**Health and Safety**

**Program and General Policies**

**Toronto Monthly Meeting**

Draft 16

**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 OWNERS (TMM)**

As owners of Friends House, TMM will maintain all facilities as required by law and obtain building permits, if required by law, before beginning any construction or alteration and keep copies of the permits.

**2.2 CONTRACTORS AND SUBCONTRACTORS**

In addition to any existing obligations under applicable health and safety laws, all contractors and subcontractors must:

1. Provide sufficient proof (as determined by TMM in its sole discretion) of work standards capable of ensuring a safe working environment and proper health and safety training;

2. If applicable, be listed on the WSIB Clearance website as having a clearance certificate;

3. Ensure that the workers in their employ are aware of the specific locations of asbestos containing materials in Friends House and the SDS documentation located in the laundry room.

**2.3 MANAGEMENT**

The Personnel Committee and Resident Friend Manager shall take every precaution reasonable in the circumstances to protect the health and safety of workers and to:

1. Provide equipment, materials, and protective devices required by law, and ensure that they are maintained in good conditions, and used appropriately by workers;

2. Ensure that all health and safety measures and procedures required by law are carried out;

3. Provide workers, supervisors, and health and safety representatives with health and safety training as required by law;

4. If required by law, provide workers and contractors with written instructions as to the measures and procedures to be taken for their protection;

5. Acquaint workers and contractors with a hazard in their work and in the handling and storage, use, disposal and transport of any biological, chemical, or physical agent, and limit exposure of such agents to the amounts and standards prescribed by law, and provide written instructions as necessary;

6. Notify workers of the results of any occupational health and safety report(s) in possession of TMM (also available on the TMM website) e.g. Asbestos Abatement report), and make them available to workers on request;

7. Only employ or retain workers in the workplace who are of legal working age (as noted in the Introduction to the TMM Hiring Manual);

8. Review TMM’s health and safety programs, policies, procedures and protocols at least annually and develop, maintain, and modify as necessary a program to implement and enforce them;

9. Post a copy of all applicable health and safety literature and legislation, including this policy manual, in a conspicuous location in the workplace as required by law;

10. Assist and cooperate with the Health and Safety Representative in carrying out their function;

11. Keep, maintain, and make available to affected workers records of their exposure to biological, chemical or physical agents as required by law;

12. Conduct investigations into all workplace incidents, accidents, injuries and illnesses (including incidents of workplace harassment) as necessary and as required by law;

13. Regularly carry out workplace inspections and risk assessments as best practice, and, at a minimum, as required by law;

14. Complete all required health and safety paperwork and documentation.

2.4 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.)

2.5 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 POSTING HEALTH AND SAFETY LITERATURE 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.

3.2 EDUCATION AND TRAINING POLICY

Prior to commencing work, every new worker will be required to undergo basic health and safety training in compliance with the Ontario Workplace Safety and Insurance Board, as well as orientation to Friends House. (All training requirements are listed in the TMM Hiring Manual.)

### 3.2.1 Training

All employees of TMM shall be provided with applicable occupational and safety training that complies

with health and safety laws.

TMM will provide additional training as needed for employees to carry out their duties safely, including

Emergency Training (See Section 10), Working at Heights, WHMIS, First Aid, Health and Safety Representative training, and Health and Safety Supervisor training.

### 3.2.2 Training Records

All worker training activities will be documented by TMM, including completion and retention of a list of all workers who have received health and safety training, the nature of the training received, and the training completion date.

The information will be filed in the employee record in the Personnel Committee filing cabinet. (FORM A)

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. To ensure the ongoing safety of workers who are working alone, or who might find themselves working alone, TMM shall, in addition to the foregoing:

1. Take all reasonable steps to control, and, if possible, eliminate any risks or hazards identified during the risk assessment process (as set out in 7.2 above) and through our Health and Safety checks;

2. Provide worker training and education to all workers to limit the dangers of working alone, for example, instruct lone workers to 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. Provide formal training on working alone from a professional;

4. Investigate any incidents, accidents, or near misses that occur while a worker is working alone and then take all reasonable measures to prevent a reoccurrence;

5. If necessary, report any incidents, accidents or near misses to the appropriate authorities (e.g. the police);

6. If possible, schedule higher risk work to be done either during regular working hours or during periods when a worker will not be working alone, or where there is a greater likelihood of a worker not having to work alone;

7. Provide an unmonitored personal safety alarm button that employees can carry 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.)

### 5.2.2 Resident Friend Manager

Upon receiving a completed hazard reporting form, or upon becoming aware of a workplace hazard, whether reported or not, supervisors and members of management must:

1. Complete the second part of the hazard reporting form within 24 hours of receiving it;

2. Make recommendations regarding how to control the hazard and establish an action plan for carrying out those recommendations;

3. Implement the action plan and ensure that the hazard is rectified;

4. Confirm completion and execution of the action plan;

5. File and maintain a record of the hazard report;

6. If applicable, submit the completed hazard report form and action plan to the Personnel Committee and to the Health and Safety Representative;

7. Advise the worker who reported the hazard of the outcome of the report and action plan.

### 5.2.3 Role of the HSR

TMM’s Health and Safety Representative will monitor incidents of hazard reporting and make any recommendations to management that are deemed necessary. (See also 3.2 and 6.2.1, points 5 and 6.)

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.

**6.2.5 Overview of Roles and Responsibilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **TMM Member** | **Fatal or critical accidents** | **Non-fatal accidents** | **Occupational Illnesses** |
| **Staff on duty** | Immediately:1. Seek immediate medical assistance. 2. Provide first aid if possible.Then:3. Preserve the accident scene. 4. Report the incident to the RFR-M and the Personnel Committee Clerk(s) and the HSR. Complete **Form E** and submit with **Form F** (if there is a witness) to the RF-M and Personnel Committee Clerk(s). | Immediately:1. Seek immediate medical assistance.2. Provide first aid if possible. Then: 3. Preserve the accident scene. 4. Report the incident to the RF-M and the Personnel Committee Clerk(s) and the HSR.Complete **Form E** and submit with **Form F** (if there is a witness) to the RF-M and Personnel Committee Clerk(s). | Advise TMM of the existence of an occupational illness or a WSIB claim involving an occupational illness.  |
| **RF-M** | Immediately: 1. Ensure all immediate steps (above) have been taken by worker2. Notify the Ministry of Labour: 1-877-202-0008.3. Investigate, take photographs and prepare a written report of the incident.Receive **Form E** and **Form F** from RF on duty, meet with HSR and PC Clerk(s) to create action plan. | Immediately: 1. Ensure all immediate steps (above) have been taken by workerNOTE: If this is a Critical Injury (see definition below\*)2. Investigate, take photographs and prepare a written report of the incident.Receive **Form E** and **Form F** from RF on duty, meet with HSR and PC Clerk(s) to create action plan. | Immediately: NOTE: if this is a Critical Injury (see definition below\*), use flowchart for section 11.2.1, above.1. Prepare a report of the notice and submit to Personnel Committee Clerk(s) and the TMM Trustees.2. Inform the HSR.Meet with PC Clerks and HSR to create action plan. |
| **Personnel Committee** | Receive **Form E** and **Form F** from RF on duty, meet with RF-M and HSR to create action plan, then:1. Collect all relevant records and data (e.g. maintenance reports and inspection records)2. Attempt to identify the cause(s) of the incident3. Implement action plan and communicate it to staff4. Submit written report to MOL within 48 hours(email ihs-torontowestfax@ontario.ca)5. Submit Form 7 to the WSIB within 3 days (Form G) | Receive **Form E** and **Form F** from RF on duty, meet with RF-M and HSR to create action plan, then: 1. Collect all relevant records and data (e.g. maintenance reports and inspection records).2. Attempt to identify the cause(s) of the incident.3. Implement action plan and communicate it to staff.4. Submit Form 7 to the WSIB within 3 days if applicable (**Form G**). | Receive report from RF-M and meet with the RF-M, and the HSR to create action plan1. Implement any preventative action plan deemed necessary, communicating with staff.2. Keep a record of the notice of occupational illness.3. Provide full report to the MOL within four days. (email ihs-torontowestfax@ontario.ca) |
| **HSR** | Receive **Form E** and **Form F** from RF on Duty, meet with RF-M and PC Clerk(s) to create action plan.Investigate and prepare a written report with recommendations to the RF-M and PC Clerks. | Receive **Form E** and **Form F** from RF on Duty.Investigate and if necessary, prepare a written report with recommendations and submit to RF-M and Personnel Committee Clerk(s).Meet with the RF-M and PC Clerk(s) to create action plan | Investigate and, if necessary, prepare a written report with recommendations.Meet with the RF-M and PC Clerk(s) to create action plan. |
| **Forms needed** | **Form E**,**Form F, Form G**(See Section 16.0, “Forms”) | **Form E**,**Form F**,**Form G**(See Section 16.0, “Forms) |  |

