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**CONTRACTOR SAFETY PROGRAM EVALUATION DOCUMENT**

December 19, 2023

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**Declaration**

This document is not a definitive guide to Manitoba’s safety and health legislation. The City of Winnipeg assumes no responsibility or liability whatsoever in the event of any loss which may arise from the use of this document.

This document may be revised, as required, at the discretion of the City of Winnipeg.

**Confidentiality Agreement/ Conflict of Interest Disclosure**

The evaluator agrees that any and all information received or obtained during the company’s evaluation is and will remain confidential information.

The evaluator will use reasonable efforts to keep in confidence and not disclose any of the company's confidential information, and to protect that information from disclosure.

The evaluator acknowledges that once the evaluation has been completed, all confidential information arising from the evaluation will be returned.

The evaluator must declare any conflict of interest that could lead to a biased evaluation. Any such conflict must be disclosed prior to this agreement.

 Example:

* If the evaluator had been hired previously (within six months) by the company to help develop their safety program.
* If the evaluator has any financial ties or investments with the company.

Company Representative:

 NAME (Print) SIGNATURE

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Evaluator:

 NAME (Print) SIGNATURE

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

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Evaluation Document Overview**

This evaluation document was designed to comply with Section 7.4 (5) of the Manitoba Workplace Safety & Health Act.

The evaluation scoring is based on “yes” or “no” answers to questions in the evaluation document. In the event some questions may not be applicable to your situation, these points will be removed from the total possible points on the evaluation summary sheet. The evaluation process is based on three methods of verification;

1. Documentation Required (Doc. Req.)

The documentation review determines whether the documentation on file or in the company’s possession satisfies the requirements of each section. The review is usually performed at the company’s place of business.

1. Worksite Observation (Obs. Req.)

Worksite observation confirms the presence of the documented materials in the workplace. In the event any unsafe acts or conditions are noticed, they will be noted and reported to the onsite supervisor. If employees are observed in a situation where they are in imminent danger, the employees will be advised that the work being performed is dangerous and the work should cease until the supervisor arrives to correct the situation. The supervisor will be notified.

1. Interviews (management/supervisors, workers) (Int. Req.)
* Interviews serve to determine the level of knowledge workplace stakeholders have with respect to the safety and health program, safety training and communication efforts.
* First and foremost the interviewee must have the assurance of the evaluator that the proceedings will be kept confidential.
* All persons being interviewed should be made as comfortable as possible so they may be able to express their opinions freely.
* The interviews should be as brief as possible to minimize disruption to the workplace, but thorough enough to verify the persons’ safety knowledge.

To achieve a representative sample, companies having:

Management/Supervisors/Workers combined 7 or fewer - interview all

Management/Supervisors/Workers combined 8 to 15 – interview 50% of each group

Management/Supervisors/Workers combined 16 or more - interview 30% of each group

An “X” is placed in the method of verification square to be applied for points earned. All squares with an “X” must be satisfied to receive a point.

**Example of scoring technique**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item # |  | POSSIBLE POINTS | POINTS EARNED | DOC. REQ. | OBS. REQ. | INT. REQ. |
| **1.1** | **Does the company have a written safety policy?** | **1** | **1** | **X** |  |  |
| **1.5** | **Is the safety policy posted and accessible to all workers?** | **1** | **1** |  | **X** |  |
| **1.6** | **Is policy discussed during employee orientation?** | **1** | **0** |  |  | **X** |

**1.1 Item verified by document - points earned = 1**

**1.5 Item verified by observation - points earned = 1**

**1.6 Item not verified by interview - points earned = 0**

**Contractor’s Company Profile**

|  |
| --- |
| **Legal Name:**  |
|  |
| **Business/Operating Name (**if different from Legal Name**):** |
|  |
| **Type of Work:** |
| **Address:** |
| **FAX #: E-Mail:** |
| **Owner:** |
| **Contact Person:** | **Position:** | **Ph. #** |
| **Number of Employees:**  |
|  |
| **Evaluator’s Information** |
| **Name:** |
| **Address:** |
| **Ph: #**  | **FAX: #** | **E-Mail:** |
|  |  |  |
|  |  |
| **Contractor Company Representative's Signature:** **Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Supporting Documentation**

