



WORK SAFE BC

# Forms and checklists

This section includes forms and checklists that you can use to develop, implement, and maintain your health and safety program. These forms can either be printed and filled in, or you can complete the forms on your computer and print out and/or save them.

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# Health and safety program for ranches

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## Use guideline to help prepare your written occupational health and safety program.

You can use the following framework to help you meet the health and safety needs of your ranch. You'll find space below where you can add specific information on safe work procedures, additional training and orientation topics, and first aid and emergency procedures.

### Health and safety policy

*(Name of firm)*

wants its workplace to be a healthy and safe environment. To achieve this, our firm will establish and maintain an occupational health and safety program designed to prevent injuries and disease. The employer is responsible for providing workers with adequate instruction in health and safety and for addressing unsafe situations in a timely, effective manner. All workers and service contractors are required to work safely and to know and follow our company guidelines for safe work procedures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer** responsibilities include the following:

- Establish the health and safety program.
- Conduct an annual review in (month) \_\_\_\_\_ of each year.
- Train supervisors.
- Provide a healthy and safe work environment.

**Supervisor** responsibilities include the following:

- Orient new workers.
- Train workers on an ongoing basis.
- Conduct regular staff safety meetings.
- Perform inspections and investigations.
- Report any health or safety hazards.
- Correct unsafe acts and conditions.

**Worker** responsibilities include the following:

- Learn and follow safe work procedures.
- Correct hazards or report them to supervisors.
- Participate in inspections and investigations where applicable.
- Use personal protective equipment where required.
- Help create a safe workplace by recommending ways to improve the health and safety program.

### **Written safe work procedures**

You need to have written procedures for high-risk or complex tasks. List these high-risk tasks here. A WorkSafeBC prevention officer may be able to advise you on procedures you need to include. For example, you may need written safe work procedures for using special equipment or working alone. List them in the space below.

### **Personal protective equipment (PPE)**

List any PPE required, when it must be used, and where it can be found. For example, workers may be required to wear eye or hearing protection when using certain equipment. List them in the space below.

## **Education and training**

A supervisor will orient new workers immediately upon hiring. Orientation will include the following topics:

- Supervisor name and contact information
- Worker's basic rights and responsibilities, including how to report unsafe conditions and the right to refuse unsafe work
- Safe work procedures specific to the workplace
- Hazards that the worker may be exposed to
- Procedures for working alone, if the worker is required to do so
- PPE the worker will be required to use, and how to maintain and store it
- Where and how to get first aid and report an injury
- WHMIS information for hazardous materials
- Names and contact information for joint health and safety committee members (or the worker representative)
- Other task-specific instruction, as required
- Locations of fire alarms, fire exits, and meeting points
- Locations of fire extinguishers and how to use them

At the end of the orientation, the worker will receive a copy of this program. The employer will make sure that workers receive further training when necessary to ensure the safe performance of their duties. Tailgate meetings are one way to increase safety awareness.

*(For higher-hazard work areas and jobs, orientation in additional topics may be necessary. List these topics here.)*

## Inspections

A supervisor and a worker will conduct regular inspections to identify hazards and recommend ways to eliminate or minimize the risks. Inspections will also look at how work is performed.

Serious hazards or unsafe work practices found during inspections or observed by workers, supervisors, or the employer will be dealt with immediately. Other hazards will be dealt with as soon as possible.

Inspections will be performed on a \_\_\_\_\_ basis.

*(State how often inspections will be performed – typically once a month or at other intervals that prevent the development of unsafe working conditions. It's useful to inspect the workplace before a staff meeting so results can be discussed with staff. You can use the "Inspection Checklist.")*

## Hazardous materials and substances

*(If you use hazardous materials or substances at your workplace, list them here. Also list the location of material safety data sheets and any applicable written safe work procedures.)*

## First Aid

This workplace keeps a (type) \_\_\_\_\_ first aid kit in the (location)

*(Give the name of your first aid attendant if one is required. Also provide ambulance and hospital phone numbers.)*

## Emergency Preparedness

- **Fire** – See the fire plan posted at (location).

