

#### **SAFE ADVANTAGE • MANAGEMENT PRACTICES QUESTIONNAIRE**

The Management Practices Questionnaire evaluates employers' commitment to workplace safety and claims management under the Northwest Territories and Nunavut Workers' Compensation Acts, Safety Acts, and Mine Health and Safety Acts, and related regulations. Safe Advantage employers must complete and submit both sections of the Management Practices Questionnaire each year. Submissions must be received by the WSCC by Friday, March 30, 2018.

If you do not submit, you automatically forfeit any refund, or risk an additional Management Practices Penalty. To remain eligible for a potential refund, and avoid a potential penalty, you must score a minimum of 70% on both the Prevention and Return to Work/Claims Management sections of the questionnaire. Contact the WSCC Safe Advantage Specialist with any questions or concerns toll free at 1-800-661-0792, or at 1-867-920-3888. Email or fax questionnaire to safeadvantage@wscc.nt.ca or 1-866-277-3677.

Employer Number: Employer Name	: (Please print)			
Address:				
City:	Provinc	e:		Postal Code:
Forms Completed By:	Contact Number:	Ext.:	Email Address:	
Prevention Contact (if different from above):	Contact Number:	Ext.:	Email Address:	
Return to Work Contact (if different from above):	Contact Number:	Ext.:	Email Address:	

The WSCC verifies questionnaire results as part of the Safe Advantage process. Verification may include, but is not limited to, on site visit, document verification, employee and management interviews. All information will be based on material covered in the Management Practices Questionnaire. The WSCC usually completes Questionnaire verification on a three-year cycle, although it may verify Questionnaire responses at any time.

If your organization is certified by a WSCC approved external audit program, you may choose to submit a proof of certification in lieu of the questionnaire. The WSCC currently accepts Northern Safety Association COR, OHSAS 18001 (Section 1 only).

The WSCC is reviewing other external audits for an equivalency. If you participate in a third party audit that has not been listed, please provide the name and auditing organization and it will be considered for review in the next Safe Advantage program year.

#### SECTION ONE: PREVENTION (This section evaluates your safety management practices.)

You must answer "Yes" to at least nine out of the 12 rated questions. This includes answering "Yes" to all the sub-questions. N/A only applies to questions one and eleven, if it is N/A provide full explanation.

#### **Injury Reporting**

1.	Is there a procedure in place, and posted for all to see, to report workplace incidents of a serious nature (to the WSCC Chief Safety Officer, as per the NWT and NU Safety Acts), and/or dangerous occurrences and reportable injuries (to the WSCC Chief Inspector of Mines, as per the NWT and NU Mine Health and Safety Acts)? (N/A relates only to federally regulated employers)	Yes	No	N/A
Not	tes:			

#### **OHS Program**

2.	Is there an OHS policy that:		
i.	outlines the employer's commitment to health and safety;	Yes	No
ii.	outlines health and safety program objectives;	Yes	No
iii.	outlines employer, supervisor, and worker responsibilities;	Yes	No
iv.	is easily available to all workers;	Yes	No
V.	receives regular review and update, as required or at least every three years; and	Yes	No
vi.	the highest ranking official signs?	Yes	No
No	tes:		

