



Alberta Construction Safety Association

SMALL EMPLOYER HEALTH AND SAFETY MANAGEMENT SYSTEM EVALUATION TOOL

This evaluation tool is designed to determine whether the small employer has addressed basic aspects of a health and safety management system. It must be conducted by the owner, most senior operational person, or employee who is familiar with the overall work operation, and who has received the appropriate training.

Completion Instructions

1. Read each question and determine whether the answer is "Yes" or "No." Attach **photocopies** of supporting documentation indicated for each question. Failure to do so will result in a delay in the review process. **These copies WILL NOT be returned to you. Do not send originals.**
2. If any question is answered "No," an action plan must be submitted with this evaluation. A sample has been provided.
3. Questions that have an asterisk (*) do not need to be answered by owner-operators (indicate N/A in Comments section provided) and are excluded from scoring for owner-operators.
4. Ensure the time between **Start Date** of the Evaluation and **Completion Date** of the Evaluation **does not exceed 45 days.**

Start Date of Evaluation: _____	Type of Evaluation: _____ Certification (initial or re-cert)
Completion Date of Evaluation: _____ <i>(Do not exceed 45 days from Start Date to Completion Date.)</i>	_____ Maintenance Yr 1 _____ Maintenance Yr 2
Company Name: _____	
Address: _____	
City/Town: _____	Province: _____
Postal Code: _____	Phone Number: _____ Fax: _____
WCB Account # _____	Industry Code(s): _____
Number of employees: _____	Contact Name: _____

Revision: December 5, 2008

Evaluation Dates (Page 1):

- Ensure that the time between start date of Evaluation and completion date of Evaluation is not more than 45 days. (Start date of Jan. 1, 20XX, completion date of not later than Feb. 14, 20XX) Past Feb. 14, 20XX, the Evaluation is considered invalid.
- The Evaluation Tool must be received by ACSA within 30 days from the completion date (If the completion date is Feb. 14, 20XX, it should be received at the ACSA no later than Mar. 16, 20XX). Past Mar. 16, 20XX, the Evaluation is considered invalid.

Program Guidelines

- 1 **Corporate Health and Safety Policy** must be signed and dated by Owner/Senior Manager.
Roles and Responsibilities must be included.
Policy must have company name or logo.
Policy must make reference to applicable legislation.
- 2 There must be a **standard Hazard Assessment form(s)** that identifies, prioritizes, assesses, and includes corrective actions for all hazards.
- 3 Must have all appropriate **Safe Work Practices** relevant to the type of work the company performs, which must be reviewed when required.
- 4 Must have all appropriate **Safe Job Procedures** relevant to the type of work performed, which must be reviewed when required.
- 5 Must have a set of **company rules**. These rules must ensure that policies and hazard control methods are followed.
Must have an **Enforcement Policy** and an **Employee Warning Report** form.
Policy must make reference to applicable legislation.

Small Employer Health & Safety Management System Evaluation

Elements	Yes	No	Comments
<p>1. Corporate Health and Safety Is there a Corporate Health and Safety Policy?</p> <ul style="list-style-type: none"> • Attach a copy of your signed and dated policy. • Attach a copy of Assignment of Roles and Responsibilities for owners, management, supervisors, workers, etc. 			
<p>2. Hazard Assessment Have the tasks of each job and their associated hazards been identified, prioritized, and corrective actions taken?</p> <ul style="list-style-type: none"> • Attach copies of completed hazard assessment forms used for critical task analysis. 			
<p>3. Safe Work Practices Have appropriate safe work practices been developed that are relevant to work performed?</p> <ul style="list-style-type: none"> • Attach copies of appropriate safe work practices. 			
<p>4. Safe Job Procedures Have appropriate safe job procedures been developed that are relevant to the jobs performed?</p> <ul style="list-style-type: none"> • Attach copies of appropriate safe job procedures. 			
<p>5. Company Rules Are the company rules written?</p> <ul style="list-style-type: none"> • Attach a copy of Company Rules. • Attach a copy of your Enforcement Policy. • Attach a copy of your "Employee Warning Report" form. 			

Program Guidelines

- 6 Must have a **PPE Policy** that includes a list of basic and specialized PPE (specialized PPE only if required).
Policy must make reference to applicable legislation.
Include schedule/proof of PPE maintenance.
Include proof of participation in specialized PPE training if required.
- 7 Must have a **Maintenance Policy**.
Policy must make reference to applicable legislation.
A **maintenance schedule (according to manufacturer's specifications)** must be included for all tools, vehicles, and equipment.
Sample of **maintenance records** covering the Evaluation period is required.
- 8(a) Must have a **Training and Communications Policy** that includes how often the safety meetings are to be conducted and make reference to orientations, job specific training, etc.
Policy must make reference to applicable legislation.

A safety **orientation** must be developed specific to the company, including: roles and responsibilities for health and safety, awareness of applicable legislation, safe work practices & job procedures, emergency procedures, investigations of near misses/incidents, and required PPE. Orientation of new hires must be completed on the first day of employment.
- 8(b) Ensure that **training** covers current job and industry specific training (identify specific industry hazards such as required H₂S training, fall protection, confined space entry, etc.).
- 8(c) Must include **minutes** from safety meetings for which all attendees must print their names and sign their attendance.
Verify **discussions of any new and existing workplace hazards** at safety meetings.
- 9 Must have an **Inspection Policy**.
The policy must make reference to applicable legislation.
The policy must state who is responsible for conducting the inspection and how often the inspections are to be conducted.
Must have an **Inspection form** that has assigned corrective actions, and dates for which corrective actions are to be completed.