Fire extinguishers are located at (list locations).

(Names of employees)

are trained to use them.

- **Earthquake** – An annual inspection will be conducted, focusing on objects that may pose a hazard during an earthquake. The exit and marshalling procedures are the same as for fires. *(Or, if not, note the location of earthquake procedures here.)*

### **Investigating incidents**

A supervisor and a worker must investigate injuries or near misses on the same day they occur. Any incident that results in an injury requiring medical treatment, or that had the potential for causing serious injury, must be investigated immediately. The purpose of an investigation is to find out what went wrong, determine if our health and safety practices were faulty, and, most importantly, recommend actions that will prevent the problem from recurring. *(You can use the “Sample Incident Investigation Report.”)*

### **Records and statistics**

Accurate health and safety records provide an excellent gauge to determine how we are doing. We maintain the following records and review them annually:

- Claims statistics
- First aid records
- Completed inspection lists
- Occurrence investigations
- Material safety data sheets
- WorkSafeBC inspection reports

These records are kept at *(location)*.

Medical records will be handled in a manner that respects confidentiality.

# Annual review of health and safety program

Use this checklist to review the effectiveness of your occupational health and safety program.

## Purpose

The purpose of reviewing your occupational health and safety program is to make sure it's up-to-date and effective. A program review helps identify the strengths and weaknesses of your program and allows you to focus on the areas that need improvement. Involve employees in the review process.

## How to use this checklist

- If you answer “no” to any of these questions, take action to correct the deficiency in your program.
- If you are unsure what a question means, refer to the Occupational Health and Safety Regulation or contact the Prevention Information Line at 604.276.3100 in the Lower Mainland or 1.888.621.7233 (621.SAFE) toll-free in B.C.

Company name:

Date of review:

Conducted by:

Written program	Yes	No
1. Do you have a written program?		
2. Is a copy easily accessible?		
3. Have you posted a copy of your program?		
4. Does your written program include a policy statement?		
5. Does your policy clearly state the responsibilities of:		
- The employer?		
- Managers and supervisors?		
- Workers?		



<b>Safe work procedures</b>	<b>Yes</b>	<b>No</b>
6. Does your written program list all the written safe work procedures that you have developed for your ranch?		
7. Have you reviewed these safe work procedures in the last year?		
8. Have you posted safe work procedures near any hazardous equipment or machinery used on your ranch?		
9. If any employee works alone, have you developed written procedures for safeguarding the worker's well-being?		
10. Have you conducted a risk assessment and developed procedures for preventing violence in the workplace?		
11. Do you have written rules prohibiting horseplay and the use of drugs and alcohol at work?		
12. Do you enforce rules prohibiting horseplay and the use of drugs and alcohol at work?		
13. Do you keep records when you discipline workers for not following these rules?		
<b>Identifying hazards and assessing risks</b>	<b>Yes</b>	<b>No</b>
14. Do you have a method of identifying hazards?		
15. When hazards have been identified, do you conduct a risk assessment to help determine the best way to eliminate or control the risks?		
<b>Education and training</b>	<b>Yes</b>	<b>No</b>
16. Does your orientation of new workers include information and instruction on your health and safety program?		
17. Does your orientation of new workers include training on the safe work procedures used at your ranch?		
18. Do you inform new workers about work rules prohibiting horseplay and the use of alcohol and drugs at work?		
19. Have you observed workers to determine if they need refresher training in safe work procedures?		
20. Did you provide instruction and training for any new procedures, processes, equipment, or machinery that you introduced in the last year?		
21. Have supervisors and workers received training on how to conduct safety inspections and incident investigations?		

<b>Safety inspections</b>	<b>Yes</b>	<b>No</b>
22. Do you inspect your workplace regularly?		
23. Do a supervisor and a worker conduct the inspection?		
24. Do you observe workers during inspections?		
25. Do you have a method of reporting hazards between inspections?		
26. Do you have a system for rating hazards?		
27. Do you discuss the results of inspections at monthly safety meetings?		
28. Do you have a system of following up on identified hazards to ensure they have been corrected?		
<b>Hazardous materials</b>	<b>Yes</b>	<b>No</b>
29. Do you have an inventory of controlled products used in your workplace?		
30. Does each controlled product have a corresponding MSDS?		
31. Are MSDSs readily available to workers, and do workers know where to get them?		
32. Do you have a way to check that new controlled products include MSDSs?		
33. Do workers understand how to read MSDSs and know what they mean?		
34. Do you check all controlled products for supplier labels when received?		
35. Are decanted products labelled?		
36. Are labels legible?		
37. Do workers know what hazardous materials are used at your ranch?		
38. Do workers know how to handle, store, and dispose of hazardous materials safely?		
<b>Investigating incidents</b>	<b>Yes</b>	<b>No</b>
39. Do you have a method for workers to report accidents and near misses?		
40. Do you investigate all accidents and near misses?		
41. Do you focus on finding the root causes during incident investigations?		
42. Do you take recommended corrective action identified during investigations?		

<b>First aid</b>	<b>Yes</b>	<b>No</b>
43. Have you confirmed that all workers know the location of the first aid kit?		
44. Do workers know who the first aid attendant is, how to contact first aid, and how to get help in emergencies?		
45. Have you instructed workers to report all injuries?		
46. Do you record all injuries?		
<b>Records and statistics</b>	<b>Yes</b>	<b>No</b>
47. Do you keep records of the following?		
- Orientation of new workers		
- Education and training		
- Injuries and other incidents		
- Inspection reports		
- Incident investigation reports		
- Monthly health and safety meetings		
48. Do you review accident statistics to see if trends are developing?		
<b>Monthly meetings</b>	<b>Yes</b>	<b>No</b>
49. Do you hold monthly safety meetings?		
50. Do workers attend most of these meetings?		
51. Do you include an educational topic on your agenda?		

# New worker orientation checklist

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Use this checklist when you are training new workers.

Employee name:

Position (tasks):

Date hired:

Date of orientation:

Person providing orientation (name and position):

Company name:

Topic	Initials (trainer)	Initials (worker)	Comments
1. Supervisor name: Telephone #:			
2. Rights and responsibilities (a) General duties of employers, workers, and supervisors			
(b) Worker right to refuse unsafe work and procedure for doing so			
(c) Worker responsibility to report hazards and procedure for doing so			

Topic	Initials (trainer)	Initials (worker)	Comments
3. Workplace health and safety rules (a)  (b)  (c)  (d)  (e)			
4. Known hazards and how to deal with them (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)			

Topic	Initials (trainer)	Initials (worker)	Comments
5. Safe work procedures for carrying out tasks (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)			
6. Procedures for working alone or in isolation			
7. Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations			

Topic	Initials (trainer)	Initials (worker)	Comments
8. Personal protective equipment (PPE) – what to use, when to use it, where to find it, and how to care for it (a)  (b)  (c)  (d)  (e)  (f)			
9. First aid (a) First aid attendant name and contact information			
(b) Locations of first aid kits and eye wash facilities			
(c) How to report an illness, injury, or other accident (including near misses)			

Topic	Initials (trainer)	Initials (worker)	Comments
10. Emergency procedures (a) Locations of emergency exits and meeting points			
(b) Locations of fire extinguishers and fire alarms			
(c) How to use fire extinguishers			
(d) What to do in an emergency situation			
11. Where applicable, basic contents of the occupational health and safety program			
12. Hazardous materials and WHMIS (a) Hazardous materials (controlled products) in the workplace			
(b) Hazards of the controlled products used by the worker			
(c) Purpose and significance of hazard information on product labels			



Topic	Initials (trainer)	Initials (worker)	Comments
13. Where applicable, contact information for the occupational health and safety committee or the worker health and safety representative			

# Inspection checklist

Use this checklist for your regular safety inspections. Go over every aspect of your ranch to identify possible hazards. Add or delete items as necessary for your particular ranch.