3.	Do you have an OHS program specific to your work site	e(s) that:		Em	·		
i.	is written and available to workers;	Yes	No	6.	Do you have an Emergency Response Plan and procedures to follow during an emergency specific to		
ii.	states responsibilities of the employer, supervisors, and workers;	Yes	No		your work site(s) that:		
iii.	identifies worker participation in OHS activities;	Yes	No	i.  ii.	is accessible to everyone at the worksite; identifies responsibilities;	Yes	No No
iv.	is shared with all workers (e.g., tailgate, toolbox or safety meetings); and	Yes	No	iii.	identifies the location of first aid	Yes	Ne
v.	receives update at least every three years to ensure it is effective, and recommended updates are implemented in a timely manner?	Yes	No	īv.	facilities and emergency equipment; lists current emergency contacts; and	Yes	Ne
N	otes:			v.	you review and update as required or at least every three years?  otes:	Yes	Ne
ОН	S Program Elements-OHS Committee						
4.	As defined in Legislation, is there a functional OHS Con that: (if less than 20 people on site, please comment be	elow)					
i. —	has worker and Employer Representation; and	Yes	No	Haz	zard Recognition Program		
ii.	participates in all OHS Committee activities (e.g. meetings, inspections, work refusals, investigations)?	Yes	No	7. i.	Is there a hazard recognition program that: identifies work site hazards;	Yes	Ne
N	lotes:			ii.	identifies corrective actions;	Yes	Ne
				iii.	identifies required personal protection equipment; and	Yes	No
				iv.	you communicate to all workers and contractors?	Yes	Ne
				Ne	otes:		
				No	otes:		
OH	S Program Elements-Investigations  Do incident investigation procedures state how to con	duct		No	otes:		
5.	Do incident investigation procedures state how to con investigations and prepare a written report that:	duct	No		vention Maintenance Program		
	Do incident investigation procedures state how to con investigations and prepare a written report that:  identifies the unsafe conditions, acts, or procedures that contributed to the incident; and identifies corrective actions, and states the		No No				
<b>5.</b> i.	Do incident investigation procedures state how to con investigations and prepare a written report that:  identifies the unsafe conditions, acts, or procedures that contributed to the incident; and identifies corrective actions, and states the employer's timely implementation and follow up to ensure appropriate correction actions are	Yes		Pre	vention Maintenance Program  Is there a preventive maintenance program at the worl that addresses equipment and tools that require moni		Ne
5. i. ii.	Do incident investigation procedures state how to con investigations and prepare a written report that:  identifies the unsafe conditions, acts, or procedures that contributed to the incident; and  identifies corrective actions, and states the employer's timely implementation and follow up to ensure appropriate correction actions are taken?	Yes		Pre 8.	vention Maintenance Program  Is there a preventive maintenance program at the word that addresses equipment and tools that require monit periodic checks, and maintenance that:  meets manufacturer and regulatory standards;  includes inspection records; and	toring,	Ne Ne
5. i. ii.	Do incident investigation procedures state how to con investigations and prepare a written report that:  identifies the unsafe conditions, acts, or procedures that contributed to the incident; and identifies corrective actions, and states the employer's timely implementation and follow up to ensure appropriate correction actions are	Yes		Pre 8.	vention Maintenance Program  Is there a preventive maintenance program at the worl that addresses equipment and tools that require moniperiodic checks, and maintenance that:  meets manufacturer and regulatory standards;	Yes	

**Emergency Response Plan** 

Employer Number: \_\_\_

#### **Supervisor Training**

9.	Have supervisors received training on their duties that includes:		
i.	OHS program applicable to the work site(s);	Yes	No
ii.	workers receiving orientation and training with safe work procedures;	Yes	No
iii.	safe handling, use, storage, production, and disposal of hazardous substances;	Yes	No
iv.	need for, and safe use of, personal protective equipment; and	Yes	No
v.	Act(s) and regulations?	Yes	No

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	Notes:				
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#### **Worker Orientation**

10.	Is there an OHS orientation for workers that covers the
	following topics:

i.	rights and responsibilities;	Yes	No
ii.	emergency response;	Yes	No
iii.	workplace hazards; and	Yes	No
iv.	first aid and injury reporting?	Yes	No

Notes:	
Notes.	

#### **Contractor Orientation**

11. Is there an OHS orientation for contractors who perform work at your work site(s) that covers (N/A relates only to employers that have no contractors that come on work site(s)):

i.	emergency response;	Yes	No	N/A
ii.	workplace hazardous; and	Yes	No	N/A
iii.	first aid and injury reporting?	Yes	No	N/A

Notes:	

#### **Training-Records**

12.	Is there documented OHS training that:		
i.	includes procedures and policies;	Yes	No
ii.	includes safe work procedures that control hazards (e.g. lock/tag-out. ergonomics);	Yes	No
iii.	all new employees must take prior to beginning work, re-assignment, transfer or when they change jobs or duties; and	Yes	No
iv.	covers introductions to new equipment, processes and procedures?	Yes	No

Notes:	

#### SECTION TWO: Return to Work/Claims Management (This section evaluates your return to work [RTW] programs.)

You must answer "Yes" to at least eight of the 11 rated questions. This includes answering "Yes" to all the sub-questions.

Inju	ıry Reporting			Dev	eloping RTW Plan		
1.	report workplace injuries to the WSCC:			and worker participate together to identify and	Is there procedure that outlines how the employer and worker participate together to identify and document meaningful and suitable modified work		No
i.	that meets the employer's legal requirements? (Refer to Section 18 of the Northwest Territories and Nunavut Workers' Compensation Acts.)	Yes	No		that may include: functional abilities, job duties, work schedules and skills?		
ii.	that outlines the steps a worker and employer must take for injury reporting, including completing and submitting Worker's Report of Injury and Employer's Report of Injury form?	Yes	No	No	otes:		
No	otes:						
				Mor	nitoring RTW		
RTV	V Policy			5.	Is there a procedure in place that designates a person to manage injured worker claims and maintains contact with WSCC Claims Services, while injured worker:		
2.	Is there a Return to Work (RTW) policy that:			i.	is participating in a RTW plan;	Yes	No
i.	outlines the employer's objectives and commitment to collaborate with workers for safe, timely, and productive RTW;	Yes	No	ii. iii.	is off work; and is transitioning back to work?	Yes	No
ii.	is easily available to all workers;	Yes	No			163	
iii.	receives regular review and update, as required or at least every three years; and	Yes	No	No	otes:		
iv.	the highest current ranking official signs?	Yes	No				
					Is there a procedure for monitoring RTW plans that		
				6.	covers the following topics:		
				i.	regular check-ins with the worker;	Yes	No
<u>Ме</u>	Is there a procedure in place and posted for all to see that outlines the steps a worker and employer	Yes	No	ii.	communication of any progress, and addresses concerns identified by the injured worker, employer, and the WSCC?	Yes	No
	must take when a worker requires first aid or medical aid as a result of a workplace injury?			No	otes:		
No	otes:						

#### Communication

7.	Is there a procedure in place that outlines how and
•	when an employer contacts injured workers and the
	WSCC Claims Services:

i.	before the injured worker returns to work;	Yes	No
ii.	after the injured worker returns to work;	Yes	No
iii.	that clearly documents all communication (e.g. method of contact, detail summary, actions, and follow up); and	Yes	No

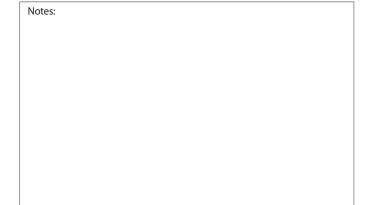
iv. that provides updates to the WSCC on a regular basis, (i.e. every two weeks)?



#### **Training**

8.	Is there a documented RTW orientation for workers
•	that covers the following topics:

i.	benefits of RTW;	Yes	No
ii.	reporting workplace injuries;	Yes	No
iii.	who to contact for RTW information; and	Yes	No
iv.	roles and responsibilities?	Yes	No



#### **Supervisory Training**

9.	Is there a documented RTW education program for supervisors that covers the following topics:		
i.	injury reporting requirements;	Yes	No
ii.	identifying suitable work and developing RTW plans;	Yes	No
iii.	monitoring RTW plans; and	Yes	No
iv.	communicating with the worker and WSCC Claims Services?	Yes	No

Notes:			

#### **RTW Plan**

## 10. Do supervisors, managers, workers, and/or RTW coordinator/committee sign off on personalized RTW plans that include:

i.	limitations and restrictions;	Yes	No
ii.	job duties, modifications;	Yes	No
iii.	monitoring and follow-up schedule; and	Yes	No
iv.	an action for addressing concerns?	Yes	No

Notes:			

11. Do you review your RTW program as required or at least every three years, to ensure it is effective and actions receive corrections?

Notes:

### **Submit**

# FOR OFFICE USE ONLY YY MM DD Date Received Employer Number Reviewed by: (Signature)

Prevention			
	Score	Marks	Chief Safety Officer/Chief Inspector of Mines:

Return To Work			
	Score	Marks	Manager, Claims Services: