



# **HEALTH AND SAFETY MANUAL**



# City of Charlottetown

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## **Introduction**

The City of Charlottetown is committed to maintaining a safe work environment for all our employees. To achieve this goal, all employees are required to comply with the City of Charlottetown Health & Safety Procedures as well as Regulations set forth in the Provincial Occupational Health & Safety Regulations and Acts.

Administrative staff are responsible for ensuring that each employee has access to a copy of the Health and Safety Manual. The employee's responsibility is to read the safety manual and sign the form at the back. This form indicates that the employee has reviewed the manual and will abide by all rules and regulations within. The safety manual will be reviewed during each employee orientation to ensure a clear understanding of all relevant policies and procedures. Supervisors will be responsible for the general orientation of any new staff.

Failure to follow policies and procedures will result in discipline up to and including dismissal.

This manual is a guide to the general health & safety procedures at the City of Charlottetown and is intended to ensure the City's compliance with Occupational Health and Safety legislation. It cannot possibly cover all situations that might arise in the course of your work. Instructions and regulations cannot take the place of being constantly alert to the presence of hazards or dangers that may result from unforeseen conditions.



## **Health and Safety Procedure**

### **Vision:**

Our vision is to provide leadership and foster responsible behavior so that environmental, health and safety performance is optimized within the City of Charlottetown.

Our objective is to control our workplace so incidents that have the potential to harm our workers or the environment do not occur.

### **Our Commitment:**

#### **We believe**

That excellence and continuous improvement in environment, health and safety practices are in the best interest of all stakeholders. These practices are developed in consultation and cooperation with our employees. Appropriate resources will be provided to identify, understand and manage risks that could compromise the health and safety of workers or the environment.

#### **We will meet and exceed**

All applicable laws, regulations and other requirements and will communicate our procedures to employees and contractors so that they can share this commitment.

#### **We will incorporate**

Environmental, health and safety considerations into business plans and operating practices.

#### **We will promote**

Sustainable development and respectful use of our natural resources through pollution prevention, minimizing waste, using recycled materials, and will recycle where feasible.

### **Procedure:**

We are committed to providing a safe and healthy place of employment and will comply with all applicable laws, regulations and company policies and procedures to protect people from hazardous and unhealthy conditions.

To achieve this objective, the City of Charlottetown has developed an effective Health and Safety Program which is based on input and commitment from everyone in the organization.


Our Safety Program includes:

- Health and Safety inspections to eliminate potential hazard sources, unsafe practices and to ensure that all employees follow established safety regulations and guidelines;
- Providing the necessary safety training to all employees;
- Providing the necessary personal protective equipment(PPE) as required by Occupational Health and Safety Regulations and corporate procedures;
- Implementing and enforcing safe work practices; and
- Conducting incident and near miss investigations.

We have established Joint Health & Safety Committees throughout the Corporation which consists of representation from both the employer and employees and must meet each month to review business affecting the safety and wellbeing of all employees. It is through this joint effort that we will maintain an incident free work environment.

Apart from the responsibilities of the JH&SC, each of us is expected to correct unsafe conditions and/or practices whenever possible and report them to our supervisors.

**“Nothing you do is worth getting hurt - No job is so urgent that we cannot take time to do it safely”**



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Peter Kelly  
Chief Administrative Officer  
City of Charlottetown



# CHARLOTTETOWN

## City of Charlottetown

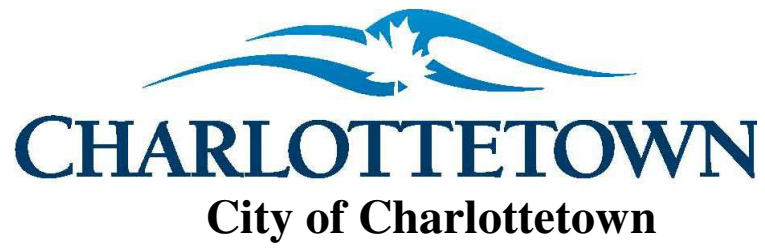
### Joint Health & Safety Committee

- Promote the Corporate Safety Program and a safe working environment.
- Assist in incident investigations and inspections as required.
- Review any serious incident investigation or near miss reports at monthly meetings.
- Assist in identifying or developing safety education programs.
- Review minutes, safety communications, incident investigation reports etc, with their respective area employees.

#### **JH&S Area representatives**

<b>O H &amp; S</b>	(A) Lenny Murphy (902) 940-0983
<b>City Hall:</b>	(A) Frank Quinn (902) 629-4022 (B) Vada Fernandez (902) 629-4109
<b>MacAleer:</b> Utility	(A) Mike Pigott (902) 629-4002 (B) Robbie Howatt (902) 394 3426
Public Works	(A) Blair Kinch (902) 629-6901 (B) <b>Kelly Foote</b> (902) 213 1050
<b>Fire Dept #1: Charlottetown:</b>	(A) Chief Randy MacDonald (902) 629-4081 (B) Spencer Waite (902) 894-3623
<b>Fire Dept #2: Sherwood -</b>	(A) Jamie Quinn Phone (902) 393-9976
<b>Police:</b>	(A) DC Gary McGuigan (902) 629-6617 (B) Ron Kennedy (902) 629-4058
<b>Waste Water Treatment Plant:</b>	(A) Darrell Gauthier (902) 628-6647
<b>Eastlink Center:</b>	(A) Brook Gregory (902) 629-6627
<b>Cody Banks Rink:</b>	(A) John Harper (902) 629-4171
<b>Simmons Rink:</b>	(A) Neil Gallant (902) 629-8247
<b>Simmons/Victoria Park Pool:</b>	(A) Allan Phelan, Dave Rupert. (902) 629-4026





# **Section 1**

## **Assignment of Responsibility**



## **Assignment of Responsibility**

### **Managers**

- To provide information, instruction and assistance to all supervisory staff in order to protect the health and safety of all employees.
- To understand and enforce corporate policies or procedures, as well as the Occupational Health and Safety Act and applicable Regulations.
- To provide all supervisory staff with the proper tools, equipment and personal protective equipment requirements to safely get the job completed.
- To provide ongoing safety education programs and approved first aid training as required.
- To monitor departments and projects and hold them accountable for safety performance.

### **Occupational Health & Safety Officer**

- To develop, administer and sustain an effective Health and Safety Program which will incorporate but is not limited to:
  - Hazard Prevention
  - Loss Control Method
  - Safety Training and Education
  - Safety Policies and Procedures
- To act as a resource to Managers, Supervisors and Employees on all matters related to safety, as well as assist with all other facets of the business when required.

### **Supervisors**

- To know and apply corporate policies, procedures and relevant Occupational Health and Safety Legislation.
- To assist in the orientation of new employees.
- To ensure that all workers are educated to work in a safe manner, that they use the proper personal protective equipment, and follow corporate safety procedures and applicable Occupational Health and Safety Legislation.

- To warn all employees of any potential or actual hazards and advise them on how to isolate, prevent and eliminate hazards.
- To report all incidents and near misses immediately, incident investigations (See Appendices on pages 74 through to page 82 for process overview) as required and develop corrective actions to prevent reoccurrence.
- To carry out regular inspections of the workplace to ensure housekeeping and safety standards are maintained.

### **Employees**

- To read, understand and comply with all corporate procedures, safe operating procedures, work practices, rules and applicable legislation.
- To wear the proper personal protective equipment and clothing required to work safely.
- To notify their supervisor(s) of any unsafe conditions or acts that may be hazardous to the health and safety of themselves or others.
- Report all incidents, no matter how minor they may seem, as soon as possible.
- To take every reasonable precaution to protect the health and safety of themselves as well as others.



## **Section 2**

### **Health and Safety Procedures**



## Harassment Policy

### Policy

The City of Charlottetown, in co-operation with our employees, is committed to providing a harassment free work environment. This policy is intended to prevent harassment of its employees and to deal quickly and effectively with any incident that might occur.

### **Definition of Harassment:**

#### Personal Harassment

Any unwelcome behavior, conduct or talk that is directly offensive and is based on race, color, religion, nationality, origin, age, physical disability, mental disability, marital status or sexual orientation. Any unwanted remarks and behavior that undermine and create intimidating offensive or embarrassing work environment are also indicators of Personal Harassment.

#### Sexual Harassment

Any intolerable comment(s) or conduct of sexual nature that is known, or ought to be known to be unwelcome. It is unsolicited and generally includes offensive comments, gestures, physical contact or request for sexual favors. It can happen just once or it can be an ongoing issue. Sexual harassment can include such things as pinching, patting, rubbing, leering, dirty jokes, pictures, suggestions, innuendos, are requests or demands of a sexual nature.

Any behavior that insults or intimidates is considered harassment if a reasonable person should have known that the behavior was unwelcome.

The Human Rights Code protects everyone within provincial jurisdiction from harassment and other forms of discriminatory action. This could be based on race, religion, sex, marital status, age, physical disability, political opinion, ethnic background, nationality, or social origin.

The City of Charlottetown will not tolerate harassment. All incidents will be held in the strictest confidence and dealt with in a concerned and respectful manner in accordance with the procedure identified in the City of Charlottetown Policy Number: C-HR-5 – Harassment in the Workplace.

Signature: \_\_\_\_\_

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



# CHARLOTTETOWN

## City of Charlottetown

### Personal Protective Equipment Procedure

#### Procedure

The City of Charlottetown ensures that the appropriate Personal Protective Equipment (PPE) is identified and used when required. The intent of this procedure is to identify the basic PPE requirements when on site.

- **Safety Glasses with Side Shields:** Canadian Standards Association (CSA) approved Safety Glasses with side shields must be worn on site and in building areas when required with exception of the offices and lunch room. If you have prescription glasses, you must wear CSA approved prescription safety glasses or appropriate safety glasses that fit over prescription glasses.
- **Hearing Protection:** Use the required hearing protection devices on all work sites where noise levels exceed 80 db.
- **Safety Boots:** A CSA certified safety boots which cover the ankle must be worn on site when required.
- **Full face shields:** Full face shields must be worn when performing whipper snipping and/or any grinding work.
- **Respiratory protection:** Respiratory protection must be worn when required.
- **Safety Vest:** City of Charlottetown approved safety vest must be worn at all times.
- **Hard hats:** CSA approved hard hats must be worn on all construction/work sites and in any area where there is a risk of falling or flying objects, or moving vehicles while working on or adjacent to parking lots, roads, highways, fields and ditches.
- **Fall restraint devices:** When working in excess of 10 Feet above grade or floor level, and the work platform does not have hand rails which prevent the chance of falling, a fall restraint device must be worn.
  - The fall restraint lanyard must restrict the fall to no more than 6 feet.
  - If there is the possibility of a person falling into moving equipment, regardless of height, a fall restraint must be worn.
  - Harness & lanyard are required anytime you are in the basket of a man lift/scissor lift regardless of height. 100% tie off as soon as a person is in the bucket is mandatory.

If you are unsure of the required PPE in your work areas, always check with your supervisor. Inspect all your PPE prior to use to ensure that it is in good condition. If you discover that it is not have it replaced immediately.

There may be cases, depending on the scope of work, where special PPE requirements are needed. If you are unsure of the proper PPE required to complete the task safely, consult with your Supervisor.



## City of Charlottetown

### Contractor Statement of Responsibility

As a contractor performing work for City Of Charlottetown, your company must:

1. Provide documentation that the Contractor has a safety program in place.
2. Read and understand all of City Of Charlottetown rules and safety procedures. All Contractor employees are aware of these rules, policies and procedures and they will be enforced by the Contractor.
3. Provide to the City Of Charlottetown a hazard assessment prior to conducting site activities and follow up with bi-weekly formal inspections.
4. Understand Contractor's responsibility to thoroughly investigate and report all incidents, accidents, and near misses that occur at the job site to City of Charlottetown Job Superintendent both verbally and in writing immediately.
5. Prior to site activities, will provide written documentation of safe work practices and job procedures that will be performed at that job site. All employees must be trained and must use these practices and procedures and be provided an on-site safety orientation.
6. Must provide proof of training for employees who are to perform the required tasks and ensure that their certification is valid.
7. Must submit documentation of MSDS' for all products to be used on the job site prior to commencing site activities. Contractor to provide verification that all employees have certification in WHMIS training.
8. Must provide appropriate first aid supplies and trained first aid personnel as required by the Occupational Health and Safety Act and Regulations. All incidents must be documented and reported to City Of Charlottetown immediately.
9. The City of Charlottetown Occupational Health & Safety Officer must attend Safety Committee Meetings as requested by Job Superintendent.
10. Provide only those tools and equipment that are in safe working condition with all safety devices properly attached at all times.
11. Submit a bi-weekly safety summary, which includes all Daily Toolbox Talks, Weekly Safety Inspections and incident reports to the City Of Charlottetown Job Superintendent Bi-weekly
12. Submit a letter of good standing from the Workers Compensation Board of Prince Edward Island.