Elements	Yes	No	Comments
<p>6. Personal Protective Equipment (PPE) Is there a written PPE policy for basic/specialized PPE?</p> <ul style="list-style-type: none"> • Attach a copy of the PPE Policy. • Attach a list of PPE used. • Attach a schedule/proof of PPE maintenance. • Attach proof of training for specialized PPE (Respirators, Fall Protection, etc.). 			
<p>7. Maintenance Is there a maintenance program for tools, equipment and PPE?</p> <ul style="list-style-type: none"> • Attach a copy of the Maintenance Policy. • Attach a copy of the Maintenance Schedule. • Attach a sample of maintenance records for the previous 12 months. 			
<p>8. Training & Communications</p> <p>A) Are Safety Orientations being performed with all employees?</p> <ul style="list-style-type: none"> • Attach copies of all orientations performed in the previous 12 months.* <p>B) Has appropriate job safety training been conducted?</p> <ul style="list-style-type: none"> • Attach copies of health & safety training records (First Aid, WHMIS, CSTS/RSTS/ESTS, Emergency Response Training, etc.). <p>C) Do employees have the opportunity to participate in safety meetings?</p> <ul style="list-style-type: none"> • Attach minutes from 3 safety meetings held in the previous 12 months.* • Verify that new and existing hazards have been identified and discussed. 			
<p>9. Inspections Are inspections completed according to policy, and are identified deficiencies corrected?</p> <ul style="list-style-type: none"> • Attach copies of 3 inspections with corrective action plan.* 			

*N/A for owner/operator

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Program Guidelines

- 10 Must have an **Investigation Policy**.
Policy must make reference to applicable legislation.
Policy must include the **reporting procedures** for investigations; who is responsible for conducting investigations (including near misses/close calls), what must be investigated, etc.
Must have an **Investigation form** that includes corrective actions.
- 11 Must have an **Emergency Response Plan** appropriate to work activities including the office.
Emergency Drills must be carried out on fixed site locations (ensure drill is dated).
Must have an **Emergency contact sheet** that includes phone numbers and names for all areas where work is to be performed.
- 12 Must have **Safety Activity Summary** sheet as a minimum. Could include monthly/quarterly injury summaries, and year end summaries.
- 13 **NEW - Applies to Small Employer companies that are hired by another company. This would include any employer, person, organization, agency, City or Government Department, etc. to provide a service.**

Must have documentation to show both parties, and any other affected workers are aware of the identified hazards and the corrective actions implemented at the worksite. (Ensure proof of communication of the hazards to all affected workers.)

Must have documentation showing results of a meeting between the small employer company and the company/ organization/agency (City or Government Department, etc.) that hired the small employer.

Examples of documentation for 13 may be found in hazard assessments, toolbox meetings, contractor pre-qualifications, contracts, etc.

Elements	Yes	No	Comments
<p>10. Investigations Are investigations into workplace accidents/incidents/near misses Completed, and have corrective actions been taken?</p> <ul style="list-style-type: none"> • Attach copies of all investigations and corrective actions completed in the previous 12 months. • Attach a copy of your reporting procedures for investigations (could be included in investigations policy). 			
<p>11. Emergency Planning Has the company developed an emergency response plan?</p> <ul style="list-style-type: none"> • Attach a copy of your current ERP (Emergency Response Plan). • Attach a copy of the results of one emergency drill conducted. • Attach a copy of your current emergency contact list. 			
<p>12. Records and Statistics Are yearly records kept of all workplace activities?</p> <ul style="list-style-type: none"> • Attach copies of year-end summaries including: workers hired, safety meetings held, inspections completed, accidents/incidents, etc. 			
<p>13. Contracting Services</p> <p>A) Are workplace health and safety hazards or possible risks, including chemical hazards, identified at contracted worksites?</p> <p>B) Has a plan been developed in consultation with the contracting organization for ensuring workplace health and safety?</p> <p>C) Are employees made aware of the hazards and control measures at a contracted worksite?</p>			

Program Guidelines

- 14 Ensure applicable **OH&S Legislation** is referred to throughout the entire H&S program.

Elements	Yes	No	Comments
14. Legislation Is appropriate legislation (where applicable), referred to throughout the health and safety program?			
15. Action Plan Was your previous action plan implemented (if applicable)? <ul style="list-style-type: none"> • Provide supporting documentation (if applicable). 			

NAME OF SELF ASSESSOR (PRINT)

SIGNATURE OF SELF ASSESSOR

DATE

SWORN STATEMENT

The undersigned, under oath, under penalty of perjury, certifies that the information furnished in this application is true and correct.

NAME OF OWNER (PRINT)

SIGNATURE OF OWNER

DATE

Subscribed and sworn to before me, this _____ day of _____, 20_____.

COMMISSIONER FOR OATHS

EXPIRY DATE

Evaluation MUST be submitted no later than 30 days from the date of the Commissioner for Oath's signature.

AUDIT CORRECTIVE ACTION PLAN

Recommendation:	Assigned To:	Target Completion Date:	Date Completed:	Reviewed By: