



<b>3.</b>	Do you have an OHS program specific to your work site(s) that:		
i.	is written and available to workers;	<b>Yes</b>	<b>No</b>
ii.	states responsibilities of the employer, supervisors, and workers;	<b>Yes</b>	<b>No</b>
iii.	identifies worker participation in OHS activities;	<b>Yes</b>	<b>No</b>
iv.	is shared with all workers (e.g., tailgate, toolbox or safety meetings); and	<b>Yes</b>	<b>No</b>
v.	receives update at least every three years to ensure it is effective, and recommended updates are implemented in a timely manner?	<b>Yes</b>	<b>No</b>

Notes:

**OHS Program Elements-OHS Committee**

<b>4.</b>	As defined in Legislation, is there a functional OHS Committee that: (if less than 20 people on site, please comment below)		
i.	has worker and Employer Representation; and	<b>Yes</b>	<b>No</b>
ii.	participates in all OHS Committee activities (e.g. meetings, inspections, work refusals, investigations)?	<b>Yes</b>	<b>No</b>

Notes:

**OHS Program Elements-Investigations**

<b>5.</b>	Do incident investigation procedures state how to conduct investigations and prepare a written report that:		
i.	identifies the unsafe conditions, acts, or procedures that contributed to the incident; and	<b>Yes</b>	<b>No</b>
ii.	identifies corrective actions, and states the employer's timely implementation and follow up to ensure appropriate correction actions are taken?	<b>Yes</b>	<b>No</b>

Notes:

**Emergency Response Plan**

<b>6.</b>	Do you have an Emergency Response Plan and procedures to follow during an emergency specific to your work site(s) that:		
i.	is accessible to everyone at the worksite;	<b>Yes</b>	<b>No</b>
ii.	identifies responsibilities;	<b>Yes</b>	<b>No</b>
iii.	identifies the location of first aid facilities and emergency equipment;	<b>Yes</b>	<b>No</b>
iv.	lists current emergency contacts; and	<b>Yes</b>	<b>No</b>
v.	you review and update as required or at least every three years?	<b>Yes</b>	<b>No</b>

Notes:

**Hazard Recognition Program**

<b>7.</b>	Is there a hazard recognition program that:		
i.	identifies work site hazards;	<b>Yes</b>	<b>No</b>
ii.	identifies corrective actions;	<b>Yes</b>	<b>No</b>
iii.	identifies required personal protection equipment; and	<b>Yes</b>	<b>No</b>
iv.	you communicate to all workers and contractors?	<b>Yes</b>	<b>No</b>

Notes:

**Prevention Maintenance Program**

<b>8.</b>	Is there a preventive maintenance program at the work site(s) that addresses equipment and tools that require monitoring, periodic checks, and maintenance that:		
i.	meets manufacturer and regulatory standards;	<b>Yes</b>	<b>No</b>
ii.	includes inspection records; and	<b>Yes</b>	<b>No</b>
iii.	documents completion of corrective actions?	<b>Yes</b>	<b>No</b>

Notes:

### Supervisor Training

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

Notes:

### Worker Orientation

<b>10.</b>	Is there an OHS orientation for workers that covers the following topics:		
i.	rights and responsibilities;	<b>Yes</b>	<b>No</b>
ii.	emergency response;	<b>Yes</b>	<b>No</b>
iii.	workplace hazards; and	<b>Yes</b>	<b>No</b>
iv.	first aid and injury reporting?	<b>Yes</b>	<b>No</b>

Notes:

### Contractor Orientation

<b>11.</b>	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;	<b>Yes</b>	<b>No</b>	<b>N/A</b>
ii.	workplace hazardous; and	<b>Yes</b>	<b>No</b>	<b>N/A</b>
iii.	first aid and injury reporting?	<b>Yes</b>	<b>No</b>	<b>N/A</b>

Notes:

### Training-Records

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

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.

**Injury Reporting**

- 1.** Is there a procedure in place, and posted for all to see, to report workplace injuries to the WSCC:
- |     |   |     |    |
|-----|---|-----|----|
| i.  | that meets the employer's legal requirements? (Refer to Section 18 of the Northwest Territories and Nunavut Workers' Compensation Acts.)  | Yes | No |
| 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 |

Notes:

**RTW Policy**

- 2.** Is there a Return to Work (RTW) policy that:
- |      |   |     |    |
|------|---|-----|----|
| i.   | outlines the employer's objectives and commitment to collaborate with workers for safe, timely, and productive RTW; | Yes | No |
| ii.  | is easily available to all workers;   | Yes | No |
| iii. | receives regular review and update, as required or at least every three years; and                                  | Yes | No |
| iv.  | the highest current ranking official signs?   | Yes | No |

Notes:

**Medical Aid**

- 3.** Is there a procedure in place and posted for all to see that outlines the steps a worker and employer must take when a worker requires first aid or medical aid as a result of a workplace injury?
- |     |    |
|-----|----|
| Yes | No |
|-----|----|

Notes:

**Developing RTW Plan**

- 4.** Is there procedure that outlines how the employer and worker participate together to identify and document meaningful and suitable modified work that may include: functional abilities, job duties, work schedules and skills?
- |     |    |
|-----|----|
| Yes | No |
|-----|----|

Notes:

**Monitoring RTW**

- 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:
- |      |                                 |     |    |
|------|---------------------------------|-----|----|
| i.   | is participating in a RTW plan; | Yes | No |
| ii.  | is off work; and                | Yes | No |
| iii. | is transitioning back to work?  | Yes | No |

Notes:

- 6.** Is there a procedure for monitoring RTW plans that covers the following topics:
- |     |   |     |    |
|-----|---|-----|----|
| i.  | regular check-ins with the worker;  | Yes | No |
| ii. | communication of any progress, and addresses concerns identified by the injured worker, employer, and the WSCC? | Yes | No |

Notes:

### 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)?                                  | Yes | No |

Notes:

### 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 |

Notes:

### 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? Yes No

Notes:

**Submit**

**FOR OFFICE USE ONLY**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YY</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">DD</td> </tr> </table> <p>Date Received</p>	YY	MM	DD	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Employer Number</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Reviewed by: (Signature)</p>
YY	MM	DD			

<b>Prevention</b>			
	Score	Marks	_____ Chief Safety Officer/Chief Inspector of Mines:

<b>Return To Work</b>			
	Score	Marks	_____ Manager, Claims Services: