**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  No  Saw a Physician:  Yes  No | | | Date: | | | | | | |
| **Incident Caused by:**  Student: | | | | | | School: | | | |
| Parent/Guardian: | | | | | | | Phone number: | | |
| Other: | | | | | | | Phone number: | | |
| **Incident Witnessed by:** | | | | | | | | | |
|  | |  | | | | |  | | |
| 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](mailto:cmerner@sd61.bc.ca))  District Behavioral Consultant ([dmarchant@sd61.bc.ca](mailto:dmarchant@sd61.bc.ca))  Worker (redacted)

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