Some areas where the evaluator may find documentation to answer the evaluation questions

* Safety and Health policy
* Job Hazard Analysis documentation
* Safe Work Practices documentation
* Safe Work Procedures documentation
* Safety and Health manual(s)
* Safety Committee meeting minutes
* Forms for hazard identification and risk assessment (blank template and completed)
* Any written information that indicates pro-active hazard identification.
* Inspection records including: policy/procedures; checklists; corrective action follow-up records; maintenance records.
* Training records including general and specific safety training, e.g. employee safety orientation; use of specific personal protective equipment; TDG; WHMIS, accident investigation, etc.
* Accident investigation policy/procedures, report forms (blank template and completed)
* Emergency response plans and procedures
* Records of emergency drills e.g. confined space rescue, fire evacuation, etc.
* Injury statistics, incident statistics, claim costs, WCB assessments, incident/accident records
* First aid certificates, first aiders list, first aid log books
* Company safety reports, previous evaluations, audits, etc.

**Section 1 – Safety and Health Policy – Responsibilities**

7.4 (5) (a) -- A statement of the employer’s Safety & Health Policy with respect to the protection of the safety & health of all workers at the workplace

7.4 (5) (d) – A statement of the responsibilities of the supervisors and workers

7.4 (5) (g) – A statement of procedures to be followed to protect safety and health in the workplace when other employers or self employed person is involved in work at the workplace that includes

1. criteria for evaluating and selecting employers and self employed persons to be involved in work at the workplace
2. procedures for regularly monitoring employers & self employed persons involved at the workplace

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item # |  | POSSIBLE POINTS | POINTS EARNED | DOC. REQ. | OBS. REQ. | INT. REQ. |
| **1.1** | **Does the company have a written safety policy?** | **2** |  | **X** |  | **X** |
| **1.2** | **Signed and dated by current senior management?** | **1** |  | **X** |  |  |
| **1.3** | **Does the policy contain:** |  |  |  |  |  |
|  |  **- company safety philosophy?** | **1** |  | **X** |  |  |
|  |  **- management commitment?** | **1** |  | **X** |  |  |
|  |  **- safety objectives?** | **1** |  | **X** |  |  |
|  |  **- legislative requirements?** | **1** |  | **X** |  |  |
| **1.4** | **Is there mention of worker training?** | **1** |  | **X** |  |  |
| **1.5** | **Posted and accessible to all workers?** | **1** |  |  | **X** |  |
| **1.6** | **Is policy discussed during employee orientation?** | **2** |  | **X** |  | **X** |
| 1.7 | **Is there a statement regarding the responsibilities of Management Supervisors, Workers, sub-contractors, and other workers?** | 2 |  | X |  | X |
| 1.8 | **Do you provide orientation to sub-contractors so that they will be aware of your worksite safe work procedures?** | 2 |  | X |  | X |
| **Minimum points required: 8** | **15** |  |  |  |  |

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

**Section 2 – Hazard Identification – Emergency Preparedness**

7.4 (5) (b) The identification of existing and potential dangers to the workers at the workplace and the measures that will be taken to eliminate, reduce, or control of those dangers, including procedures to be followed in an emergency

7.4 (5) (c) The identification of internal and external resources, including personnel and equipment, that may be required to respond to an emergency at the workplace

7.4 (5) (f) A plan for the control of any biological or chemical substance used, produced, stored or disposed of at the workplace