Floors and walkways	Yes	No
Are doorways in barns and stables clear of materials or equipment?		
Are floors clean and free of slippery materials, such as manure?		
Are floors kept dry?		
If supplies or materials are stored on the floor, are they away from doors and aisles and stacked no more than three boxes high?		
Other:		
Other:		
Other:		
Other:		
Stairs, ladders, and platforms	Yes	No
Are ladders safe and in good condition?		
Are stair handrails fastened to the wall securely?		
Are stairwells clear of materials and equipment?		
Are stairs and handrails in good condition?		
Are ladders and stairs provided with anti-slip treads?		
Other:		
Other:		
Other:		
Other:		

<b>Walls</b>	<b>Yes</b>	<b>No</b>
Are signs and fixtures securely fastened to the wall?		
Other:		
Other:		
Other:		
Other:		
<b>Lighting</b>	<b>Yes</b>	<b>No</b>
Are lighting levels in work areas adequate?		
Are work areas free of glare or excessive lighting contrast?		
Is task lighting provided in areas of low light or high glare?		
Does emergency lighting work?		
Other:		
Other:		
Other:		
Other:		
<b>Storage</b>	<b>Yes</b>	<b>No</b>
Are supplies and materials stored safely so they will not fall?		
Does your storage layout of feed and hay minimize lifting problems?		
Are trolleys, dollies, and wheelbarrows available to move heavy items?		
Are floors around shelves clear of rubbish?		
Are racks and shelves in good condition?		
Other:		
Other:		
Other:		
Other:		

<b>Electrical</b>	<b>Yes</b>	<b>No</b>
Are electrical cords in good repair?		
Is there clear access to electrical panels and switch gear?		
Are electrical cords secured?		
Are proper plugs used?		
Are plugs, sockets, and switches in good condition?		
Are ground fault circuit interrupters available, if required?		
Are portable power tools in good condition?		
Other:		
Other:		
Other:		
Other:		
<b>Equipment and machinery</b>	<b>Yes</b>	<b>No</b>
Are equipment and machinery kept clean?		
Is the equipment regularly maintained?		
Are operators of all equipment properly trained?		
Are motor start-stop switches clearly marked and in easy reach?		
Is machinery adequately guarded (for example, power takeoffs on tractors)?		
Is there enough work space?		
Are noise levels controlled?		
Are fumes and exhaust controlled?		
Do you have a lockout procedure in place for operational equipment and electrical switch gear?		
Other:		
Other:		
Other:		
Other:		

<b>Ergonomics</b>	<b>Yes</b>	<b>No</b>
Is equipment seating properly adjusted for the operator?		
Are computer display screens positioned at a comfortable viewing level?		
Other:		
Other:		
Other:		
Other:		
<b>Fire safety and security</b>	<b>Yes</b>	<b>No</b>
Are fire extinguishers clearly marked?		
Are fire extinguishers properly installed on walls?		
Have fire extinguishers been inspected within the last year?		
Are workers trained to use fire extinguishers?		
Are flammable liquids properly stored?		
Will space heaters shut off automatically if tipped over?		
Are emergency phone numbers close to phones?		
Are smoke, fire, and burglar alarms in place?		
Are emergency exits clearly marked?		
Are emergency lights in working condition?		
If sprinkler systems are in place, have they been inspected regularly?		
Other:		
Other:		
Other:		
Other:		

<b>Entrances and exits</b>	<b>Yes</b>	<b>No</b>
Is there safe access for workers and visitors?		
Are emergency exits clear of materials or equipment?		
Are emergency exit signs working?		
Are emergency lighting units provided? Are they working?		
Are confined space procedures in place where workers are required to enter a confined space that has been identified and provided with warning signage by the employer?		
Other:		
Other:		
Other:		
Other:		
<b>First aid</b>	<b>Yes</b>	<b>No</b>
Is the first aid kit accessible and clearly labelled?		
Is the first aid kit adequate and complete?		
Is the first aid kit clean and dry?		
Are emergency numbers displayed?		
Do workers know where to go in an emergency and who to call for first aid?		
Are injury report forms readily available (Form 7)?		
Do workers know who the first aid attendant is?		
Other:		
Other:		
Other:		
Other:		

<b>Garbage</b>	<b>Yes</b>	<b>No</b>
Are bins located at suitable points?		
Are bins emptied regularly?		
Other:		
Other:		
Other:		
Other:		
<b>Hazardous materials</b>	<b>Yes</b>	<b>No</b>
Are material safety data sheets (MSDSs) provided for all hazardous materials?		
Are containers clearly labelled?		
Are hazardous materials properly stored?		
Are hazardous materials disposed of properly?		
Other:		
Other:		
Other:		
Other:		
<b>Environment</b>	<b>Yes</b>	<b>No</b>
Is air quality good (i.e., manure management)?		
Are workers protected from the cold or excessive heat?		
Are workers protected from excessive or irritating noise?		
Other:		
Other:		
Other:		
Other:		

General worker questions	Yes	No
Do workers know where to find MSDSs for chemical products?		
Do workers know where to find PPE (for example, gloves or eye protection)?		
Do workers know how to use PPE?		
Do workers use PPE properly?		
Eye/face protection		
Footwear		
Gloves		
Protective clothing		
Aprons		
Respirators		
Other PPE:		
Other PPE:		
Other PPE:		
Other:		
Other:		
Other:		
Other:		



Safe work practices	Yes	No
Do workers use proper manual lifting techniques?		
Are wastes disposed of properly?		
Do workers know the procedures for working alone or in isolation?		
Do workers know how to work safely around livestock?		
Do workers know how to work safely with irrigation?		
Do workers operate tractors and machinery safely, following safe work procedures?		
Other:		
Other:		
Other:		
Other:		

# Inspection report

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Use this form to develop a report for recording the results of your regular workplace inspections.

Company name:

Date:

Inspectors' names:

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

# Form 52E40 – Incident Investigation Report

The Incident Investigation Report is provided to employers for the purpose of document the employer’s investigation into a workplace incident. You can both [complete and submit Form 52E40 on WorksafeBC’s corporate website.](#)

The image displays three overlapping copies of the 'INCIDENT INVESTIGATION REPORT' form (Form 52E40) from WorksafeBC. The forms are arranged in a staggered, overlapping manner, showing the top portion of one, the middle of another, and the bottom of a third. The forms include sections for incident details, witness statements, and investigator information.

**INCIDENT INVESTIGATION REPORT**

This form is provided to employers for the purpose of documenting the employer's investigation into a workplace incident. Please submit a separate report if appropriate.

**Call Centre:** 1-800-673-6228 (TDD) **After hours/health and safety emergency phone line (24/7):** 1-800-673-6228 (TDD) **Text line:** 1-800-673-6228 (TDD)

**For:** All BC employers **Form 52E40 (Rev. 2015)** **WorksafeBC** **1000 West Broadway, Vancouver, BC V6H 3L3**

**Employee name:** \_\_\_\_\_ **Employee number:** \_\_\_\_\_

**Employee head office address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Address where incident occurred:** \_\_\_\_\_

**City/Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Date of incident occurrence:** \_\_\_\_\_ **Time incident occurred:** \_\_\_\_\_

**Report prepared by:** \_\_\_\_\_ **Job title:** \_\_\_\_\_

**Witness statements:** \_\_\_\_\_

**Investigator details:** \_\_\_\_\_

**52E40** **WorksafeBC** **Page 1 of 1**

# Monthly health and safety meeting record

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Use this sheet to record what has been discussed at your monthly health and safety meetings.