**I agree to the terms as outlined and acknowledge my responsibility to adhere to these terms as part of the contract requirements.**

Signature: \_\_\_\_\_

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

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Job Superintendent  
City Of Charlottetown

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## **Accident/Incident Reporting Procedure**

### **General Procedures:**

- An injured employee must immediately report for first aid treatment regardless of severity.
- All incidents sustained at the work place must be reported to your supervisor immediately regardless of severity.
- The Occupational Health & Safety Officer or Supervisor and members of the Joint Health and Safety Committee will investigate the accident and complete an investigation report (See Appendix for sample form). The Supervisor will also complete a “*Form 7*” (Workers Compensation Form) if applicable. If a “*Form 7*” is completed, it must be forwarded to the Occupational Health & Safety Officer who will file the report with Workers Compensation.
- Any damage sustained to company property must be reported to your supervisor. Your supervisor must conduct an investigation and file a report.
- Your supervisor and members of the Joint Health and Safety Committee must review near miss incidents.
- The Joint Health and Safety Committee must review all significant accident/incidents and make recommendations to prevent recurrences.

### **Incident/Injury Classification:**

#### **Incident**

No injuries have been sustained. Property damage may have occurred and the incident must be reported immediately to a supervisor.

#### **First Aid**

Any accident that may include onetime treatment on site for minor scratches, cuts, burns, splinters etc.

#### **Recordable Injury**

Any treatment given by a medical physician including medications that are prescribed.

#### **Restricted Work**

Any occupational injury or illness that results in the employee being unable to perform his/her normal work activity as prescribed by a licensed physician.

#### **Lost Time Accident**

Any occupational injury or illness that results in the employee being unable to work his/her next regularly scheduled shift due to an onsite accident or prolonged exposure.





## **Return to Work Procedure**

### **Procedure:**

The City of Charlottetown is committed to developing and maintaining a safe and healthy workplace. In keeping with this goal, it is our policy to provide a fair and consistent program for the rehabilitation of its temporarily and permanently disabled employees.

An effective Return to Work Program (Workers Compensation and Outside Injury) benefits both the employee and the employer. Examples of those benefits are:

- |           |                                                                                                                                                                                                                        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee: | <ul style="list-style-type: none"><li>• Encourages speedier rehabilitation</li><li>• Reduces time needed to return to full capacity</li><li>• Helps maintain their identity and self-respect</li></ul>                 |
| Employer  | <ul style="list-style-type: none"><li>• Eliminates non-recoverable costs of training new employees</li><li>• Improves and enhances management/employee relationships</li><li>• Reduces costs of compensation</li></ul> |

### **Employee Responsibilities**

- Obtain clearance to return on a Modified Work Program from your immediate Supervisor and Human Resources.
- Stay in touch and communicate with their supervisor on a continuous basis.
- Participate positively and actively in the job tasks assigned as desired by the treating physician, physiotherapist or any other licensed medical professional.
- Participate positively and actively in the job tasks assigned while on the return to work program, including modified work.
- Proactively communicate concerns to effect prompt resolution.
- Maintain contact with Workers Compensation of progress (if a Workers Compensation claim was submitted).

### **Employer Responsibilities**

- Determine, in conjunction with the injured employee's physician and/or Workers Compensation, the capabilities and limitations of the employee. The injured employee must have a medical clearance form completed (See OH&S Officer for information) by a licensed medical practitioner in order to return to work.
- Determine if the employee can return to regular job.
- Determine if the existing job can be modified to accommodate restrictions.

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- Determine if part-time positions are available if employee is unable to manage a full shift.
- Determine if available alternate work is suitable.
- Keep records/documentation of all meetings.

### **Light Duties**

When an employee receives a minor injury on the job and can return to work the same shift but requires light duty for a short period of time, normally, the Supervisor will assign light duty work and must make every effort to accommodate the individual. Light duties must be defined by the attending medical practitioner.

### **Permanent Modified Work**

In some cases, the City of Charlottetown may modify the injured employee's job to accommodate the injury if:

- the employee can do approximately 80% or more of the essential duties of the job.
- the employee requires permanent modified work due to a permanent disability.

If this cannot be achieved, suitable alternate permanent employment may be found or may be created by modifying another suitable job. Suitable is defined as being comparable in the requirement for work experience and education.

### **Steps to Rehabilitation**

1. Injured employee must have a medical clearance from their licensed medical practitioner to return to a modified work program.
2. Suitable modified work will be identified by the City of Charlottetown to ensure that assigned work will not re-injure the employee. The modified work program specialist from the Workers Compensation may be consulted at this stage (if WCB Claim related).
3. Regular contact with the injured employee will be carried out by the employee's Supervisor to review the employee's progress and modification which might help to have the injured employee return to work.
4. The City of Charlottetown will utilize the Workers Compensation Board "vocational rehabilitation caseworker" for any potentially lengthy lost-time injury (4 weeks plus) with input from the injured employee, employer, and treating medical practitioner. This caseworker will develop a formal back-to-work plan which contains specific goals and timeframes.
5. The modified work program will be determined on a case-by-case basis. During this time, the employee's supervisor and Occupational Health and Safety Officer will monitor the injured employee's progress.
6. At the end of the modified work program, the injured employee will return to full regular duties.
7. It is the Supervisor's responsibility to ensure the injured employee only performs the work specified in the modified work program.



## General Rules

1. The possession or consumption of alcohol or illegal drugs on company premises or on any job site is prohibited and **grounds for immediate dismissal**.
2. Smoking is only permitted in designated areas of the work place.
3. Fighting, horseplay, gambling, practical jokes or otherwise interfering with other workers is prohibited.
4. Theft, vandalism or any other abuse or misuse of company/client property is prohibited and grounds for immediate dismissal.
5. All unsafe acts and conditions, including “near misses”, are to be reported to your supervisor and a City of Charlottetown representative immediately.
6. All incidents that result in damage or injury are to be reported to your supervisor and other applicable City of Charlottetown representatives immediately.
7. First aid treatment must be obtained and recorded promptly for any injury.
8. CSA approved hard hats and safety boots must be worn as per the Occupational Health and Safety Act and Regulations on all job sites. Specialized PPE must be worn when the hazard exists or as directed by the supervisor.
9. All work must be carried out in accordance with appropriate safe work practices and job procedures developed by each subcontracting company and/or by City of Charlottetown.
10. Only trained and qualified personnel must use those tools that are in good condition, with all guards and safety devices in place.
11. Every worker must keep his/her work area neat, clean and orderly.
12. Every worker is responsible for the safety of others as well as himself/herself while on any job site.
13. All regulations, guidelines and standards must comply with all applicable Occupational Health and Safety Act and Regulations.
14. Riding on equipment or in the back of trucks is “STRICTLY PROHIBITED”. No person must ride any hook, hoist, or other material handling equipment, which is strictly for handling material, and not specifically designed to carry riders.

15. All subcontractor employees performing work on a job site must be adequately trained and orientated to comply with the safety requirements prior to commencing work at that job site. (Subcontractor must sign Subcontractor Statement of Responsibility)

All rules stipulated herein must be strictly followed. Violation of any rule must result in immediate corrective action and be documented.

Signed:   
Peter Kelly  
Chief Administrative Officer  
City of Charlottetown

Dated: June 15, 2017



## Corrective Discipline Policy (P-HR-6)

### 1.0 Policy Statement

- 1.1 Employees' performance and conduct should contribute to the achievement of the City's goals and objectives. When employees' conduct or performance is unsatisfactory or fails to meet the employer's expectations, corrective action may be taken using progressive discipline. Serious offences may result in immediate suspension or termination.

### 2.0 Scope

- 2.1 This policy applies to all employees. Bargaining unit employees should also consult their respective collective agreement.

### 3.0 Definitions

- 3.1 **Discipline:**  
An action imposed by the employer as a means to alter an employee's inappropriate conduct or poor performance and/or clarify expected conduct or performance.
- 3.2 **Employer:**  
The City of Charlottetown and the Charlottetown Water and Utility
- 3.3 **Personnel file:**  
The official employer file that contains information relevant to individual employees and their employment. There is only one personnel file.
- 3.4 **Progressive Discipline:**  
An increase in severity of disciplinary measures to correct behaviours and to improve an employee's performance and/or conduct to meet the employer's expected standards. The measures may be verbal or written reprimands, suspension or termination. Serious offences may result in immediate suspension or termination.
- 3.5 **Workplace:**  
The location where employees carry out their work duties. This may include, but is not limited to, offices, facilities, vehicles and equipment, or other locations.

## **4.0 Responsibilities**

### **4.1 Employees**

It is the responsibility of employees to:

- ensure they are aware of and fulfill work expectations;
- act in a respectful manner in the performance of their duties and interactions with co-workers, managers, and the public;
- adhere to the employer's procedures; and
- be aware that their off-duty conduct may impact their employment relationship.

### **4.2 Managers**

It is the responsibility of Managers to:

- advise employees of their expectations for conduct and performance;
- manage employees effectively by providing ongoing feedback on work performance and conduct;
- supervise probationary employees and provide direction on corrective action during the probationary period;
- administer the Discipline Policy in consultation with the Human Resource Department;
- comply with collective agreement provisions when administering discipline to bargaining unit employees; and
- maintain appropriate documentation in the employee's personnel file with respect to discipline matters.

### **4.3 Human Resource Department**

It is the responsibility of the Human Resource Department to:

- review and revise the Discipline Policy as appropriate;
- advise and consult with departmental managers in respect of any disciplinary matter
- assist managers to ensure appropriate documentation is maintained in employees' personal files
- provide education and skill development training in the administration of discipline.

## **5.0 Progressive Discipline**

Progressive discipline is the process of using increasingly serious measures to correct behaviours and to improve an employee's performance and/or conduct. The goal of progressive discipline is to communicate the employer's expectations for performance or conduct; to provide appropriate supports when possible; and to afford the employee with the opportunity to improve his/her performance or conduct.

Depending on the mitigating factors, the Department, in consultation with the Human Resource Department, will determine the most appropriate form of disciplinary action in consideration of the employee's performance or misconduct. Serious offences may result in immediate suspension or dismissal without progressing through verbal or written reprimands.

Disciplinary action may be initiated in situations such as, but not limited to, the following:

- if an employee has not satisfactorily met the work requirements;
- if an employee has breached the employer's procedures;
- for inappropriate conduct in the workplace; or
- for off duty conduct that has a detrimental impact on the employment relationship.

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Discipline should be administered as soon as possible after an incident has occurred. In the event that a workplace investigation is required, this should be completed expeditiously. If discipline is recommended upon the conclusion of an investigation, it should be initiated as soon as possible. For bargaining unit employees, the respective collective agreement provisions, including timelines for discipline and entitlement to have a representative present during discipline meetings, must be followed.

In situations in which the Department decides that an employee should be removed from the workplace while an investigation is ongoing, the employee would be removed from the workplace and his/her duties with pay.

When an employee has not met his/her work requirements and/or has demonstrated misconduct and the Department's representatives have reason to believe that the employee's actions may be related to a disability as defined in the *Human Rights Act, 2010*, the Department has an obligation to inquire whether that disability is related to the employee's poor performance or conduct.

## **6.0 Off Duty Conduct**

The employer may administer discipline to employees for off duty conduct if such conduct:

- detrimentally affects the reputation of the employer;
- renders the employee unable to properly discharge his or her employment obligations;
- causes other employees to refuse to or be reluctant to work with that employee;
- inhibits the ability of the employer to effectively manage and direct its operations;
- erodes the employer's trust in the employee to the point that the employment relationship is irreparably damaged.

## **7.0 Steps of Progressive Discipline**

In each of the steps of progressive discipline, an employee should be informed of the following:

- a description of the incident(s), including evidence or the results of any investigation and the date of the incident(s);
- an explanation of why the behaviour is problematic;
- any previous discipline for the same or related conduct;
- the expectations for performance and conduct;
- any supports available to assist the employee to correct the behaviour; and
- the consequences of failing to correct the undesired behaviour.

An employee must be informed by the Manager that he/she is required to attend a meeting regarding discipline. The employee must also be advised that he/she is entitled to be accompanied by a representative of his/her choosing to this meeting.

Written notifications of discipline must be delivered to the employee either in person or by registered or certified mail. The notification would be deemed to be delivered on the date the document was delivered to the person as shown on the confirmation of delivery obtained from Canada Post Corporation or five days following the date that the employer sent the document. For bargaining unit employees, the respective collective agreement provisions must be followed.

Discipline would typically be applied progressively unless the misconduct is of a serious nature that the employer may immediately suspend or terminate the employee. The progressive discipline process normally follows these steps, increasing in severity upon re-occurrences of misconduct or poor performance:

## **8.0 Verbal Reprimand**

An employee may be verbally reprimanded by a Manager as a mechanism to impose discipline.

## **9.0 Written Reprimand**

An employee may be issued a written reprimand as a mechanism to impose discipline by the Manager. Employees must be notified that a copy of the written reprimand will be placed in their personnel file.

## **10.0 Suspension**

An employee may be suspended without pay as a mechanism to impose discipline.

Employees who are suspended without pay are not entitled to receive wages during the period of suspension nor are they permitted to use accumulated leave or overtime or receive payment for a statutory holiday that occurs during the suspension period. When an employee is suspended, leave entitlements will be reduced proportional to the total number of days of suspension in excess of 20 days. The period of suspension over 20 days will not be counted as service for severance pay purposes, but it is not considered to be a break in service.

## **11.0 Termination with cause**

When an employee's misconduct or poor performance is sufficiently serious such that the employment relationship is irreparably damaged, the employer may terminate the employment relationship with cause.

## **12.0 Appeals**

Any employee who is subject to any disciplinary action will have access to applicable grievance or review procedures.

## **13.0 Personnel File**

Written notice of disciplinary action must be added to the employee's personal file by the employee's manager. Any written notice of disciplinary action added to the employee's personal file shall, at the request of the employee, be removed after two years, provided there has not been a recurrence of a similar incident during that period.





## Lockout Procedure

### **Purpose:**

The Safety Lockout Procedure is to be followed when working on any energized equipment. This Procedure is a living document and can be amended or updated at any time in an effort to continually improve our safety. This Procedure is designed to ensure the protection of all persons working on or around any equipment and/or energy source and for the protection of equipment from damage. This Procedure is to be reviewed and used by all employees and contractors working for the City of Charlottetown. It is the responsibility of ALL persons/individuals to follow this Procedure. These policies and procedures are intended to supplement but not replace the regulations set out by the Workers Compensation Board of Prince Edward Island.

### **Policy Statement**

Lockout requirements must be followed whenever there are repairs, construction, maintenance or other work on or around a machine, equipment, process, or system which represents a potential hazard to personal safety or to property. It applies to the positive isolation of all energy sources. It is critical that all sources of energy are identified prior to beginning work on equipment.

When lockout procedures are required, the isolating device must be secured in the inoperative position by the use of a Personal Lock or Gang Lock. Such locks must be marked with lockout tags to identify the person applying them.

### **Definitions**

#### ***“Competent”***

- (a) Qualified, because of such factors as knowledge, training and experience, to do assigned work in a manner that will ensure the health and safety of the persons,
- (b) Knowledgeable about the provisions of the Act and the regulations that apply to the assigned work, and
- (c) Knowledgeable about potential or actual danger to health or safety connected with the assigned work:

#### ***“Energy”***

Energy is defined as the ability to do work. Work is defined as the transfer of energy.

Any energy source (electric, compressed gas, steam, chemical, hydraulic, spring, mechanical, gravity, vacuum, pipeline) which could release or move, injure or endanger an employee must be isolated.

***“Energy Isolating Device”***

A device that prevents the supply of energy to machinery, equipment or specified systems; this may be a switch, circuit breaker, valve or clutch that is designed to have a locking device attached to it.

**NOTE: ELECTRICAL LIMIT SWITCHES, EMERGENCY STOPS AND CHECK VALVES ARE NOT CONSIDERED TO BE ISOLATING DEVICES. YOU CANNOT LOCK OUT BY OPERATING A CONTROL SWITCH.**

***“Isolating”***

Separating a piece of equipment from its source of energy.

***“Lockout”***

The proper installation of a personal lock complete with a correctly completed tag so that isolated and de-energized equipment is safe to work on. Sources of energy are:

- electricity
- steam
- hydraulic
- mechanical
- compressed air/gasses
- gravity
- springs
- vacuum
- chemical
- pipelines
- thermal oil

***“Personal Lock”***

A key-type padlock issued to a person to be used only for locking out energy sources to an inoperative or safe position. The only keys for a personal lock are in the possession of the worker to whom the lock was issued. Additional personal safety locks required (if applicable) will be provided by the Superintendent responsible for that area.

***“Scissors Lock”***

A multi-hole--clamping device which is connected to a lockout point and then the personal locks of more than one employee are applied to the holes in the scissors.

**NOTE: NEVER PUT A PERSONAL LOCK IN THE LAST HOLE OF A SCISSOR, ALWAYS ATTACH ANOTHER SCISSOR AND THEN LOCK THE NEW SCISSOR.**

## **“Zero Energy State”**

No potential for release of energy, whether it be electrical, mechanical, hydraulic, pneumatic, steam, spring etc.

## **Personal Lockout Procedures**

If a worker is going to apply their personal safety lock to a piece of equipment, machinery or process, they must:

1. Call the operator, if applicable, and advise of the intended lockout. Ask the operator to de-energize the equipment from the control room.
2. Isolate the equipment and apply personal safety lock to the isolation point(s), ensuring personal safety locks are properly secured.
3. A test bump of the equipment must be performed to ensure zero energy. All controls must then be placed in the off (de-energized) position.
4. Apply a correctly completed lockout tag to the isolation point(s).
5. Advise the operator that the lock has been applied and ensure that the equipment is in zero energy state.

### **STOP IT – LOCK OUT –TAG OUT – ZERO ENERGY**

6. When the operator receives confirmation the equipment is locked out, they must confirm the control is in the de-energized (off) position.
7. Each person working on a piece of equipment must have their personal safety lock on the Scissor (if applicable). It is in violation of the OH&S Act and Regulations to work under somebody else’s personal lock.
8. Some equipment requires more than one isolation point to be locked out. If at any time you are unsure of what has to be locked out, check with your supervisor
9. After the work is completed, remove your safety lock. If yours is the last lock to be removed from the isolation point *or* if you are designated with powering up disconnects, follow these steps:
  - a. Confirm with the qualified operator that the equipment control console / switching device is in the "off" operating position to prevent a power-up condition once the disconnect is put to the power-up or "on" position.
  - b. Perform a final safety check of the equipment and its operating area to ensure it is clear to operate
  - c. Stand to the disconnect door hinged side clear of any equipment that could operate or is operating.
  - d. At arm’s length and facing away from the disconnect put the disconnect to the power up position using your left hand (Arc Flash protection)
  - e. Advise the operator the work has been completed.

## **Gang Lockout**

If the lockout has multiple isolation points and requires locks in excess of the number of personal locks, the following steps must be followed:

1. Advise the operator that a piece of equipment in their area has to have work completed.
2. Request the operator to stop or de-energize the equipment that is to be locked out.
3. Apply lockout tags to all the isolation points. (Refer to Personal Lockout Procedure above)
4. Place the gang lock key in the safety lock box designated on each lockout board. With a scissors lock, the competent employees who locked out the equipment must apply their personal lock and tag to the scissors lock.
5. A test bump of the equipment must be performed to ensure zero energy. All controls must then be placed in the off (de-energized) position.
6. Additional workers who are required to work on the same equipment, after checking to confirm that the equipment is de-energized and the lockout has been completed by any other person who has the equipment locked out and that there is a scissor in place for additional locks, must apply their personal safety lock to the scissor lock.
7. If at any time locks need to be removed during the gang lockout, the gang lockout process must be restarted (steps 1 through 5).
8. Upon completion of the work, the person removing the last lock from the scissor lock must advise the operator that all safety locks have been removed.

## **Safety Lock Removal**

It is the City of Charlottetown's Procedure to administer and enforce a safe lockout program. In the event that a personal safety lock has been forgotten on a piece of equipment the following steps will be followed:

1. The respective Superintendent is to try and contact the person responsible for the forgotten safety lock(s).
2. If the Superintendent is unsuccessful at contacting the lock owner he will then contact a member of the Joint Health & Safety Committee to assist with the process.
3. The Superintendent will complete an inspection of the equipment with the Joint Health & Safety Committee member to ensure that it would be safe to start the equipment.
4. The Superintendent will complete the Lock Removal Form and then proceed to cut the lock off.
5. The lock removal form and the lock will be forwarded to the Safety Coordinator for the appropriate follow up.

## **Equipment Serviceability Tags**

This section covers the use of “SERVICEABILITY” tags. Serviceability tags are to be used with or without a safety lock to indicate that a piece of equipment is taken out of service for repairs, seasonal shutdowns, or for any other reason EXCEPT safety. “SERVICEABILITY” tags are not to be used in place of a personal lock or gang lock. Any work to be performed on equipment with “Serviceability” tags in place requires proper lock out.

A personal lock is to be used on a serviceability tag when the potential unintended removal of the Serviceability Tag can result in a safety incident. Examples include making a live electrical switch inoperable or ensuring that it maintains a ZERO energy state, or pulling the battery out of an unsafe forklift to render it inoperable.

All fields on the “SERVICEABILITY” tag are to be filled out when applied to a piece of equipment with:

- Reason for equipment being out of service (out of service or out for repair).
- Date and time.
- Printed name

Removal of serviceability tags by anyone other than the person who initially filled it out can be authorized by:

- The tagger
- A Supervisor



## Hot Work Procedure

### Hot Work Permit System

"Hot Work" - includes, but is not limited to: brazing, cutting, grinding, soldering, thawing pipe, torch applied roofing and welding.

Most accidents involving hot work are completely preventable. All management and staff must implement this program consistently as it is an essential component of the overall Health and Safety program. It takes a single incident to cause a significant loss.

When used properly, this system will help to reduce the hazards involved in this type of work and prevent an undesirable catastrophe. Prevention is the key to a safer and hazard free environment.

### Hot Work Permit Program

A Hot Work Permit is required for any operation involving open flames or producing heat and/or sparks. The hot work permit program has two crucial components:

1. Hot Work Supervisor – That person who will oversee all hot work activities. This person may delegate certain duties such as the fire watch activities, to a competent employee, who is knowledgeable regarding Hot Work Procedures and guidelines.
2. Hot Work Permit - At the commencement of each "Hot Work" task, a hot work permit will be issued to the person performing the hot work.

### Sub-Contractors

It is essential that the sub-contractors be oriented on our "Hot Work" Program. Sub-contractors will not be allowed to progress with any hot work until they have reviewed, understood, filled out a Hot Work Permit and have competent persons assigned to the task. The sub-contractor must be provided a copy of the Hot Work Policy and Procedure and they must agree to abide by the provisions thereof. Any contravention or non-compliance with the procedures must result in immediate work stoppage, and/or job termination and potential refusal of further contracts.

### Procedures

- Can hot work be done in the area?
- The Hot Work supervisor must tour the proposed site to confirm there are no obstacles that prevent hot work from taking place (Tour surrounding areas adjoining rooms and areas on the floor above and below).
- Avoid hot work on metal piping and ducts passing through combustible materials. Prohibit hot work in any area where the hazard cannot be eliminated or controlled (i.e. walls, ceiling or floors that have combustible facings or combustible insulation).

1. Authorizing the hot work job.

- The permit is used to authorize the job. It remains under the control of the Hot Work Supervisor who is responsible for ensuring all precautions have been taken.
- The Hot Work Supervisor must direct the hot work personnel performing the work exactly on what the work will involve. Then, the permit is to be displayed prominently at the work area.

If there is no alternative to hot work and the area is fire safe, enforce the precautions on the permit.

This involves several steps:

1. Identify what combustible materials (operations, equipment and building) and flammable liquids are in the immediate and surrounding area.

Then:

- Shut off, drain and purge flammable piping systems.
  - Relocate flammable liquids and combustible materials at least 35 ft. (11 m) away from the hot work area in all directions.
  - Remove lint or dust deposits.
  - Clean up scrap materials from floor and nearby equipment.
  - Look for concealed spaces and openings into adjacent areas and spaces below, adjacent or above.
2. Verify existing automatic fire protection systems remain in service and appoint only qualified personnel to use portable fire equipment.
    - Make sure there are portable fire extinguishers in the immediate area.
    - Advise personnel working in the area of the hot work activity including the location and number of personnel involved.
  3. Ensure a qualified person has been assigned to monitor the hot work area and other areas exposed to stray sparks or heat, including areas not directly visible from the immediate hot work area.
  4. Make sure only qualified employees or qualified contractors do the hot work.
  5. Ensure welding screens and fire retardant tarps are in place where required.
  6. Verify that all hot work equipment is in good repair especially hose attachments.
  7. Make sure all personnel involved with the hot work job know when and how to summon emergency assistance, should it be needed. This should be displayed on backside of hot work permit that is displayed in the immediate area.
  8. Issue the hot work permit to expire at the end of shift or eight hours; whichever is shorter.
  9. Have the person performing the hot work hang the authorized permit in a visible place in the work area.
  10. Verify that Fire Watch is not only monitoring the immediate area but also making periodic checks of adjacent rooms or work locations.
  11. Re-inspect the hot work area and surrounding space at the end of the monitoring period (minimum two hours). If all is safe, sign the permit, remove it from the area, and file in one of the following locations-IDENTIFY.

Fire Watch is a dual role of preventing fire and being ready to respond if one starts. Fire Watch must:

- A) make sure the work area remains free of combustibles
- B) ensure all fire doors are kept closed at all times
- C) stay near the person performing the hot work at all times
- D) monitor the hot work area for a reasonable time (approximately 1 hour) after the work is completed.

Persons designated as Fire Watch should never leave the area, for any reason, unless relieved by a qualified replacement.





## **Section 3**

### **Safe Work Practices**



## Safe Work Practices

### **Power and hand tool use:**

1. Electrical tools must have 3 wire (ground prong) plugs, excluding any tools that provide double insulation.
2. Grinder discs, buffers and grinding stones are only to be used within the manufactures specifications (i.e. do not use the side of a chop saw disc to grind metal.)
3. Stationary grinders must have properly adjusted tool rests.
4. Angle grinders are not to be used without the proper guard in place.
5. On/off switches must be functional and used to power equipment on and off.
6. Saw blades must be designed for the material in which they were designed to cut.
7. Chisels, punches, hammers, wrenches etc. cannot be used unless the striking area is clear of any burrs.
8. Always use the proper tool for the job i.e. using a screwdriver as a punch is not acceptable.
9. All tools must be cleaned after use and properly stored.
10. Any repairs to tools should only be performed by qualified personnel.

### **Welding: (welding curtains and hot work permit for specific places)**

1. Check work area for hazards and remove combustibles from area.
2. Ensure you have the appropriate PPE and that it is in good condition.
  - Welding shield or glasses with a filter rating of #10 or higher
  - Flame retardant work clothing and a leather (or other material that offers equivalent protection) apron or coat
  - Leather gauntlet type gloves and full arm protection
3. Check cables for breaks, cracks or cuts.
4. Check to make sure all connections are secure.
5. Clamp ground cable as close as possible to the area where the welding will occur.
6. If welding on battery powered equipment, make sure that the battery is disconnected to prevent damage.
7. Make sure that the ground cable is not twisted around the whip.
8. Perform welding operation.
9. Clean all tools and equipment and return to proper storage.

## **Use of cutting torch:**

### **Lighting the torch**

1. Purge the hoses.
2. Open acetylene tank valve ½ of a turn.
3. Open the acetylene valve on the torch ¼ turn and adjust the working pressure to 5 psi (this will vary but never increase pressure above 15 psi).
4. Close the acetylene valve on the torch and proceed to open the oxygen valve on the cylinder all the way.
5. Open the oxygen valve on the torch ½ turn.
6. Use the gas regulator screw to adjust the oxygen working pressure to 40 psi.
7. Turn off the oxygen valve on the torch.
8. Reopen the acetylene valve on the torch ¼ turn and light using the proper friction lighter. Under no circumstances should butane lighters be used.
9. Open the oxygen valve on the torch and adjust the flame.

### **Shutting off the torch**

1. Close the oxygen valve on the torch and then the acetylene valve on the torch.
2. Close the oxygen valve on the cylinder and then the acetylene valve on the cylinder.
3. Release any residual pressure remaining between the cylinder and the torch by opening both torch valves.
4. Close both torch valves and return tanks and regulator to the proper storage area.

## **Man lift/Scissor lifts use:**

Anytime work is being performed, warning tape must be erected to ensure pedestrian traffic cannot enter into the area.

### **Pre use inspection**

1. An inspection card must be completed prior to each use. Inspection cards can be obtained from the Shift Supervisor. Completed inspection cards are to be passed into the Shift Supervisor when finished using the lift.
2. If the man lift does not pass the inspection, it must be taken out of service. Obtain a tie-wrap and lockout tag, fill it out and hang it by the controls console. You must also ensure the man lift is rendered inoperable. This can be done by removing the key or disconnecting the battery.
3. Notify the Shift Supervisor of any failed inspection criteria.

### **Operating Precautions**

1. A fall restraint harness must be worn anytime using the man lift even if the basket is not raised.
2. Always stand on the carrying deck, not on the basket rails.
3. Always be aware of your surroundings.
4. If the vehicle is equipped with stabilizing devices, they must be used according to manufactures specifications.

## **Propane Handling:**

1. Always wear rubber gloves when connecting or disconnecting the gas line to a propane tank. Rubber gloves can be obtained from stores.

*Note: Liquefied propane is extremely cold and frostbite may occur if it comes in contact with your skin.*

2. Before disconnecting the gas line to a propane tank:
  - shut off equipment, engine etc.
  - Close the service valve. Use slight hand pressure only; **never** over tighten as it may damage the valve.
3. Disconnect the gas line from the tank by turning the fitting counter - clockwise.

*Note: Hand pressure is all that you should require when undoing the fitting.*

4. Release the tank retaining straps and swing straps away from tank.
5. Handle the propane tank with care and respect. Do not let it drop or allow something to fall on or strike against it. Never leave tank sitting in the shop unattended.
6. Place empty propane tank into the designated storage cart upside down.
7. Pick up a full tank and use the two wheeled hand cart to move it back to the unit.
8. Place tank in the tank cradle of the unit making sure the mounting dowels in the holder are engaged in the receiving holes of the tank.

## **Rigging:**

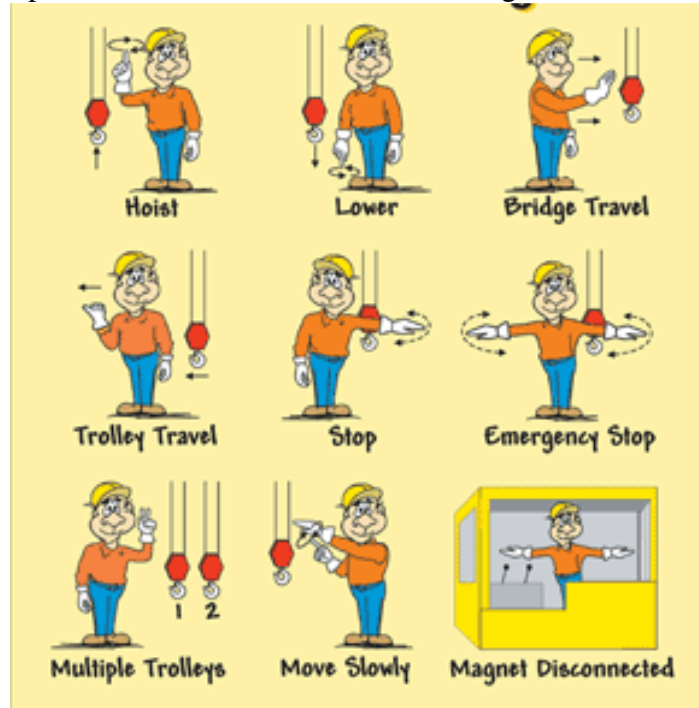
1. Rigging must only be performed by fully trained employees.
2. Inspect work area for pinch points.
3. Ensure you are in view of the crane/lifting device operator.
4. Tag lines must be used to control the object that it being lifted.
5. The object load must be centered.
6. Never stand under a load.
7. Ensure slings, chains, wire chokers and other equipment have been inspected and approved before each use. Damaged or worn slings, chains, etc. must be taken out of service and brought to the Shift Foreman for disposal.
8. Determine the weight and balance of the load and verify that the sling is properly rated for the load weight. Ensure the sling is properly and securely positioned around the load. It may also be necessary to protect the sling from sharp edges. To do this place a sling pad between the sling and the sharp edge securely so it won't move during the lift.
9. When finished lifting return the slings to the proper storage rack.

## **Overhead Crane use:**

1. Cranes must be inspected prior to use. Log books with inspection criteria are provided by the crane stations.
2. A load must not be lowered below a point where less than 2 full wraps of wire rope remain on the hoisting drum.
3. If there is doubt concerning the safety of a crane or hoisting means, the operator must immediately stop the crane and report the concern to the supervisor.
4. In the event of power failure, the operator must place all controllers in the "off" position.

5. When an operator leaves a crane unattended s/he must land any attached load, place the controllers in the “off” position, and open the main switch. Before closing a main switch the operator must make sure all controllers are in the “off” position. The main switch does not need to be opened on a pendant-controlled crane if the crane is left unattended for short periods.
6. An operator must only respond to signals from the employee directing the lift except for an emergency stop signal, which must be obeyed when given from any employee.

The signals given to an operator must conform to the following table:



### **Use of Chainsaw:**

Proper PPE must be worn which includes chaps or chainsaw pants, CSA approved safety glasses, metatarsal guards, and CSA approved steel toe boots and hearing protection.

#### **Inspection**

1. Check the saw for loose, damaged, or broken parts.
2. Check the chain for dents, warps, and other damage.
3. Make sure the chain is sharp and set at the proper tension.
4. Check the condition of guards and shields.
5. Check fuel and chain oil level.
6. Make sure the chain does not move at idle speed.

#### **Starting the Saw**

1. Place the chainsaw on a level surface.
2. Make sure the chain is clear of debris.
3. Apply the chain brake.
4. Hold the rear handle down with the right foot and secure the front handle with the left hand.
5. Pull the starter core with the right hand.
6. NEVER “drop start” a chainsaw.

### **Fire Extinguisher Maintenance:**

1. Fire extinguishers **MUST** be maintained in an operable condition at all times.
2. Each extinguisher **MUST** have an inspection tag attached to it.
3. Plastic seals and pins **MUST** be in place on the extinguisher.
4. If an extinguisher has been used, it is the responsibility of the person having used it to bring it to his supervisor's attention in order that action can be taken to re-charge the unit.
5. **ALL EXTINGUISHERS MUST BE FULLY CHARGED AT ALL TIMES**
6. It **MUST** be the responsibility of the Building Superintendent to appoint an employee to check the fire extinguishers on a monthly basis.
7. The inspector **MUST** be responsible to **CHECK** and **SIGN** all extinguisher tags.
8. The inspector **MUST** record information in the logbook located in the Office.

### **Fall Arrest Procedure:**

1. **All** work 9'-10" or more above the ground **requires the use of** fall arrest equipment.
2. Safety harnesses, lanyards, staging and all other fall arrest equipment must be provided by the City of Charlottetown.
3. Approved scaffolding, scissor lifts and man baskets should be used at all times, where possible when working more than 9'-10" off the ground.
4. When using man baskets, ensure the basket is safely secured to the lifting device.
5. When using personal safety harnesses, ensure the attachment point of the lanyard is above the level of your feet and the lanyard is the correct length.
6. It is the responsibility of **EACH INDIVIDUAL** who will be using the fall arrest equipment to inspect the equipment **EACH TIME** before putting it in use. (See Appendix Page 73 for sample inspection card).
7. In the event an employee finds fall arrest equipment that is damaged, the employee will return the damaged piece of equipment to their supervisor who will provide a replacement.
8. If it is not feasible to move the damaged equipment, the employee must ensure the damaged equipment is inoperable and must notify their supervisor, who will have the equipment replaced and the damaged equipment discarded of in an appropriate manner.

## **Portable Ladders:**

All ladders used will be CSA Class 1 Industrial grade.

1. All ladders must be inspected prior to use.
2. When setting up a ladder make sure the footing is secure and walk the ladder into place.
3. The ladder should be set at the proper angle of one foot horizontal to every four feet of vertical height.
4. The ladder must be secured by either tying it off at the top or by bracing it at the bottom. Both should be used whenever possible.
5. When in position, a portable ladder should protrude at minimum, three feet above the intended landing.
6. Workers must not work from the top three rungs of a ladder.
7. A good rule of thumb when working on a ladder is to keep your belt buckle between the rungs. Reaching any farther toward the side may cause a fall. It is easier and safer to take the time to move the ladder to the appropriate position.
8. Always maintain three point contact and face the ladder.
9. Ladders made from conductive materials must not be used in areas where electricity is present.
10. A fall restraint device must be used when working over 3 meters, measured from the bottom of the boot sole.
11. Ladders are not to be erected on top of boxes, tables, scaffold platforms, or man lift platforms of vehicles.

## **Respiratory Protection:**

### **General**

Respiratory protection falls into two major categories.

- Air Purifying or Particulate
- Atmosphere Supplied

We are primarily concerned with the air purifying type. The second category requires more advanced training and is typically used by Emergency Rescue Teams such as Fireman or Confined Space Rescue personnel.

### **Air Purifying Respirators (APR)**

There are three basic types of APR:

- Particulate (dust mask) – capture particles in the air.
- Gas and Vapor (cartridge) – does not capture particle in the air.
- Combination - Uses both filter and cartridge to remove particulates, gases, and vapors.

### **Limitations of APR**

- Can NOT be used in Immediately Dangerous to Life and Health (IDLH) atmospheres
- Contaminant must have good warning properties

### **Longevity**

The longevity of the respirator will depend on three things:

- Breathing pattern

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- Concentration of airborne contaminant
- Type of airborne contaminant

### **Selection Criteria**

- Contaminants
- Concentration level
- Oxygen level
- Warning properties
- Working conditions

More information regarding APR longevity can be found on the MSDS sheets and supplier fact sheets.