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item # |  | POSSIBLE POINTS | POINTS EARNED | DOC. REQ. | OBS. REQ. | INT. REQ. |
| **2.1(a)** | **Is there a standard Job Hazard Analysis format?** | **1** |  | **X** |  |  |
| **2.1(b)** | **Are Job-Site Hazards Assessments being completed?** | **2** |  |  |  | **X** |
| **2.2** | **Does the hazards identification process include the supervisor / worker / committee?** | **2** |  |  |  | **X** |
| **2.3** | **Have hazards identified for a project site or workplace been dealt with? Documented?** | **2** |  | **X** |  | **X** |
| **2.4(a)** | **Have the hazards identified for a project site been discussed with workers?** | **1** |  |  |  | **X** |
| **2.4 (b)** | **Have the controls identified for a project site been discussed with workers?** | **1** |  |  |  | **X** |
| **2.5(a)** | **Have supervisors received formal training in hazard identification?**  | **1** |  | **X** |  |  |
| **2.5(b)** | **Have workers received formal training in hazard identification?**  | **1** |  | **X** |  |  |
| **2.6(a)** | **Does the company have a written plan to deal with emergencies?**  | **1** |  | **X** |  |  |
| **2.6(b)** | **Is the emergency plan posted?** | **1** |  |  | **X** |  |
| **2.7** | **Are all employees aware of plan?** | **1** |  |  |  | **X** |
| **2.8** | **Is there an emergency call list posted?** | **1** |  |  | **X** |  |
| **2.9** | **Does the company conduct at least annual emergency response drills?** | **2** |  | **X** |  | **X** |
| **2.10** | **Do hazard assessments include a rescue plan specific to a project site? Posted?** | **1** |  | **X** | **X** |  |
| **2.11** | **Is there an emergency equipment maintenance program?** | **1** |  | **X** |  | **X** |
| **2.12(a)** | **Does the number of first aiders available meet Part 5 of Manitoba’s Workplace Safety and Health Regulation?** | **1** |  | **X** |  |  |
| **2.12(b)** | **Do the first aid supplies available meet Part 5 of Manitoba’s Workplace Safety and Health Regulation?** | **1** |  |  | **X** |  |
| **2.12 (c)** | **Does the first aid training meet Part 5 of Manitoba’s Workplace Safety and Health Regulation?** | **1** |  | **X** |  |  |
| **2.13(a)** | **Do supervisors have formal emergency training?** | **1** |  | **X** |  |  |
| **2.13(b)** | **Do workers have formal emergency training?** | **1** |  | **X** |  |  |
| **2.14** | **Are employees trained in WHMIS?** | **1** |  | **X** |  |  |
| **2.15** | **Are SDS available for controlled products on a jobsite?** | **1** |  | **X** |  |  |
| **2.16** | **Are controlled products properly labeled?** | **1** |  |  | **X** |  |
| **2.17** | **Are all hazardous materials and chemicals stored in proper containers?**  | **1** |  | **X** | **X** |  |
| **2.18** | **Are required employees trained in TDG?** | **1** |  | **X** |  |  |
| **2.19** | **Are hazardous wastes disposed of according to regulatory requirements?** | **1** |  | **X** |  |  |
| **Minimum points required: 16** | **30** |  |  |  |  |

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

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**Section 3 - Workplace Safety Inspections**

7.4 (5) (e) A schedule for regular inspection of the workplace and of work processes and procedures at the workplace

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item # |  | POSSIBLE POINTS | POINTS EARNED | DOC. REQ. | OBS. REQ. | INT. REQ. |
| **3.1(a)** | **Does the company have a written safety inspection policy?** | **1** |  | **X** |  |  |
| **3.1(b)** | **Is it signed?**  | **1** |  | **X** |  |  |
| **3.2** | **Are safety inspections conducted at the workplace?** | **1** |  | **X** |  |  |
| **3.3** | **Are the items noted during the inspection given priority through a risk assessment?** | **1** |  | **X** |  |  |
| **3.4** | **Are the items identified in the inspection addressed in a timely manner?** | **2** |  |  |  | **X** |
| **3.5** | **Are workers involved with inspections?** | **1** |  |  |  | **X** |
| **3.6** | **Do inspections include all other non-company workers under your direction?** | **1** |  |  |  | **X** |
| **3.7** | **Does senior management /owner review and sign off on inspection reports?** | **1** |  | **X** |  |  |
| **Minimum points required: 5** | **9** |  |  |  |  |