Company name:

Date:

Inspectors' names:

## 1. Accidents and other incidents

List all accidents and other incidents that have occurred since your last meeting, or attach copies of incident reports to this record.

## 2. Results of monthly inspection

List all hazards in the table below, or attach a copy of your inspection report to this record.

	Year to date	Previous year
Number of accidents	_____	_____
Number of near misses	_____	_____
Number of WorkSafeBC claims	_____	_____

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

### **3. Education and training**

List new safe work procedures and other matters discussed.

### **4. Other concerns**

List other health and safety concerns discussed.

### **5. Next meeting**

- Date and time of next meeting:
- List any matters that need to be followed up at the next meeting:



# Level 1 first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

Quantity	Items	✓
3	blankets	
24	14 cm x 19 cm wound cleaning towelettes, individually packaged	
60	hand cleansing towelettes, individually packaged	
100	sterile adhesive dressings, assorted sizes, individually packaged	
12	10 cm x 10 cm sterile gauze dressings, individually packaged	
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties	
2	7.5 cm x 4.5 m crepe roller bandages	
1	2.5 cm x 4.5 m adhesive tape	
4	20 cm x 25 cm sterile abdominal dressings, individually packaged	
6	cotton triangular bandages, minimum length of base 1.25 m	
4	safety pins	
1	14 cm stainless steel bandage scissors or universal scissors	
1	11.5 cm stainless steel sliver forceps	
12	cotton tip applicators	
1	pocket mask with a one-way valve and oxygen inlet	
6	pairs of medical gloves (preferably non-latex)	
	first aid records and pen	

# Level 2 first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

**Note:** A Level 3 first aid kit is the same as the Level 2 kit described here, except for the recommended addition of a portable suction unit.

Quantity	Items	✓
3	blankets	
24	14 cm x 19 cm wound cleaning towelettes, individually packaged	
60	hand cleansing towelettes, individually packaged	
150	sterile adhesive dressings, assorted sizes, individually packaged	
12	10 cm x 10 cm sterile gauze dressings, individually packaged	
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties	
10	20 cm x 25 cm sterile abdominal dressings, individually packaged	
12	cotton triangular bandages, minimum length of base 1.25 m	
2	2.5 cm x 4.5 m rolls of adhesive tape	
2	5 cm x 4.5 m rolls of adhesive tape	
6	7.5 cm x 4.5 m crepe roller bandages	
1	500 ml sterile 0.9% sodium chloride solution (saline) in unbreakable container	
1	60 ml of liquid antibacterial soap in unbreakable container	
1	universal scissors	
1	11.5 cm stainless steel sliver forceps	
1	penlight or flashlight with batteries	
1	7.5 cm x 4.5 m esmarch gum rubber bandage	
6	pairs of medical gloves (preferably non-latex)	

Quantity	Items	✓
1	portable oxygen therapy unit consisting of a cylinder (or cylinders) containing compressed oxygen, a pressure regulator, a pressure gauge, a flow meter and a non-rebreathing mask (may be kept in a separate container from the other supplies)	
1	oropharyngeal airway kit (may accompany the portable oxygen therapy unit)	
1	manually operated self-inflating bag-valve mask unit with an oxygen reservoir (may accompany the portable oxygen therapy unit)	
6	patient assessment charts	
1	pocket mask with a one-way valve and oxygen inlet	
1	portable suction unit (recommended for Level 3 first aid kit)	
	first aid records and pen	

# First aid record

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Date of injury or illness:

Time of injury or illness:

Name of person injured:

Time and date reported:

Occupation:

## Description of injury or report of illness

## Nature of injury or illness

## Treatments

Supervisor or first aid attendant signature: \_\_\_\_\_

Patient signature: \_\_\_\_\_

Names of witnesses:

## Referral of case and remarks