

themselves or another worker;

2. The physical condition of the workplace in which the worker works is likely to endanger themselves;

3. Workplace violence is likely to endanger themselves

7.3   REPORTING  AND   INVESTIGATION   PROCEDURE

If a worker has refused to work or refused to do particular work, they must immediately report the circumstances of the refusal to their supervisor or to a member of the Personnel Committee by completing the Work Refusal Form H Not another form! found in Section 16.0. Management will then promptly investigate circumstances in the presence of the worker, and, if applicable, in the presence of the Health and Safety Representative.

Following the completion of the investigation, TMM will notify the worker and

the health and safety representative of its findings.

7.4   OUTCOME

If after receiving the results of TMM’s investigation the worker feels that they still have reasonable grounds to believe that their work is unsafe, then they may refuse to work and must notify the Ministry of Labour

8.0 EARLY AND SAFE RETURN TO WORK (ESRTW) POLICY

8.1 OVERVIEW

TMM will make every effort to provide modified or suitable alternative work or duties to a worker who is unable to perform their regular duties as a result of a work-related injury or illness. In every such case, it is the goal of TMM to return a worker to their regular pre-injury or pre-illness duties as quickly as possible, provided it is safe to do so.

8.2 WORKER DUTIES

If a worker suffers a work-related injury or illness, the worker must:

1. Immediately report his or her injury or illness to their supervisor or to a member of the Personnel Committee by completing the WSIB Form 6/Workplace Injury or Occupational Illness Reporting Form I found in Section 16, and return it to the WSIB1;

2. If applicable and if required by law, submit a completed **Form I** to the WSIB;

3. Complete, along with his or her doctor or health care provider, TMM’s ESRTW package contained in **Form J** found in Section 16, and return it to management as soon as possible and prior to the worker’s next scheduled day of work. That package consists of

a) A WSIB Functional Abilities Form2;

b) A draft employer letter to the worker’s doctor or health care provider;

4. Participate in good faith in reintegrating themselves back into the workplace, including by cooperating with any reasonable modified working arrangements; and

5. Cooperate with management by maintaining regular communication and sharing necessary information regarding their ability to work, physical capabilities, and limitations and treatment plans and sharing, and concerns that the worker may have regarding their health or current work arrangements.

*.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*1 Not every business is subject to the specific injury reporting requirement set out in the Ontario Workplace Safety and Insurance Act. However, for the sake of simplicity and consistency, TMM has elected to use the WSIB Form 6 for reporting all work-related injuries and illnesses.*

*2 Again, for the sake of simplicity and consistency, TMM has elected to use the WSIB Form 6 for reporting all work-related injuries and illnesses, regardless of whether TMM is actually subject to the specific reporting requirements set out in the Ontario Workplace Safety and Insurance Act*

9.0 WORKPLACE VIOLENCE AND HARASSMENT POLICY

**See the *Employee Handbook*, Part 7: *WORKPLACE VIOLENCE PREVENTION POLICY*.**

10.0. DRUG AND ALCOHOL POLICY

**See *EMPLOYEE HANDBOOK*, Part 10.**

**See also Section 3.3 of this manual, WORKERS: TRAINING, AWARENESS, and GENERAL SAFETY RULES.**

11.0 PROGRESSIVE DISCIPLINE POLICY

**See EMPLOYEE HANDBOOK, Part 5**

12.0 FORMS

**FORM C** **Workplace Violence and Harassment Reporting Form** *This is on the TMM website*

**FORM D** **Hazard Reporting Form** *Attached*

**FORM E** **Workplace Accident, Injury or Near Miss Reporting Form** *Attached*

**FORM F** **Workplace Accident, Injury or Near Miss Statement Form** *Attached*

**FORM G** **WSIB Form 7 Complete** *online*

**FORM H** **Workplace Refusal Reporting Form** *Attached*

**FORM I** **WSIB Form 6/Workplace Injury or Occupational Illness Reporting** **Form** *Complete online*

**FORM J** **Early and Safe Return to Work Package** *Attached*

*Refer to WSIB site for up-to-date guide*

**FORM L** **Emergency Response Information Form** *Attached*

**FORM M** **Emergency Incident Report** *Attached*

**FORM N** **Non-emergency Reporting Form** *Attached*

Form D: Hazard Reporting Form

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**Toronto Monthly Meeting, 60 Lowther Avenue, 416 921-0368**

**Reporting person**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of reporting person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: Employee, Member/Attender, Contractor, Visitor, Other (please specify)

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Job Title (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date and time hazard noticed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the hazard been previously reported? Yes No

If so, to whom? Supervisor, HSR, Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witnesses and contact information (phone and/or email)

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**Form D: Hazard Reporting Form** (2)

Describe the hazard in detail. Include information about the specific location, equipment, machines, materials, tools, and the people involved, and what injury or damage could occur. Include/attach pictures if possible.

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**Form D: Hazard Reporting Form**

Please describe how the hazard can be removed, or the risk of injury or damage can be reduced.

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Name of Person reporting hazard\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I confirm that the information in this report is true and accurate to the best of my knowledge.*

Name of person accepting report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form E: Workplace Accident, Injury, or Near Miss Reporting Form

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**Toronto Monthly Meeting, 60 Lowther Avenue, 416 921-0368**

**Reporting person**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of reporting person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: Employee, Member/Attender, Contractor, Visitor, Other (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time incident reported \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and position of person Incident was reported to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Incident/accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witnesses and contact information (phone and/or email)

#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Form E: Workplace Accident, Injury, or Near Miss Reporting Form**

**(page 2)**

**Toronto Monthly Meeting, 60 Lowther Avenue, 416 921-0368**

**Describe the incident in detail, including details regarding any injuries that were suffered. Include information about the specific location and circumstances of the incidence, and the people, equipment, materials etc. involved. Include/attach pictures if possible.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Form E: Workplace Accident, Injury, or Near Miss Reporting Form**

**(page 3)**

**Toronto Monthly Meeting, 60 Lowther Avenue, 416 921-0368**

**If applicable, please indicate which area of your body was injured.**

Diagram

Description automatically generated**Form E**

Additional Details:

Name of person injured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Details:

**Form E: Workplace Accident, Injury, or Near Miss Reporting Form**

**(page 4: Medical Aid)**

**Toronto Monthly Meeting, 60 Lowther Avenue, 416 921-0368**

Was First Aid Treatment given? Yes No

Name of First Aid Attendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of First Aid Treatment given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the person injured taken to hospital? Yes No

If yes, name and address of hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of transport to hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the person treated by a physician? Yes No

If yes, name and address of physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Treatment given at hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you or the injured person miss work due to the incident/accident? Check one:

Returned to regular duties with no time lost \_\_\_\_\_\_\_\_\_

Returned to modified duties with no time lost \_\_\_\_\_\_\_\_

Had lost time \_\_\_\_\_\_\_\_

If you or the injured person missed work, provide the following details:

Name of person who missed work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days missed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of return to work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person reporting incident/accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I confirm that the information in this report is true and accurate to the best of my knowledge.*

Name of person accepting report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form F: Workplace Accident, Injury, or Near Miss Witness Statement Form

**Toronto Monthly Meeting, 60 Lowther Avenue, 416 921-0368**

**Witness**

Name­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s contact information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Accident, Incident, or Near Miss (Explain what you personally saw or heard. Do not speculate or provide opinion.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Form H: Work Refusal Reporting Form

**Toronto Monthly Meeting, 60 Lowther Avenue M5R1C7**

(page 1 of 3)

Report date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of reporting person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting person’s email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work refusal date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time work was refused \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide details of your work refusal , including reasons that you believe the work is unsafe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Declarations**

Have you previously performed this work without refusing or making a complaint? Yes No

Have you ever reported this allegedly unsafe work to your HSR or manager? Yes No

Name of reporting person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I confirm that the information in this report is true and accurate to the best of my knowledge.*

Name of person accepting the report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form H: Work Refusal Reporting Form**

**(page 2)**

**Toronto Monthly Meeting, 60 Lowther Avenue M5R1C7**

Name of investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date investigation started \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date investigation completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe in detail the steps that you took to investigate the worker’s work assignment, including the names and contact information of any witnesses or other individuals involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Determination**

Work is safe? Yes No Work is unsafe? Yes No

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Please provide a detailed summary of your findings, including an explanation as to how you determined that the work in question is safe or unsafe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form H: Work Refusal Reporting Form**

**(page 3)**

**Toronto Monthly Meeting, 60 Lowther Avenue M5R1C7**

Investigation results were reported to worker? Yes No

If no, explain why.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the work was determined to be unsafe, please proved a detailed explanation of the steps taken to modify the work so that it is safe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did the worker accept the work as modified? Yes No

If No, explain why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declarations:**

*I confirm that the information in this report is true and accurate to the best of my knowledge.*

Name of investigating person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form J: Early and Safe Return to Work Package

**Toronto Monthly Meeting, 60 Lowther Avenue M5R1C7**

(page 1 of 3)

Worker  name:

Dear  Doctor:

Our  business  has  an  “Early  and  Safe  Return  to  Work  Policy”.  Pursuant  to  the

program,  our  business  provides  temporary  alternative  work  assignments  for  injured

workers  until  such  time  as  they  are  medically  fit  to  resume  their  regular  work  duties.

The  ensure  the  safety  of  our  workers,  we  require  a  medical  assessment  of  an  injured

worker’s  present  capabilities  and  limitations.  In  that  regard,  a  Functional  Abilities

Form  is  attached,  which  we  kindly  ask  that  you  complete  along  with  our  worker  and

return  to  us  within  24  hours.

We  look  forward  to  working  with  you  to  assist  our  worker  in  returning  to  their  regular

duties.

Yours  truly,

Employer  Name:

Employer  Contact  Person:

Contact  Person’s  Email  Address:

Contact  Person’s  Phone  No

**Form J: Early and Safe Return to Work Package**

**Toronto Monthly Meeting, 60 Lowther Avenue M5R1C7**

(page 2 of 3)

**Name of injured worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and job title of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-injury job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-injury regular working hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Modified work title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Modified work start and end date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of modified work plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of the worker’s injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Detailed description of the suitable alternative work:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Form J: Modified Alternative Work Journal**

(page 3 of 3)

**Day of the Week Scheduled hours Worked hours Comments or concerns**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Difference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Copy sent to WSIB? (if applicable) Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_**

**Copy sent to worker? Yes? \_\_\_\_\_ How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_**

**No? \_\_\_\_\_\_\_\_\_\_\_ Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form L: Emergency Response Information Form

**FIRST AID Equipment location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANAGER, Ben Bootsma contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of Employees with First Aid training**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Nearest Emergency Services**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Nearest Medical Facility**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency evacuation procedure**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form M: Emergency Incident Report

(page 1 of 2)

**Report date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of person reporting incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting person’s phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of incident (check one)**

**Fire \_\_\_\_\_ Bomb threat \_\_\_\_\_ Alarm activation \_\_\_\_\_\_\_**

**Bomb threat \_\_\_\_\_ Chemical spill/hazardous leak \_\_\_\_\_\_\_\_**

**Sever weather/natural disaster \_\_\_\_\_ Theft/security breach**

**Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Witnesses and contact information (phone and/or email)**

#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGN  OFF**

**Form M: Emergency Incident Report**

(page 2 of 2)

**Proved a detailed description of the incident**

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**Declarations**

I declare that the information in this report is true and accurate to the best of my knowledge.

**Name of reporting person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of person accepting report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form N: Non-Emergency Incident Report Form

Date of Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Date of Incident |
| Description of event |
| Who was present? |
| Who was informed? |
| When? |
| Follow-up, decision taken, minutes? |