7.0 REFUSAL TO WORK

7.1 POLICY  AND  APPLICATION

It is the policy of TMM to follow the rules and provisions contained in the OHSA regarding a worker’s right to refuse work, including all of the exemptions set out in the Act. All of the policies and procedures set out in this section shall apply to all workers who are not exempt according to the applicable provisions of the OHSA. In addition, this policy does not bestow rights upon workers regarding refusal rights over and above those specifically set out in the Act

Given TMM’s commitment to health and safety, TMM expects that there will be few occasions on which its workers will be required to refuse to work on the grounds that it is unsafe.

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.

8.3 MANAGEMENT DUTIES

If a worker suffers a work-related injury or illness, the Personnel Committee shall:

1. Ensure that the worker is informed of and complies with this policy;

2. Participate in the promotion and provision of reasonable modified or alternative work arrangements;

3. Offer the worker suitable alternative or modified work using the Modified/Alternative Work Offer **Form K** found in Section 16.

4. Provide support and encouragement to a worker and cooperate with a worker by maintaining regular communication and sharing necessary information regarding the worker’s ability to work, their physical capabilities and limitations and treatments plans, and sharing any concerns that management may have regarding the worker’s health or current work arrangements;

5. Ensure that the worker is not subjected to unsafe conditions, such as allowing a worker to perform duties for which they are not medically fit or providing modified duties that are unsuitable, having regard for the worker’s limitations; and

6. Making reasonable efforts to help the worker return to their regular duties as quickly as possible.

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

 *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 EMERGENCY PROCEDURES

9.1 GENERAL

TMM ensures that the Resident Friend(s), On-duty Friends and the Young Friends’ Program Facilitator have First Aid qualifications and on-site training. (See the TMM website or bulletin board for on-site training.)

TMM will take steps to ensure that emergency exits and escape routes are free from obstructions and that all workers are familiar with their surroundings and aware of available exits and escape routes and First Aid supplies.

TMM will also conduct and keep logs of annual emergency fire and evacuation drills.

TMM posts on the bulletin board outside the Resident Friend office a completed Emergency Response **Form L**, found in Section 16, which will set out, among other things:

1. Contact information for the Resident Friend Manager;

2. The names, contact details and work locations for the first aid personnel;

3. The location of first aid equipment;

4. The contact details for the nearest emergency services;

5. The address and contact information of the nearest medical facility;

6. TMM’s emergency evacuation procedure.

9.2 APPLICATION

TMM’S emergency protocols, policies and procedures shall apply to any emergency situation, including, but not limited to fires; bomb threats, chemical spills or leaks, severe weather incidents, natural disasters, and acute medical events (such as heart attack or stroke).

Any emergency occurrence shall be formally reported using the Emergency Incident Report Form M found in Section 16, and, if necessary, in line with applicable procedures.

9.3 COMMUNICATIONS

If an emergency situation occurs, management shall notify all workers of the circumstances of the emergency, and, to the extent possible, in a manner that does not further endanger the safety of any worker or person, such as by inciting mass panic.

TMM shall ensure that it has in place at all times a global communication system (such as an alarm) capable of carrying out an immediate House-wide evacuation, such as in the event of a fire or gas leak.

Depending on the nature of the emergency, management shall contact the appropriate emergency service, such as the police, fire services, paramedics, hazard control or hydro or gas line repair services.

9.4 EMERGENCY EVACUATIONS

TMM shall have in place emergency evacuation protocols to be applied in an emergency that requires an immediate House-wide evacuation, including the following evacuation procedures:

1. Activating the appropriate alarm system;

2. Exiting Friends House using the emergency exit;

3. Exiting in an orderly manner;

4. Heading directly to the nearest safe location or predetermined assembly point;

5. Refraining from returning to the workplace under any circumstances; and

6. Waiting at the designated assembly point or safe spot until otherwise instructed or unless it is unsafe to do so (for example, if there is severe weather or falling glass, debris, or flames).

Each emergency situation occurrence shall be formally reported and investigated in accordance with applicable procedures.