Comments:

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Section 4 – Incident Reporting and Investigation

7.4 (5) (j) A procedure for worker participation in workplace safety and health activities, including inspections and the investigation of accidents, dangerous occurrences and refusal to work under section 43

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| --- | --- | --- | --- | --- | --- | --- |
| Item # |  | POSSIBLE POINTS | POINTS EARNED | DOC. REQ. | OBS. REQ. | INT. REQ. |
| **4.1(a)** | **Does the company have a written accident investigation policy?** | **1** |  | **X** |  |  |
| **4.1(b)** |  **Is the accident investigation policy signed?** | **1** |  | **X** |  |  |
| **4.2** | **Is there a standard investigation form?** | **1** |  | **X** |  |  |
| **4.3** | **Are all incidents reported?** | **2** |  |  |  | **X** |
| **4.4** | **Are all workers told of their right to refuse unsafe work?** | **2** |  | **X** |  | **X** |
| **4.5** | **Are all incidents investigated ASAP?** | **1** |  |  |  | **X** |
| **4.6** | **Is there a process for corrective action?** | **1** |  | **X** |  |  |
| **4.7** | **Are all incidents reviewed with workers?** | **2** |  | **X** |  | **X** |
| **4.8** | **Are workers encouraged to participate in incident investigations?**  | **2** |  |  |  | **X** |
| **4.9** | **Have persons investigating incidents received formal training?** | **1** |  | **X** |  |  |
| **4.10** | **Do supervisors participate in the investigation process?** | **1** |  | **X** |  |  |
| **4.11** | **Are the basic or root causes of the incident being clearly identified during the investigation?** | **1** |  | **X** |  |  |
| **4.12(a)** | **Does senior management/owner review incident reports?** | **1** |  | **X** |  |  |
| **4.12(b)** | **Do the safety committee/rep. review incident reports?** | **1** |  | **X** |  |  |
| **Minimum points required 10** | **18** |  |  |  |  |

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

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**Element 5 – Training – Safety Meetings – Personal Protective Equipment**

7.4 (5) (h) A plan for training supervisors and workers in safe work practices and procedures

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| --- | --- | --- | --- | --- | --- | --- |
| Item # |  | POSSIBLE POINTS | POINTS EARNED | DOC. REQ. | OBS. REQ. | INT. REQ. |
| **5.1** | **Does the company have a written safety training policy? Is it signed?** | **2** |  | **X** |  |  |
| **5.2** | **Are records kept of employee training?** | **1** |  | **X** |  |  |
| **5.3** | **Is there job safety training for all workers?** | **1** |  | **X** |  |  |
| **5.4** | **Is ongoing training encouraged?** | **1** |  |  |  | **X** |
| **5.5** | **Does the company have a new worker safety orientation checklist?** | **2** |  | **X** |  |  |
| **5.6** | **Does the new worker orientation take place before work commences?** | **1** |  | **X** |  | **X** |
| **5.7** | **Are critical issues, eg. emergency procedures, alarms, hazard/incident reporting, included in orientation?** | **2** |  | **X** |  |  |
| **5.8** | **Are workers made aware of: right to know, right to participate, working alone or in isolation requirements?** | **2** |  | **X** |  | **X** |
| **5.9** | **Are there regular meetings on safety topics other than safety committee meetings?** | **1** |  | **X** |  | **X** |
| **5.10** | **Are meetings tracked by management?** | **1** |  | **X** |  |  |
| **5.11(a)** | **Are safe work practices/procedures available at the workplace?** | **1** |  | **X** |  |  |
| **5.11(b)** |  **Are the workers aware of them?**  | **1** |  |  |  | **X** |
| **5.12** | **Are safe work practices/procedures discussed during orientation?** | **1** |  | **X** |  |  |
| **5.13** | **Are workers involved in development of safe work practices/procedures?** | **2** |  | **X** |  | **X** |
| **5.14** | **Is PPE discussed during orientation?** | **1** |  | **X** |  |  |
| **5.15** | **Is there a discipline procedure in place?** | **1** |  | **X** |  |  |
| **Minimum points required: 12** | **21** |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractors Evaluation Summary

|  |  |  |  |
| --- | --- | --- | --- |
| SECTIONS | MINIMUM POINTS \* | POSSIBLE POINTS | POINTS EARNED |
| Section 1Safety & Health Policy – Responsibilities  | 8 | 15 |  |
| Section 2Hazard Identification – Emergency Preparedness | 16 | 30 |  |
| Section 3Workplace Safety Inspections | 5 | 9 |  |
| Section 4Incident Reporting and Investigation | 10 | 18 |  |
| Section 5Training – Safety Meetings – Personal Protective Equipment | 12 | 21 |  |
| **EVALUATION SCORE** | **----** | **93** |  |
| **Total score possible 93 - Points not applicable (N/A) = \_\_\_ Total points possible.\_\_\_Total points scored =.\_\_\_ Divided By Total Points Possible X 100 = Total score \_\_\_\_%****A TOTAL SCORE OF 70% OR BETTER INDICATES AN ACCEPTABLE SAFETY PROGRAM (assuming that minimum points were obtained for each section).** |

***\* The minimum number of points required to pass each section. A failure in any section indicates an unacceptable safety program regardless of the total score.***

**Company Representative**

 **Name (Print) Signature**

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 **Evaluator (Print) Signature**

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**Interview Questions**

|  |
| --- |
| **Managers and Supervisors** |
| **Number of interviews? (Circle) 1 2 3 4 5 6 7 8 9 10** |
| **Question #** |  | **Positive** | **Negative** |
| **1** | **1.1** | **In your own words, what does your Safety & Health Policy say?** |  |  |
| **2** | **1.6** | **Is this policy reviewed during new hire orientations?** |  |  |
| **3** | **1.7** | **What are the safety responsibilities of sub-contractors and other workers at your work site?** |  |  |
| **4** | **1.8** | **During orientation will subcontractors be told to followsafe work practices/procedures?** |  |  |
| **5** | **2.1** | **Are jobsite hazards assessments being completed?** |  |  |
| **6** | **2.2** | **Do jobsite hazard assessments involve supervisors, workers and safety committees/safety reps?** |  |  |
| **7** | **2.3** | **Are hazards identified at a job site dealt with?** |  |  |
| **8** | **2.4** | **When hazards have been dealt with~~,~~ are the resolutions discussed with workers?** |  |  |
| **9** | **2.7** | **What is the plan or procedure to deal with emergencies at the workplace?**  |  |  |
| **10** | **2.9** | **How often are emergency response drills conducted?** |  |  |
| **11** | **2.11** | **Is emergency equipment maintained?** |  |  |
| **12** | **3.2** | **How often are safety inspections conducted at the worksite?** |  |  |
| **13** | **3.4** | **Are the items identified during safety inspections at the work site addressed in a timely fashion?** |  |  |
| **14** | **3.5** | **Are workers, safety committees/safety reps involved in inspections?** |  |  |
| **15** | **3.6** | **Are subcontractors involved in these inspections?** |  |  |
| **16** | **4.3** | **Are all incidents reported?** |  |  |
| **17** | **4.4** | **Are all workers told of their right to refuse unsafe work?** |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Managers and Supervisors Cont.**

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| --- | --- | --- |
|  | **Positive** | **Negative** |
| **18** | **4.5** | **Are all incidents investigated as soon as possible?** |  |  |
| **19** | **4.7** | **Are incidents reviewed with workers?**  |  |  |
| **20** | **4.8** | **Are workers encouraged to participate in incident investigations?** |  |  |
| **21** | **5.4** | **Does this company encourage on going training?** |  |  |
| **22** | **5.6** | **Does a safety orientation take place before work commences?** |  |  |
| **23** | **5.8** | **What are a worker's rights under Manitoba safety legislation?** |  |  |
| **24** | **5.9** | **Are there regular meetings on safety topics other than safety committee meetings?** |  |  |
| **25** | **--** | **Question to workers only** |  |  |
| **26** | **5.13** | **Are workers involved with the development of a safe work practices/ procedures?** |  |  |

**Interview Questions**

|  |
| --- |
| **Workers** |
| **Number of interviews? (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14** |
| **Question #** |  | **Positive** | **Negative** |
| **1** | **1.1** | **In your own words, what does your Safety & Health Policy say?** |  |  |
| **2** | **1.6** | **Was this policy reviewed during your orientation?** |  |  |
| **3** | **1.7** | **What is your safety responsibility at the work site?** |  |  |
| **4** | **1.8** | **Are sub-contractors oriented so that they are aware of your worksite safety procedures?** |  |  |
| **5** | **2.1** | **Are jobsite hazards assessments being completed?** |  |  |
| **6** | **2.2** | **Are workers involved in jobsite hazard assessments?** |  |  |
| **7** | **2.3** | **Are identified hazards corrected or controls put in place?** |  |  |
| **8** | **2.4** | **Are these hazards and controls identified and discussed with you?** |  |  |
| **9** | **2.7** | **What is the plan or procedure to deal with emergencies at the workplace?** |  |  |
| **10** | **2.9** | **How often are emergency response drills conducted?** |  |  |
| **11** | **2.11** | **Is emergency equipment maintained?** |  |  |
| **12** | **3.2** | **How often are safety inspections conducted at the worksite?** |  |  |
| **13** | **3.4** | **Are the items identified in the work site inspection addressed in a timely fashion?** |  |  |
| **14** | **3.5** | **Are workers involved in these inspections?** |  |  |
| **15** | **3.6** | **Are sub-contractors involved in these inspections?** |  |  |
| **16** | **4.3** | **Are all incidents reported?**  |  |  |
| **17** | **4.4** | **Have you been told of your “Right to refuse unsafe work”?** |  |  |
| **18** | **4.5** | **Are all incidents investigated as soon as possible?** |  |  |
| **19** | **4.7** | **Are incidents reviewed with workers?**  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workers Cont.**

|  |  |  |
| --- | --- | --- |
|  | **Positive** | **Negative** |
| **20** | **4.8** | **Are workers encouraged to participate in incident investigations?** |  |  |
| **21** | **5.4** | **Does this company encourage ongoing training?**  |  |  |
| **22** | **5.6** | **Did you receive a safety orientation before you started work?** |  |  |
| **23** | **5.8** | **What are your rights as a worker under Manitoba safety legislation?** |  |  |
| **24** | **5.9** | **Are there regular meetings on safety topics other than safety committee meetings?** |  |  |
| **25** | **5.11** | **Are you aware of the company's safe work practices/procedures?** |  |  |
| **26** | **5.13** | **Are workers involved with the development of safe work practices/procedures?** |  |  |

**Interview Tabulation Sheet**

**Number of Managers/Supervisors interviewed: \_\_\_\_\_\_\_\_\_ Workers: \_\_\_\_\_\_\_\_\_**

**Place check mark in the appropriate box from interview response.**

**The number of positive responses must exceed the number of negative responses to receive score.**

**Note: Question 25 is only used for worker interviews.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question Number** | **Management/Supervisors** | **Workers** | **Do total positive responses exceed total negative responses?** |
| **Positive Responses** | **Negative Responses** | **Positive Responses** | **Negative Responses** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |
| **15** |  |  |  |  |  |
| **16** |  |  |  |  |  |
| **17** |  |  |  |  |  |
| **18** |  |  |  |  |  |
| **19** |  |  |  |  |  |
| **20** |  |  |  |  |  |
| **21** |  |  |  |  |  |
| **22** |  |  |  |  |  |
| **23** |  |  |  |  |  |
| **24** |  |  |  |  |  |
| **25** | Not Applicable | Not Applicable |  |  |  |
| **26** |  |  |  |  |  |