**Form 3**

**Completed by:**

* P/VP or Supervisor
* JOHS Worker Rep
* Worker

 **Worker Safety Plan**

|  |  |
| --- | --- |
| **Worker Details:** | **Committee Members Responsible for Plan Creation:** |
| Name of Worker:       | P/VP or Supervisor:       |
| Worksite:       | Worker:       |
| Work Assignment:       | JOHS Worker Rep:       |
| Received First Aid: [ ]  Yes [ ]  NoSaw a Physician: [ ]  Yes [ ]  No | Date:       |
| **Incident Caused by:**[ ]  Student:       | School:       |
| **[ ]** Parent/Guardian:       | Phone number:       |
| **[ ]** Other:       | Phone number:       |
| **Incident Witnessed by:** |
| 1.
 | 1.
 | 1.
 |
| Description of Hazard/Incident: | [ ]  First time occurrence | [ ]  Follow-up to previous occurrence |
|       |
| **Root Cause(s):** |
|       |
| **Corrective Actions to Address Hazard/Incident:** |
| **Action** | **Person** **Responsible** | **Implementation** **Date** | **Status Upon Review** |
| **1.** |       |       |       |       |
| **2.** |       |       |       |       |
| **3.** |       |       |       |       |
| **4.** |       |       |       |       |
| **5.** |       |       |       |       |
| **6.** |       |       |       |       |
|  |  |  |  |  |
| **Committee Member Sign-Off:****P/VP or Supervisor:** **Worker:** **Worker Rep:** | **Scheduled Review Date:**      *-Ensure first review is conducted, 1 month after incident and at the beginning of each school year thereafter**-Please note any review changes to plan on reverse side of this page.* |

**Worker Safety Plan Review**

*(to be completed following the review of the original Worker Safety Plan on reverse of this page)*

|  |  |
| --- | --- |
| **Worker Details:** | **Committee Members Reviewing Safety Plan:** |
| Name of Worker: |       | P/VP or Supervisor: |       |
| Worksite: |       | Worker: |       |
| Work Assignment: |       | JOHS Worker Rep: |       |
|  |  | Review Date: |       |
|  |  |  |  |
| **Original Corrective Actions (OCA) Review:** (*see reverse of this page for OCA’s)* |
|  |
| **OCA****#** | **OCA**Implemented | **OCA****Ongoing** | **Review Notes regarding Status of OCA** | **Person Responsible** |
| **1.** |  |  |       |       |
| **2.** |  |  |       |       |
| **3.** |  |  |       |       |
| **4.** |  |  |       |       |
|  |  |  |  |  |
|  | **Additional Corrective Actions Required:** | **Person Responsible** | **Implementation****Date** | **To be Reviewed on** |
| **1.** |       |       |       |       |
| **2.** |       |       |       |       |
| **3.** |       |       |       |       |
| **4.** |       |       |       |       |
| **5.** |       |       |       |       |
| **6.** |       |       |       |       |

**Additional Notes Relevant to Review:**

|  |  |
| --- | --- |
| **Committee Member Sign-Off** | [ ]  **Plan does not need further revision** |
| **P/VP or Supervisor:**  | [ ]  **Plan requires ongoing monitoring** |
| **Worker:****JOHS Worker Rep:** | [ ]  **Plan was revised, further Review Date scheduled for:**       |
|  | [ ]  **Plan no longer required, as of**       |

**Copies to:**

[ ]  Associate Superintendent (via e-mail) [ ]  P/VP or Supervisor (to be shared with JOHS Committee)

[ ]  HR (cmerner@sd61.bc.ca) [ ]  District Behavioral Consultant (dmarchant@sd61.bc.ca) [ ]  Worker (redacted)

**File this completed form, in a binder, in a secure location in the administrator’s office.**