10.0 HAZARDOUS MATERIALS IN THE WORKPLACE AND WHMIS

TMM will implement programs, policies, procedures and protocols to ensure compliance with the Ontario Health and Safety Act (OHSA) as it applies to hazardous products and materials in the workplace, and, in particular, Ontario Regulation 490/09 (Designated Substances), Ontario Regulation 278/05 (Asbestos on Construction Projects and in buildings and Repair Operations), and Ontario Regulation 833 (Control of Exposure to Biological or Chemical Agents), and any successor legislation, as amended form time to time.

TMM shall take steps to ensure that:

1. All workers exposed to hazardous substances in the workplace are properly trained regarding how to recognize, monitor, handle and limit their exposure;

2. Hazardous products and materials are used, handled and stored in the manner prescribed by law;

3. All hazardous products and materials are identified and labelled in the manner prescribed by law; and

4. Proper policies, procedures and protocols are in place to ensure that proper records and data concerning hazardous materials and products in the workplace are maintained and not tampered with.

**11.0 WORKPLACE INSPECTIONS**

**See *TMM* POLICY REGARDING WORKPLACE INSPECTIONS AND HOUSEKEEPING**

(Note: The Resident Friend Manager and the Health and Safety Representative will review the Workplace Inspection Checklist, with the aim of 1) streamlining to facilitate several checklists done at different frequencies, and 2) introducing a management process for addressing deficiencies.

See TMM HEALTH AND SAFETY CHECKLIST.

12.0 WORKPLACE VIOLENCE AND HARASSMENT POLICY

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

13.0. DRUG AND ALCOHOL POLICY

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

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

14.0 PROGRESSIVE DISCIPLINE POLICY

**See EMPLOYEE HANDBOOK, Part 5.**

15.0 ABOUT THIS POLICY MANUAL

This policy manual serves as the foundation of TMM’s health and safety program. We expect that as TMM evolves, its health and safety program will grow, evolve, and mature with it. TMM thus recognizes that maintaining a safe workplace is not a static exercise.

For this reason, the terms and provisions of this manual may need to be amended, supplemented or qualified by additional programs, policies, procedures and protocols that TMM may issue as the needs, duties and obligations of TMM change.

Similarly, should OHSA or any other applicable legislation impose any requirement(s) that are not included in any of our health and safety programs, policies, procedures or protocols, then the provisions of the Act and/or all other applicable legislation shall prevail.

The electronic version of this manual constitutes the complete, up-to-date and official version. A printed copy of this document may not reflect the current official version. Therefore, paper versions of this policy should be cross-referenced with the electronic version.

This policy shall be monitored and reviewed on an ongoing basis and shall be amended and modified as management deems necessary or as required by law.

16.0 FORMS

**FORM A** **Training/Certification Record** *Attached. A summary of all Employee Training is also maintained by the Personnel Committee.*

**FORM B** **Equipment Inspection Log** *See Policy Regarding Workplace Inspections and Housekeeping.*

**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 K** **Modified/Alternative Work Offer** *Attached*

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

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

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

Form A: Training/Certification + Other Employment Documents

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

**Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Resume/CV \_\_\_\_\_**

**New Hire Information form \_\_\_\_\_**

**Current Original Signed contract \_\_\_\_\_**

**Employee Handbook, Schedule A, signed \_\_\_\_**

**Police Check date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAINING** (Note: Not all training is applicable for all jobs)

**Health and Safety Awareness Training certificate \_\_\_\_\_**

**Friends Health and Safety Training \_\_\_\_\_**

**AODA Training \_\_\_**

**Children and Vulnerable Adults training \_\_\_\_\_**

**WHMIS \_\_\_\_\_\_\_**

**First Aid \_\_\_\_\_**

**Supervisor training \_\_\_\_\_\_**

**Health and Safety Rep training \_\_\_\_\_**

**Working at heights \_\_\_\_\_**

Form D: Hazard Reporting Form

Page 1 of 2

**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 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)

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

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

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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

Page 1 of 4

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

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

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

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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.**

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

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.

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

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

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

**Determination**

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

…………………………………………………………………………………………………………………………………………………..

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.

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**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 K: Modified /Alternative Work Offer

**Name of Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date that suitable work is available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature  of  the  worker’s  injury**

Back ☐  Neck ☐ Shoulder ☐

Upper  Extremity ☐  Lower  Extremity ☐ Other ☐

(specify):

**Describe  the  suitable  alternative  work**  (Provide  a  detailed  description)

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Employer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s  signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form L: Emergency Response Information Form

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

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

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**Names of Employees with First Aid training**

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**Nearest Emergency Services**

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**Nearest Medical Facility**

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**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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**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?  |