### **Workplace Hazardous Materials Information System (WHMIS):**

*(WHMIS training must be provided by the City of Charlottetown)*

#### **What is WHMIS?**

WHMIS stands for Workplace Hazardous Materials Information System. The WHMIS system was designed to provide information about hazardous materials within the workplace. It is comprised of:

- Symbols
- Warning labels
- Supplier Labels
- Workplace labels
- Material Safety Data Sheets (MSDS)
- Worker education

#### **Supplier**

- Manufacture, import, distribute or sell hazardous materials
- Determine which of their products are controlled products
- Obtain information about their controlled products, prepare and provide this information in the form of labels and material safety data sheets
- Update the information on their controlled products every three years or as soon as there is new information about them









#### **Employer**

- Ensure that all controlled products (purchased, produced on site or decanted) are properly labeled
- Obtain updated material safety data sheets from the supplier or produce them themselves for the controlled products manufactured on site
- Collaborate in the development of a training and information program on the controlled products and ensure that it is updated annually
- Ensure that employees are trained and informed and that the acquired knowledge is put into practice



## Employee

- Participate in the training and information program on controlled products
- Take the necessary steps to protect themselves and their coworkers
- Participate in identifying and eliminating risks

<p><b>CLASS A</b></p>  <p>Compressed Gas</p>	<p><b>CLASS B</b></p>  <p>Flammable and Combustible Material</p>	<p><b>CLASS C</b></p>  <p>Oxidizing Material</p>
 <p>1. Materials Causing Immediate and Serious Toxic Effects</p>	<p><b>CLASS D</b></p>  <p>2. Materials Causing Other Toxic Effects</p>	 <p>3. Biohazardous Infectious Materials</p>
<p><b>CLASS E</b></p>  <p>Corrosive Material</p>	<p><b>CLASS F</b></p>  <p>Dangerously Reactive Material</p>	

WHMIS Classes and Hazard Symbols

<p><b>METHANOL</b> <b>DANGER</b> POISON FLAMMABLE VAPOUR HARMFUL MAY CAUSE BLINDNESS IF SWALLOWED</p> <p>Keep away from heat, sparks and flame. No smoking. Container must be grounded when being emptied. Vapour may travel long distance. Avoid contact with eyes and skin. Do not inhale vapours or mist. Do not take internally. Harmful if absorbed through the skin.</p> <p><b>FIRST AID:</b> In case of contact, immediately flush eyes and skin with plenty of water for at least 15 minutes.</p> <p>If swallowed, induce vomiting by sticking finger down throat, or by giving soapy water to drink. Repeat until vomit is clear.</p> <p>If affected by vapour, move to fresh air.</p> <p>If breathing has stopped, apply artificial respiration.</p> <p><b>GET MEDICAL ATTENTION IMMEDIATELY</b></p>	<p><b>MÉTHANOL</b> <b>DANGER</b> POISON INFLAMMABLE VAPEURS NOCIVES PEUT PROVOQUER LA CÉCITÉ, SI AVALÉ</p> <p>Garder loin de la chaleur, des étincelles et des flammes. Ne pas fumer. Brancher le contenant à une prise de terre avant de le vider de son contenu. Les vapeurs peuvent s'étendre sur de longues distances. Éviter tout contact avec les yeux et la peau. Ne pas respirer les vapeurs. Ne pas absorber. Nocif si absorbé par la peau.</p> <p><b>PREMIERS SOINS:</b> En cas de contact avec les yeux ou la peau, laver à grande eau pendant au moins 15 minutes. Si avalé, provoquer le vomissement en introduisant un doigt dans la gorge ou en faisant absorber de l'eau savonneuse à la victime. Répétez jusqu'à cessation du vomissement.</p> <p>Sortir au grand air, si indisposé par les vapeurs.</p> <p>Si la respiration est interrompue, recourir à la respiration artificielle.</p> <p><b>OBTENIR DES SOINS MÉDICAUX IMMÉDIATS.</b></p>
<p><b>Supplier Label</b></p>	
<p>SEE MATERIAL SAFETY DATA SHEET FOR PRODUCT VOIR FICHE SIGALETIQUE</p>	
<p>ABC Company Anytown, Ontario Telephone 123-4567</p>	



## **Section 4**

### **Emergency Plans**



# **EMERGENCY PLAN**

## **City Hall**



- Directs and receives information from the Floor Emergency Officers and the Deputy Floor Emergency Officers
- Directs occupants to the Charlottetown Hotel collecting area via Fitzroy Street and then through the City Hall/Hotel parking lot unless otherwise advised
- Indicates *All Clear* and return to building when so advised by Fire Department or Police Services
- If unavailable, the above duties to be carried out by *Deputy Chief Building Emergency Officer*

**Deputy Chief Building Emergency Officer:**

- Stationed outside the back door of City Hall (driveway) in a visible location behind Island Optical
- Directs occupants clear of the building to the Charlottetown Hotel collecting area via the City Hall/Hotel parking lot unless otherwise advised
- If unavailable, the above duties to be carried out by the *Alternate Deputy Chief Building Emergency Officer*

**Floor Emergency Officers (one per floor except 2<sup>nd</sup> floor due to Fire Door):**

- If a fire, smoke or gas is reported, the Floor Emergency Officers are first to supervise the immediate evacuation of personnel closest to the fire, then the evacuation of the entire floor
- Contact Fire Department and Chief Building Emergency Officer to give information on the location and size of the fire
- If a fire alarm sounds, fire and smoke doors are to be closed when possible and Floor Emergency Officers are to be responsible for directing traffic
- Floor Emergency Officers are to check that the Monitors are assisting in the evacuation of each person requiring special assistance
- If safe, check all rooms, closets and washrooms to ascertain that the floor has been completely evacuated
- The Floor Emergency Officer is the last to leave the floor and then reports to the Chief Building Emergency Officer that the floor has been fully evacuated
- Supervise search procedures on the floor, if requested by Chief Building Emergency Officer
- Correlates reports of search teams and reports to Chief Building Emergency Office if safe to do so
- Report any missing persons to the Fire Department immediately
- Floor Emergency Officers keep the Chief Building Emergency Officer posted as to the names and location of person requiring special assistance. The Floor Emergency Officers appoint two Monitors to each special needs person and participates with the Monitors and the special needs person in pre-arranging an evacuation plan

**Deputy Floor Emergency Officers:**

- Acts as Floor Emergency Officer if Officer unavailable and assists with the duties and responsibilities of the Officer

**Monitors (work in pairs):**

- Monitors may be appointed during an emergency evacuation as needed
- Assist in the evacuation of persons requiring special assistance
- Assist Floor Emergency Officer, if safe to do so, to check all rooms, closets, washrooms to ascertain that the floor has been completely evacuated
- Accompanies personnel requiring medical assistance to a first-aid post

**Associated Documents:**

Approved Date: June 22, 2012

Reviewed: June 15, 2017

City Hall Building plan with evacuation routes  
Organizational Chart  
Location of Fire Extinguishers  
Bomb Threat Log

### **Evacuation Procedures:**

**Evacuees should be directed to exit City Hall in the direction of Fitzroy Street TO AVOID FIRE VEHICLES EXITING THE FIRE STATION to the designated collecting area (Charlottetown Hotel front entrance) unless advised otherwise.**

**IN CASE OF A BOMB THREAT, DO NOT SOUND THE FIRE ALARM AS THE VIBRATION MAY SET OFF AN EXPLOSIVE DEVICE.**

The most fundamental rule to remember is that during an emergency, **“EMPLOYEE SAFETY MUST TAKE PRECEDENCE OVER ALL OTHER PRIORITIES.”** The majority of fire fatalities are caused by asphyxiation – not bodily burns. It is therefore imperative that EVERYONE knows what to do in case of fire.

#### **All Personnel:**

1. If you discover FIRE, see smoke or smell gas, operate the nearest manual fire alarm station and warn persons nearby in the same area.
2. Call 9 911.
3. Fight the fire using extinguishers ONLY if it is small and not between you and the exit.
4. If you hear the FIRE ALARM bell on your floor, walk briskly, using the nearest safe exit to leave the building. Do not pause to collect personal belongings.
5. Elevators must not be used if there is a fire unless specifically authorized by the Fire Department.
6. All persons requiring special assistance (employees and clients) must identify themselves to the monitors or other available staff member(s) for assistance.
7. Proceed to the designated collecting area at the Charlottetown Hotel front door entrance. Assemble in departmental groups.
8. **Emergency Personnel of the Organization** must carry out their assigned duties with the Floor Fire Emergency Officer assuming full control of all occupants on the floor.
9. Building re-entry will occur only upon instruction of the Fire Department.

#### **Exits:**

Familiarize yourself with your nearest exits. Throughout the building there are red exit lights denoting the exits.

#### **Manual Fire Alarm Stations:**

These are colored red and located near Exit Doors. To sound an alarm, pull the red handle. This operates a fire alarm in the building and contacts the Fire Department.

Approved Date: June 22, 2012

Reviewed: June 15, 2017

**IN CASE OF A BOMB THREAT, DO NOT SOUND THE FIRE ALARM AS THE VIBRATION MAY SET OFF AN EXPLOSIVE DEVICE.**

**After normal working hours if you hear the fire alarm, smell smoke or see fire:**

1. Activate alarm if not already activated.
2. Evacuate the building.
3. Do not wait for any announcements.
4. Elevators must not be used for evacuation purposes.

**Note: There are no emergency officers, nor is there an operative fire organization, after normal working hours.**

**Emergency Personnel Procedures During Evacuation**

**Chief Building Emergency Officer:**

1. In the case of a fire, informs the Fire Department (9 for outside line, followed by 911) of the fire location and stations himself/herself in the Main Entrance.
2. Confirms direction of evacuation which may be contingent on location of fire.
3. Receives information from Floor Emergency Officers and Deputy Floor Emergency Officer (s)
4. Directs activities of Floor Emergency Officers.
5. Indicates all clear and return to building when so advised by Fire Department.

**Deputy Chief Building Emergency Officer(s):**

1. Stationed outside the back door parking lot beside Island Optical.
2. Directs occupants clear of building to the designated collecting area by way of the back City/Hotel parking lot unless advised otherwise.
3. Acts for Chief Building Emergency Officer when he/she is absent.

## **Floor Emergency Officers:**

1. If a fire, smoke or gas is reported, Floor Emergency Officers are first to supervise the immediate evacuation of personnel closest to the fire, then the evacuation of the entire floor. A message is to be relayed to the Chief Building Emergency Officer to give information on the location and size of the fire.
2. If a fire alarm sounds, fire doors and office doors are to be closed when possible and Floor Emergency Officers are responsible for directing employees to the nearest stairway and exit doors to be used for evacuation purposes.
3. Floor Emergency Officers are to check that the Monitors are assisting in the evacuation of each person requiring special assistance.
4. As soon as the main evacuation flow is over, Floor Emergency Officers or Monitors are to check, if it is safe to do so, ALL rooms, closets and washrooms to ascertain that the floor has been completely evacuated.
5. Supervise search procedures on the floor, if requested by the Chief Building Emergency Officer. Correlate reports of search teams and report to the Chief Building Emergency Officer the results of the search, if safe to do so. Any missing persons are to be reported to the Fire Department immediately.
6. The Floor Emergency Officer is to be the last to leave his/her floor and is to report to the Chief Building Emergency Officer that the floor has been fully evacuated.
7. The Floor Emergency Officers report to the mustering point at the Charlottetown Hotel. Employees should be accounted for and anyone missing be reported to the Chief Building Emergency Officer immediately.
8. Personnel requiring medical assistance are to be accompanied by two Monitors to a first-aid post.
9. Instructions from the Fire Department are to be awaited before re-entry of the building is permitted.



**ORGANIZATION CHART  
EMERGENCY ORGANIZATION  
CITY HALL  
199 QUEEN STREET, CHARLOTTETOWN, PEI**

**Chief Building Emergency Officer - City Hall**  
Paul Johnston

**Deputy Chief Building Emergency Officer - City Hall**  
Richard MacEwan

**Alternate Deputy Chief Emergency Officer - City Hall**  
Frank Quinn

<p>First Floor</p> <p><b>Emergency Officer</b> Maureen Carmichael</p> <p><b>Emergency Officer</b> Ron Atkinson</p> <p><b>Deputy Emergency Officer</b> Jackie McKinnon</p>	<p>Second Floor</p> <p><b>Emergency Officer</b> Jill Stewart</p> <p><b>Emergency Officer</b> Jennifer Gavin</p> <p><b>Deputy Emergency Officer</b> Ramona Doyle</p>	<p>Third Floor</p> <p><b>Emergency Officer</b> Scott Ryan</p> <p><b>Deputy Emergency Officer</b> Vada Fernandez</p>
<p><b>Monitors</b></p> <p>Pauline Gass</p>	<p><b>Monitors</b></p> <p>Chantal Matheson</p>	<p><b>Monitors</b></p> <p>Amy Doyle Randy Perry</p>

### **Location of Fire Extinguishers (16) – City Hall**

Specifically checked by the CBEO annual to ensure they are currently tested  
Last confirmation – January 2010

#### Basement (2)

- multi-use near mechanical room door, 10lb
- multi-use outside staff kitchen, 2.5lb

#### Meeting Level (2)

- multi-use by kitchenette, 2.5lb
- multi-use in Alley Stair landing, 2.5 US gal

#### Ground Level (3)

- multi-use inside Recreation door from lobby, 10lb
- multi-use by Planning kitchenette, 2.5lb
  
- multi-use by in Kent St lobby, 10lb

#### Utility Level (3)

- multi-use by kitchenette, 2.5lb
- carbon dioxide between Alley Offices, 5lb
- carbon dioxide in waiting area, 5lb
- \* carbon dioxide used on grease or electrical fires

#### Second Floor (4)

- multi-use in photocopy/kitchen, 2.5lb
- multi-use at top of Queen St Stairs, 10lb
- multi-use in washroom corridor, 2.5lb
- multi-use at stores entrance, 2.5 US gal

#### Third Floor (2)

- multi-use outside bathroom, 15lb
- multi-use by kitchenette, 2.5lb

### **Location of Emergency Exits (13) – City Hall**

Specifically checked by the CBEO semi-annual to ensure they are currently operating  
Last confirmations – July 2010

#### Basement (3)

- door to Alley Stairs
- door to Kent Stairs / Staff Room
- bottom of Kent Stairs

#### Meeting Level (4)

- WR Room door to Recreation
- Commissionaires office corner
- kitchenette corner
- Alley Stairs landing

#### Ground Level / Utility (3)

- door from Tourism to Main Lobby
- door from Planning to Alley Stairs
- door from Utility to Alley Stairs

#### Second Floor (1)

- top of Queen St Stairs

#### Third Floor (2)

- door to Alley Stairs
- door to Hose Tower Stairs

### **Location of First Aid Kits – City Hall**

Approved Date: June 22, 2012

Reviewed: June 15, 2017

Specifically checked by the Floor Monitors monthly to ensure they are currently stocked  
Last confirmations – October 2014

Basement

- In staff kitchen,

Meeting Level

- By kitchenette

Ground Level

- In Recreation kitchenette

Utility Level

- Records Room

Second Floor

- In kitchenette

Third Floor

- By kitchenette

### **Queen St Lobby Access Control & Fire Separation:**

There are panic buttons located under the front lobby Reception and Payments Counter for activation by staff. These alarms would be activated in an emergency that required a silent alarm to Police Services.

In the event that access restrictions from the lobby to operational areas of City Hall are enacted during business hours, there should be inter-office phone notice to other City Hall areas so that staff/public do not inadvertently enter into the lobby from the elevator or interior door passages until the concern has been addressed.

The interior lobby doors will also swing shut in the event of a fire alarm. It will be incumbent on the CBEO or anyone else with keys to unlock these doors as staff exits the building so the Fire Service can access into the building in an event.

There is a Fire Shutter that separates the front door lobby from the Payment Counter area. The Fire Shutter will only release in the event of a fire in the lobby or Payment Counter area.

### **Bomb Threat Procedures:**

In the event of the receipt of a bomb threat or the discovery of a suspicious object, the Responsible Building Authority (CAO or member of senior management) will make the decision on whether to search or evacuate the building.

An employee receiving a bomb threat by telephone should:

- Remain calm
- Keep the caller on the line as long as possible
- Document as much of the conversation as possible
- Follow the instructions on the attached Bomb Threat Telephone Log
- Report the bomb threat to your Department Manager. If your Department Manager is absent, report the bomb threat to the Director or Chief Administrative Officer. Do not tell anyone else.

The Department Manager and/or Director will report the bomb threat to emergency services personnel immediately.

The Chief Administrative Officer or Director will determine if it is advisable for the building to be evacuated.

## Bomb Threat Telephone Log

Steps to be taken should you receive a bomb threat by telephone:

1. Remain calm
2. Document as much of the conversation as possible
3. Questions to ask:
  - (a) Where is the bomb located?
  - (b) When is it going to explode?
  - (c) What kind of bomb is it?
  - (d) What does it look like?
  - (e) Why is our facility being targeted?
4. From the above questions, attempt to fill in the information below. Listen closely for speech impediments, mispronunciations, accents and any other clues that may assist in the identification and apprehension of the caller.
  - (a) Date and time of call received \_\_\_\_\_
  - (b) Exact words of caller \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - (c) Caller's gender \_\_\_\_\_
  - (d) Caller's age \_\_\_\_\_
  - (e) Accent noticed \_\_\_\_\_
  - (f) Speech impediment noticed \_\_\_\_\_
  - (g) Tone of voice \_\_\_\_\_
  - (h) Is the voice familiar? \_\_\_\_\_
  - (i) Background noise \_\_\_\_\_
  - (j) Time call terminated \_\_\_\_\_
  - (k) Remarks \_\_\_\_\_

\_\_\_\_\_  
PERSON RECEIVING CALL

\_\_\_\_\_  
LOCATION

## Procedure for Dealing with Suspicious Packages:

A package of concern can be a letter, bag, canister or box which raises the suspicion of a person that there may be a maliciously placed item or agent within. Suspicions may be raised in a variety of ways such as:

- Containing excessive postage
- Oily stains, discolorations, leaking material or odor
- No return address
- Excessive weight
- Lopsided or uneven envelopes
- Protruding objects, wires, aluminum foil
- Excessive security material i.e. masking tape, string etc.
- Noises emitting from package (ticking etc.)
- Post mark indicates a different city or province from the return address
- Immediate adverse health effects on package handlers
- Placement of abandoned package (adjacent to ventilation system)

Where a suspicious package has been identified, in most instances the situation is a false alarm. In instances where there has been an item or substance found, in most cases it is purely a hoax. However, there is always the possibility that a live threat has been perpetrated utilizing a package, letter, etc.

In the event a potential biohazard package is opened within the confines of an office or area in City Hall:

- (a) **DO NOT** try to clean up the powder. **COVER** the spilled contents immediately with anything, i.e. trash can, paper, clothing item etc. **DO NOT REMOVE THIS COVER.**
- (b) **LEAVE** the area immediately, close the door or section off the area to prevent others from entering.
- (c) **WASH** your hands with soap and water to prevent spreading any of the powder to your face.
- (d) **NOTIFY** supervisory personnel.
- (e) **REMOVE** contaminated clothing as soon as possible. Seal clothing in a plastic garbage bag and have other personnel double bag and seal again.
- (f) **WASH** your hands with soap and water again.
- (g) **REPORT** to and remain in the East Royalty Room (Ante Room) on the second floor to facilitate debriefing, decontamination, medical assessment, treatment, etc.



## **City Hall Lockdown Procedure**

A lockdown of a building is an emergency procedure intended to secure and protect occupants who are in the proximity of an immediate threat. This procedure is used when it may be more dangerous to evacuate a building than staying inside. By controlling entry/exit and movement within a facility, emergency personnel are better able to contain and handle any threats.

### **Lockdown Alert/Notification:**

Notification to occupants to lockdown will be sent by CAO, emergency personnel or administrative head. The emergency personnel as referred to in this procedure are the personnel listed under the Emergency Organization Chart for City Hall. As each building in the city is unique, individuals may receive notification to lockdown through various means.

It is essential for the safety of occupants and emergency responders that individuals comply with instructions provided by emergency personnel at all times.

### **Procedures upon Alert to Lockdown:**

- If you are in a room or office, stay there. Secure the door and windows and wait for further instructions (or an escort from emergency personnel).
- If the door does not lock, barricade the door with tables and chairs.
- If you are in a corridor, go into the closest office not already secured and lock or barricade the door and windows.
- Close curtains or blinds where possible.
- Turn off the lights or maintain minimal lighting.
- Stay away from windows and doors.
- Stay low or take cover out of sight
- Keep calm and quiet.
- Cell phones should be put on silent or vibrate mode. DO NOT make non-essential calls.
- Follow instructions from emergency personnel only.
- During a lockdown, if the fire alarm is activated, remain where you are and await further instructions from emergency personnel.
- Stay in the room until police arrive.
- For their own safety, emergency personnel must initially consider all individuals as potential threats.
- It is important to follow instructions from police at all times to avoid harm and ensure the best possible response.

Approved Date: June 22, 2012

Reviewed: June 15, 2017

**Actions to Avoid During Lockdown:**

- DO NOT open the door once it has been secured until you are officially advised “all clear” or are certain it is emergency response personnel at the door.
- DO NOT use or hide in washrooms.
- DO NOT travel down long corridors.
- DO NOT assemble in large open areas.
- DO NOT call 911 unless you have immediate concern for your safety, the safety of others, or feel you have critical information that will assist emergency personnel in the response.

**Actions if Someone is Injured:**

- If someone is injured, call 911 and follow instructions provided.
- Make sure that you provide your specific location and the type of injury sustained.

**Following the Lockdown:**

- Cooperate with emergency personnel to assist in an orderly evacuation.
- Proceed to the designated assembly area if advised.
- The police may require individuals to remain available for questioning following a lockdown.

City of Charlottetown staff may be present as you exit the building to provide additional information.

**Contact for comments or amendments:**

JOSH Committee - Co-chairs: Frank Quinn & Vada Fernandez

**Evacuation Log:**

Nov 25, 2009	fire drill
Dec 10, 2009	failed pressure vessel triggered sprinkler alarm
Feb 6, 2012	bomb threat
Jan 12, 2016	fire drill



# **EMERGENCY PLAN for Waste Water Treatment Plant**

**Effective to June 2011  
Revised May 24, 2016**





## Emergency Plan – Waste Water Treatment Plant (WWTP)

**Approval:** WWTP Joint Occupational Health and Safety Committee  
**Date Approved:**

**Review Date:** **Revised Date:** **October 21, 2010**  
**May 24 2016**

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**Purpose:** To prevent personal injury, minimize loss and to reduce damage to facilities, materials and equipment.

Applies to fire emergencies and evacuations due to bomb threats or receipt of suspicious packages

**Scope:** All employees of the WWTP, contractors and visitors to Waste Water Treatment plant WWTP 18 Riverside Dr, Charlottetown, PEI

**Training Requirements:** Emergency personnel of the organization should have training on the evacuation plan as contained in this document.

Fire drills should be held annually.

### Definitions

**Designated Collecting Area:** Main Gate A, Riverside Dr. or Gate B, next to Irving Oil heading towards the bridge. Depending on the emergency, the way the wind is blowing and the location of the emergency itself.

**Emergency Personnel:** Chief Plant Emergency Officer  
Deputy Chief Plant Emergency Officer

### Summary of Duties

**Chief Plant Emergency Officer:**

- Takes charge of the situation
- Gives direction and assigns the following duties:  
Deputy Chief Emergency Officer

Approved Date: June 22, 2012

Reviewed: June 15, 2017

- Identify individual to call 911 and provide information on the location and the size of the fire  
Identify individual to complete role call. Assign two (2) employees to locate missing personnel (Rescue Team)
- Communicates with the Fire Department.
- Stationed at the Main Gate A, Entrance on Riverside Dr or the back Gate B, over by Irving Oil (depending on the emergency, the way the wind is blowing and the location of the emergency).
- Directs occupants to the collecting areas, Gate A or Gate B (depending on the emergency).
- Indicates *All Clear* and return to building when so advised by Fire Department

**Deputy Chief Plant Emergency Officer:**

- Stationed between the treatment plant buildings in a visible location in the parking lot.
- Directs occupants clear of the buildings to either Gate A or Gate B.
- Maintains Radio contact with the rescue team.
- Report any missing persons to the Fire Department immediately.

**Associated Documents:**

WWTP Building complex plan with evacuation routes  
Organizational Chart  
Location of Fire Extinguishers  
Bomb Threat Log

**Evacuation Procedures:**

**EVACUEES SHOULD BE DIRECTED TO EXIT EITHER GATE A OR GATE B.**

**IN CASE OF A BOMB THREAT, DO NOT SOUND THE AIR HORN AS THE VIBRATION MAY SET OFF AN EXPLOSIVE DEVICE.**

The most fundamental rule to remember is that during an emergency, “**EMPLOYEE SAFETY MUST TAKE PRECEDENCE OVER ALL OTHER PRIORITIES.**” The majority of fire fatalities are caused by asphyxiation – not bodily burns. It is therefore imperative that EVERYONE knows what to do in case of fire.

**AIR HORNS WILL BE PLACED AT THE MAIN ENTRANCE DOOR OF EACH BUILDING COMPLEX ADJACENT TO THE FIRE EXTINGUISHERS.**

**All Personnel:**

1. If you discover FIRE, see smoke or smell gas, sound the air horn. Make radio contact with the main office to inform the other workers of the emergency and warn persons in the same area.
2. Call 9-911.
3. Fight the fire using extinguishers **ONLY** if it is small and not between you and the exit.
4. If you hear the smoke detector, walk briskly, using the nearest safe exit to leave the building. Do not pause to collect personal belongings.
5. Proceed to collecting area at **Gate A or Gate B** as directed.

**Emergency Personnel of the Organization** must carry out their assigned duties.

Building re-entry will occur only upon instruction of the Fire Department.

**Exits:**

Familiarize yourself with your nearest exits throughout the facility. All buildings except for the digester complex have red exit lights.

**After normal working hours if you smell smoke or see fire:**

1. Sound the nearest air horn and Call 9-911
2. Evacuate the building
3. Do not wait for any announcements

**Note:**

**There are no emergency officers, nor is there an operative fire organization, after normal working hours.**

**ORGANIZATION CHART  
EMERGENCY ORGANIZATION  
WASTE WATER TREATMENT PLANT  
18 RIVERSIDE DR, CHARLOTTETOWN, PEI**

**Chief Plant Emergency Officer - WWTP**  
Superintendent or in his absence Tech I or acting Tech I

**Deputy Plant Building Emergency Officer – WWTP**  
Assigned by Chief Plant Emergency Officer

**Location of Fire Extinguishers (32) – Waste Water Treatment Plant**

Extinguishers are checked and the check is documented monthly by plant personal. Annual servicing provided by certified fire extinguisher company

1)	Above Pasteurization Tanks @ Entry	1-10lb	Class A,B,C
2)	Process Room Entry	1-10lb	Class A,B,C
3)	Polymer Room- Inside Entrance	1-10lb	Class A,B,C
4)	Centrifuge Room- Inside Entry	1-20lb	Class A,B,C
5)	Boiler Room- Inside Main Entrance	1-10lb	Class A,B,C
6)	Generator Room- Inside Entrance	1-10lb	Class B,C
7)	MCC #3- Inside Entrance	1-10lb	Class A,B,C
8)	Septic Receiving- Dump Station Entry	1-10lb	Class A,B,C
9)	MCC #2- Inside Entrance next to gravity thickeners	1-10lb	Class B,C
10)	Headwork's front exit	1-10lb	Class A,B,C
11)	Headwork's rear exit	1-10lb	Class A,B,C
12)	Shop- Entrance by Pr. Clarifiers	1-10lb	Class A,B,C
13)	Shop- Entrance by Headwork's	1-10lb	Class B,C
14)	Shop- Entrance by Overhead Doors	1-5lb	Class A,B,C
15)	MCC#4 Entrance @ Back Door	1-20lb	Class B,C
16)	MCC#4 Entrance @ Back Door	1-10lb	Class A,B,C
17)	Upper Digester Gallery- Main Entrance	1-10lb	Class A,B,C
18)	Lower Digester Gallery- Bottom of Stairs	1-20lb	Class B,C
19)	Gas Room @ Entrance	1-20lb	Class B,C
20)	Lab- Outside Lab Entrance	1-10lb	Class A,B,C
21)	Lab- Middle Wall	1-5lb	Class A,B,C
22)	Office Hallway Main Entrance	1-10lb	Class A,B,C
23)	Office Hallway Rear Entrance	1-10lb	Class A,B,C
24)	UV- Inside Entrance	1-10lb	Class A,B,C
25)	MCC #1- Inside Entrance	1-10lb	Class B,C
26)	Pump Room- Entrance to storage room behind sludge grinder)	1-20lb	Class A,B,C
27)	North Tunnel- South end of north tunnel	1-10lb	Class A,B,C
28)	South Tunnel- Inside North Entrance	1-20lb	Class A,B,C
29)	South Tunnel- Bottom of Stairwell	1-20lb	Class B,C
30)	South Tunnel- Top of Stairwell	1-10lb	Class A,B,C
31)	MCC #5- Inside North Entrance	1-10lb	Class B,C
32)	New Truck- Ford, 2008	1-5lb	Class A,B,C
33)	2013 GMC Truck	1- 5lb	Class A,B,C

Approved Date: June 22, 2012

Reviewed: June 15, 2017

**Location of Emergency Exits (14) – Waste Water Treatment Plant**  
Specifically checked by the CBEO semi-annual to ensure they are currently operating

**MAIN BUILDING**

<b>Office Complex:</b>	Entrance to parking lot east side of the building.
<b>Office Complex:</b>	Entrance to walkway to primary sediment tanks. West side of the building.
<b>Headwork's:</b>	Entrance to parking lot east side of the building.
<b>Shop:</b>	Exit to walk way to primary sediment tanks. South side of the building.
<b>MCC#2:</b>	Exit to stairway leading to ground level. South side of the building.
<b>Septic Receiving:</b>	Exit to parking lot. East side of the building.
<b>Stairway from north tunnel:</b>	Exit next to aeration tanks. North side of the building.
<b>Stairway from south tunnel:</b>	Exit next to Secondary Clarifiers West side of the building.
<b>MCC#5:</b>	Exit on top of the south tunnel. East side of the building.

**DIGESTER COMPLEX**

<b>Upper Digester Gallery:</b>	Exit to parking lot. West side of the building.
<b>MCC#4:</b>	Exit to perimeter road. East side of the building.

**PROCESS BUILDING**

<b>Entrance to process building:</b>	Exit to parking lot. South side of the building.
<b>Boiler room:</b>	Exit to parking lot. South side of the building.
<b>Polymer room:</b>	Exit to gravel driveway. North side of the building.

**Bomb Threat Procedures:**

In the event of the receipt of a bomb threat or the discovery of a suspicious object, the Chief Plant Emergency Officer will make the decision on whether to search or evacuate the building.

An employee receiving a bomb threat by telephone should:

- Remain calm
- Keep the caller on the line as long as possible
- Document as much of the conversation as possible
- Follow the instructions on the attached Bomb Threat Telephone Log
- Report the bomb threat to your Department Manager. If your Department Manager is absent, report the bomb threat to the Director or Chief Administrative Officer. Do not tell anyone else.

The **Chief Emergency Officer** will report the bomb threat to emergency services personnel immediately.

The **Chief Emergency Officer** will determine if it is advisable for the building to be evacuated.

## Bomb Threat Telephone Log

Steps to be taken should you receive a bomb threat by telephone:

1. Remain calm
2. Document as much of the conversation as possible
3. Questions to ask:
  - (a) Where is the bomb located?
  - (b) When is it going to explode?
  - (c) What kind of bomb is it?
  - (d) What does it look like?
  - (e) Why is our facility being targeted?
4. From the above questions, attempt to fill in the information below. Listen closely for speech impediments, mispronunciations, accents and any other clues that may assist in the identification and apprehension of the caller.
  - (a) Date and time of call received \_\_\_\_\_
  - (b) Exact words of caller \_\_\_\_\_
  - (c) Caller's gender \_\_\_\_\_
  - (d) Caller's age \_\_\_\_\_
  - (e) Accent noticed \_\_\_\_\_
  - (f) Speech impediment noticed \_\_\_\_\_
  - (g) Tone of voice \_\_\_\_\_
  - (h) Is the voice familiar? \_\_\_\_\_
  - (i) Background noise \_\_\_\_\_
  - (j) Time call terminated \_\_\_\_\_
  - (k) Remarks \_\_\_\_\_

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PERSON RECEIVING CALL

LOCATION

## Procedure for Dealing with Suspicious Packages:

A package of concern can be a letter, bag, canister or box which raises the suspicion of a person that there may be a maliciously placed item or agent within. Suspicions may be raised in a variety of ways such as:

- Containing excessive postage
- Oily stains, discolorations, leaking material or odor
- No return address
- Excessive weight
- Lopsided or uneven envelopes
- Protruding objects, wires, aluminum foil
- Excessive security material i.e. masking tape, string etc.
- Noises emitting from package (ticking etc.)
- Post mark indicates a different city or province from the return address
- Immediate adverse health effects on package handlers
- Placement of abandoned package (adjacent to ventilation system)

Where a suspicious package has been identified, in most instances the situation is a false alarm. In instances where there has been an item or substance found, in most cases it is purely a hoax. However, there is always the possibility that a live threat has been perpetrated utilizing a package, letter, etc.

In the event a potential biohazard package is opened within the confines of an office or area at the Waste Water Treatment Plant

- (a) **DO NOT** try to clean up the powder. **COVER** the spilled contents immediately with anything, i.e. trash can, paper, clothing item etc. **DO NOT REMOVE THIS COVER.**
- (b) **LEAVE** the area immediately, close the door or section off the area to prevent others from entering.
- (c) **WASH** your hands with soap and water to prevent spreading any of the powder to your face.
- (d) **NOTIFY** supervisory personnel.
- (e) **REMOVE** contaminated clothing as soon as possible. Seal clothing in a plastic garbage bag and have other personnel double bag and seal again.
- (f) **WASH** your hands with soap and water again.
- (g) **REPORT to and remain in the Main Office Building to facilitate debriefing, decontamination, medical assessment, treatment, etc.**

## Contact for comments or amendments:

JOSH Committee - Co-chairs: Steve Stewart  
Darrel Gauthier



# EMERGENCY PLAN

For

**City of Charlottetown**  
**City Works Facility**  
(MacAler Drive)

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**Approval:** VACE/Non-Union Joint Occupational Health and Safety Committee.  
Review Date: June 16, 2015 Revised Date: \_\_\_\_\_

**Contact for comments or amendments:**  
JOSH Committee - Co-chairs: Blair Kinch & Dave Rupert

Approved Date: June 22, 2012  
Reviewed: June 15, 2017





# CHARLOTTETOWN

## City of Charlottetown

### Introduction

#### **Purpose:**

The implementation of an Emergency Plan helps to ensure effective utilization of life safety features in a building to protect people from fire, to prevent personal injury, minimize loss, reduce damage to facilities, materials, equipment and safe evacuation.

The required Emergency Plan should be designed to suit the resources of each individual building or complex of buildings.

It is the responsibility of the owner/operator to ensure that the information contained within the Emergency Plan is accurate and complete.

This document is to be kept readily available at all times for use by staff and emergency personnel in the event of an emergency.

The City Works Facility Emergency Plan is posted throughout the building on all information boards.

#### **Scope:**

The Emergency Plan covers all employees of City Works Facility, Contractors and any visitors to the City Works Facility at 12 MacAleer Drive.

#### **Training Requirements:**

Emergency personnel of the organization should have training on the evacuation plan as contained in this document.

## TELEPHONE NUMBERS

### EMERGENCY PHONE NUMBERS

Fire Department:	911	*
Police Department:	911	*
Ambulance:	911	*
Poison Control:	1-800-565-8161	*
Maritime Electric:	1-800-670-1012	*
Building Owner:	1-800-629-4183	<b>City of Charlottetown</b>
Chief Building Emergency Officer:	1-902-626-5478	<b>Scott MacDonald</b>
Deputy Chief Building Emergency Officers:	1-902-629-4026 1-902-629-4024	<b>Nancy McMinn Dianne Dowling</b>
Emergency Officers:	1-902-629-1870 1-902-394-2561 1-902-393-3845 1-902-629-5394	<b>Debbie Saulnier MacKinnion Mike Bradley Alan Phelan Dave Rupert</b>
Mobility Impaired Monitor:	1-902-629-4024	<b>Dianne Dowling</b>
Fire Alarm Monitoring Company:	1-800-454-8825 Acct # 5411	<b>Alarm Central</b>
Fire Alarm Service Company:	1-902-368-3016	<b>T&amp;K Fire Equipment Ltd.</b>
Sprinkler Monitoring Company:	1-902-569-4383	<b>Island Sprinkler</b>
Sprinkler Service Company:	1-902-626-6945	<b>A-City Sprinkler</b>
Fire Extinguishers:	1-902-368-3016	<b>T&amp;K Fire Equipment Ltd.</b>
Elevators	1-902-566-5010	<b>Thyssen Dover Elevator</b>
Emergency Personnel	902-629-4002	<b>Mike Pigott</b>
Emergency Personnel	902-629-4091	<b>Linda Gallant</b>
Public Works Duty Crew	1-902-628-5039	*

**Collecting Area #1:** Staff Parking lot located at the west end of the building

**Collecting Area #2:** East end of building adjacent to the compound at the north east end of the lot (see appendix A for drawing of the building)

**Emergency Personnel:** Scott MacDonald, Nancy McMinn, Dianne Dowling, Dave Rupert, Alan Phelan, Debbie Saulnier MacKinnion, Mike Bradley, Mike Pigott and Linda Gallant.

**Entrance Gate will be manually opened when fire alarm sounds. Security staff must monitor to prohibit traffic from entering. Also, any vehicles parked in the compound should exit if able to safety.**

Approved Date: June 22, 2012

Reviewed: June 15, 2017

## Summary of Duties

### **Chief Building Emergency Officer:**

- Communicates with the Fire Department
- Directs and receives information from the designated Emergency Officers and Deputy Emergency Officer
- Directs occupants to the Staff Parking lot unless otherwise advised
- Indicates “All Clear” and return to the building when so advised by the Fire Department
- **If the Chief Building Emergency Officer is not available, the above duties are to be carried out by the Deputy Chief Building Emergency Officer**

### **Deputy Chief Building Emergency Officer:**

- Acts as Chief Building Emergency Officer if **Chief Building Emergency Officer** is unavailable
- Assists with the duties and responsibilities of the Chief Building Emergency Officer

### **Floor Emergency Officers (2 per Department.):**

- If a fire, smoke or gas is reported, the Emergency Officers are first to supervise the immediate evacuation of personnel closest to the fire, then the evacuation of the entire building
- Contact Fire Department and Chief Building Emergency Officer to give information on the location and size of the fire
- If a fire alarm sounds, fire and smoke doors are to be closed when possible and Emergency Officers are to be responsible for directing traffic
- Emergency officers are to check that monitors are assisting in the evacuation of any person requiring special assistance
- If safe, check all rooms, closets and washrooms to ascertain that the building has been completely evacuated
- The Emergency Officer is the last to leave the building and then reports to the Chief Building Emergency Officer that the building has been fully evacuated
- Emergency Officer to supervise search procedures on the building, if requested by Chief Building Emergency Officer
- Correlates reports of search teams and reports to Chief Building Emergency Office if safe to do so
- Report any missing persons to the Fire Department immediately
- Emergency Officers keep the Chief Building Emergency Officer posted as to the names and location of person requiring special assistance. The Floor Emergency Officers appoint two monitors to each special needs person and participates with the monitors and the special needs person in pre-arranging an evacuation plan

### **Associated Documents:**

City Works Facility Building Plan with evacuation routes, organizational chart, location of fire extinguishers, building site plan (see Appendix A), and bomb threat log.

**Evacuation Procedures:**

Evacuees should be directed to exit city works facility in the direction to the designated collection area, unless advised otherwise.

**IN CASE OF A BOMB THREAT, DO NOT SOUND THE FIRE ALARM AS THE VIBRATION MAY SET OFF AN EXPLOSIVE DEVICE.**

The most fundamental rule to remember is that during an emergency, “EMPLOYEE SAFETY MUST TAKE PRECEDENCE OVER ALL OTHER PRIORITIES.” The majority of fire fatalities are caused by asphyxiation, not bodily burns. Therefore, it is imperative that EVERYONE knows what to do in case of a fire.

**All Personnel:**

1. If you discover a FIRE, see smoke, or smell gas, operate the nearest manual fire alarm station and warn persons nearby in the same area.
2. Call 911.
3. Fight the fire using extinguishers ONLY if it is small and not between you and the exit.
4. If you hear the FIRE ALARM bell on your floor, walk briskly using the nearest safe exit to leave the building. Do not pause to collect personal belongings.
5. Elevators must not be used if there is a fire unless specifically authorized by the Fire Department.
6. All persons requiring special assistance (employees and clients) must identify themselves to the monitors or other available staff member(s) for assistance.
7. Progress to the designated main collection area at the MacAleer Drive staff parking lot.
8. Assemble in departmental groups, to make it easier to notice missing individuals.
9. **Emergency Personnel of the Organization** must carry out their duties with the Fire emergency Officer assuming full control of all occupants.
10. Building re-entry will occur only upon instruction of the Fire Department.

**Exits:**

Familiarize yourself with your nearest exits. There are red exit lights denoting the exits throughout the building.

**Manual Fire Alarm Stations:**

These are colored red and located near Exit Doors. To sound an alarm, pull the red handle. This operates a fire alarm in the building and contacts the Fire Department. (See Appendix A)

**After normal working hours if you hear the fire alarm, smell smoke or see fire:**

1. Activate alarm if not already activated.
2. Evacuate the building.
3. Do not wait for any announcements.
4. Elevators must not be used for evacuation purpose.

**Please Note:**

**There are no emergency officers, nor an operative fire organization, after normal working hours.**

**Emergency Personnel Procedures During Evacuation**

**Chief Building Emergency Officer:**

1. In case of a fire, the Chief Building Emergency Officer informs the Fire Department (dial 9 for outside line, followed by 911) of the fire location and stations himself/herself in the main entrance.
2. Confirms direction of evacuation (may be contingent on location of fire).
3. Receives information from Deputy Chief Building Emergency Officer and Emergency Officer(s).
4. Directs activities of Emergency Officers.
5. Indicates *All Clear* and return to building when so advised by Fire Department.

**Deputy Chief Building Emergency Officer:**

1. Stationed outside the back door parking lot beside staff parking lot.
2. Directs occupants clear of building to the designated collecting area by way of the back lot unless advise otherwise.
3. Acts as Chief Building Emergency Officer when he/she is absent.

## **Emergency Officers:**

1. If a fire, smoke or gas is reported, Emergency Officers are first to supervise the immediate evacuation of personnel closet to the fire, then the evacuation of the designated area. A message is to be relayed to the Chief Building Emergency Officer to give information on the location and size of the fire.
2. If a fire alarm sounds, fire doors and office doors are to be closed when possible. Emergency Officers are responsible for directing employees to the nearest stairway and exit doors to be used for evacuation purposes.
3. Emergency Officers are to check that the monitors are assisting in the evacuations of any person requiring special assistance.
4. As soon as the main evacuation flow is over, Emergency Officers or Monitors are to check, if this is safe to do so, all rooms, closets and washrooms to ascertain that the building has been completely evacuated.
5. Supervise search procedures, if requested by the Chief Building Emergency Officer. Correlate reports of search teams and report to the Chief Building Emergency Officer of the search, if safe to do so. Any missing persons are to be reported to the Fire Department immediately.
6. The Emergency Officer is to be the last to leave his/her area and is to report to the Chief Building Emergency Officer that the building has been fully evacuated.
7. The emergency report to the clustering point at the staff parking lot. Employees should be accounted for and anyone missing be reported to the Chief Building Emergency Officer immediately.
8. Personnel requiring medical assistance are to be accompanied by two Monitors to a first-aid post.
9. Instructions from the Fire Department are to be awaited before re-entry of the building is permitted.

**ORGANIZATION CHART  
EMERGENCY ORGANIZATION  
CITY WORKS FACILITY  
12 MACALEER DRIVE, CHARLOTETOWN, PEI**

**Chief Building Emergency Officer- City Works Facility**  
Scott MacDonald

**Deputy Chief Building Emergency Officers- City Works Facility**  
Nancy McMinn & Dianne Dowling

Parks & Recreation  
**Emergency Officer**  
Dave Rupert  
Allan Phelan

Public Works  
**Emergency Officer**  
Debbie Saulnier-MacKinnon  
Mike Bradley

Utility  
**Emergency Office**  
Mike Pigott  
Linda Gallant

## **Bomb Threat Procedures:**

In the event of the receipt of a bomb threat or the discovery of a suspicious object, the Chief Building Emergency Officer will make the decision on whether to search or evacuate the building.

An employee receiving a bomb threat by telephone should:

- Remain calm
- Keep the caller on the line as long as possible
- Document as much of the conversation as possible
- Follow the instructions on the attached Bomb Threat Telephone Log
- Report the bomb threat to your Department Manager. If your Department Manager is absent, report the bomb threat to the Director or Chief Administrative Officer. Do not tell anyone else.

The **Chief Building Emergency Officer** will report the bomb threat to emergency services personnel immediately.

The **Chief Building Emergency Officer** will determine if it is advisable for the building to be evacuated.



**Bomb threat Telephone Log:**

Steps to take should you receive a bomb threat by telephone:

1. Remain calm
2. Document as much of the conversation as possible
3. Questions to ask:
  - Where is the bomb located?
  - When is it going to explode?
  - What kind of bomb is it?
  - What does it look like?
  - Why is the building being targeted?
4. From the above questions attempt to fill in the questions below. Listen closely for speech impediments, mispronunciations, accents, and any other clues that may assist in the identification and apprehension of the caller.

(a) Date and time of call received \_\_\_\_\_

(b) Exact words of caller \_\_\_\_\_

(c) Caller's gender \_\_\_\_\_

(d) Caller's age \_\_\_\_\_

(e) Accent noticed \_\_\_\_\_

(f) Speech impediment noticed \_\_\_\_\_

(g) Tone of voice \_\_\_\_\_

(h) Is the voice familiar? \_\_\_\_\_

(i) Background noise \_\_\_\_\_

(j) Time call terminated \_\_\_\_\_

(k) Remarks \_\_\_\_\_

---

PERSON RECEIVING CALL

LOCATION

## Procedure for dealing with suspicious packages:

A package of concern can be a letter, bag, canister, or box, which raises the suspicion of a person. There may be a maliciously placed item or agent within and suspicions may be raised in a variety of ways such as:

- Containing excessive postage
- Oily stains, discolorations, leaking material, or odor
- No return address
- Excessive weight
- Lopsided or uneven envelopes
- Protruding objects, wires, and aluminum foil
- Excessive security material i.e. masking tape, string, etc
- Noises emitting from package (ticking etc.)
- Postmark indicated a different city or province from the return address
- Immediate adverse health effects on package handlers
- Placement of abandoned package (adjacent to ventilation system)

Where a suspicious package has been identified, in most instances the situation is a false alarm. In instances where there has been an item or substance found, in most cases it is purely a hoax. However, there is always the possibility that a live threat has been perpetrated utilizing a package, letter, etc.

In the event a potential biohazard package is open within the confines of an office or area in the city works facility:

- a) **DO NOT** try to clean up the powder **COVER** the spilled contents immediately with anything, i.e. trash can, paper, clothing item, etc. **DO NOT REMOVE THIS COVER.**
- b) **LEAVE** the area immediately; close the door or section off the area to prevent others from entering.
- c) **WASH** your hands with soap and water to prevent spreading any of the powder to your face.
- d) **NOTIFY** supervisory personal.
- e) **REMOVE** contaminated clothing as soon as possible. Seal clothing in a plastic garbage bag and have other personnel double bag and seal again.
- f) **WASH** your hands with soap and water again.
- g) **REPORT** to and remain in the staff lunchroom to facilitate debriefing, decontamination, medical assessment, treatment, etc.



## General Building Information

This is a single story steel frame municipal building located at 12 MacAleer Drive. Normal hours of operation in the Summer are 7:00 a.m. to 4:00 p.m. and Winter hours are 8:00 a.m. to 5:00 p.m. During the summer, we operate the dispatch office from 6:00 a.m. to 10:00 p.m. and switch over to 24 hours a day 7 days a week for the winter months.

<b>Public Works Duty Crew:</b>	1-902-628-5039
<b>Type of Occupancy:</b>	Municipal Staff
<b>Occupant Load:</b>	1-100
<b>Access:</b>	Vehicle Access (manned electrical gate)
<b>Hydrant Location:</b>	Right side of main entrance into Works Facility
<b>Designated Fire Route:</b>	Yes (See Appendix A)
<b>Knox Box:</b>	Yes
<b>Heating:</b>	Oil
<b>Main electrical shut off:</b>	Mezzanine above Recreation Office
<b>Main domestic water shut off:</b>	Furnace Room west end of building

<b>Fire Alarm System</b>	
Type	Two stage
Make:	Cerberus Pyrotronics
Model:	DF-SX

<b>Sprinkler System</b>	
Type	Wet
Location of Sprinkler Room/ Shut-off Valve:	<ul style="list-style-type: none"> <li>• Sprinkler room is located on south/west side of building in bay 11 (Stores)</li> <li>• Shut off valve is located on south/west side of building in bay 11 (Stores).</li> </ul>

<b>Standpipe System:</b>	Yes  Standpipe is located outside bay 11 (south/west side of building) to the left
<b>Portable Fire Extinguishers:</b>	27 fire extinguishers in the building

<b>Fire Extinguishers Locations:</b>	
<b>Water &amp; Sewer office:</b>	In main office on west wall
<b>Utility Bay:</b>	On north wall of mezzanine East of bay door 21 by entrance West of bay door 17 by entrance Back wall under emergency light
<b>Paint Shop:</b>	Back wall by entrance to hallway (right side)
<b>Carpenters Shop:</b>	Back wall by entrance to hallway (left side) Hall entrance to public works across from carpenter shop
<b>Machine Shop:</b>	Back wall (left side) Bay door 15- east wall Bay door 14- west wall
<b>Wash Bay:</b>	Bay door 13 west wall
<b>Bay 11:</b>	South wall, west of entrance from outside East wall, close to bay door entrance
<b>Security Office:</b>	Located on west wall
<b>West entrance to building:</b>	Located between washrooms on north wall
<b>Parks &amp; Recreations Bay:</b>	West wall beside office entrance On north wall between bay 8&9 South/West corner by exit door to hallway. Two located on east wall at both ends of work counter
<b>Parks &amp; Recreation Office:</b>	East wall by exit door to bay
<b>Mezzanine above Recreation Office:</b>	Located outside electrical room door
<b>North Entrance to hall:</b>	Located on west wall just inside entrance door
<b>Public Works:</b>	Located at the center of the west wall Located at the center of the east wall Back wall-by stairs to mezzanine

<b>Emergency Lighting:</b>	Yes Location(s): not provided
<b>Emergency Power:</b>	No
<b>Fuel Supply Location:</b>	The oil tank is located on the west end of the building across from the furnace room



## **Section 5**

### **APPENDIX**

# Injury/Illness Form

Employee Name	Job/Task	Years experience	Date of Injury/Illness
---------------	----------	------------------	------------------------

**Description of Incident:**

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**Body Part Affected** *(select all that apply)*

<input type="checkbox"/> Abdomen/Internal Organ	<input type="checkbox"/> Femur	<input type="checkbox"/> Multiple Parts
<input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Fingers	<input type="checkbox"/> Neck
<input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Index Finger	<input type="checkbox"/> Nervous System
<input type="checkbox"/> Lower Arm	<input type="checkbox"/> Middle Finger	<input type="checkbox"/> Nose
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Ring Finger	<input type="checkbox"/> Prosthetic Device
<input type="checkbox"/> Back ( <i>Lower, Mid, Upper</i> )	<input type="checkbox"/> Little Finger	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Thumb <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B
<input type="checkbox"/> Chest ( <i>Including Ribs</i> )	<input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> Circulatory System	<input type="checkbox"/> Groin	<input type="checkbox"/> Throat
<input type="checkbox"/> Digestive System	<input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Tibia/Fibula
<input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Head <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Toe-First ( <i>Big Toe</i> )
<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Toe-Second
<input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Jaw	<input type="checkbox"/> Toe-Third
<input type="checkbox"/> Face	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Toe-Fourth
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	<input type="checkbox"/> Toe-Fifth
<input type="checkbox"/> Mouth/Teeth	<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> B	

**Nature of Injury/Illness** *(select all that apply)*

<input type="checkbox"/> Allergies/Sensitivities	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Hernia/Rupture
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Infection
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Disorders associated with repeated trauma	<input type="checkbox"/> Inflammation/Irritation of joints, tendons or muscles
<input type="checkbox"/> Bruise/Contusion	<input type="checkbox"/> Disorders due to physical agents	<input type="checkbox"/> Internal Bleeding
<input type="checkbox"/> Burn-Chemical	<input type="checkbox"/> Dust diseases of lungs	<input type="checkbox"/> Occupational skin diseases or disorders
<input type="checkbox"/> Burn-Radiation	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Poisons
<input type="checkbox"/> Burn-Thermal	<input type="checkbox"/> Foreign Body-Eye	<input type="checkbox"/> Pneumoconiosis
<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Foreign Body-other than eye	<input type="checkbox"/> Respiratory Condition
<input type="checkbox"/> Cold Related	<input type="checkbox"/> Fracture	<input type="checkbox"/> Scratch/Abrasion
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Sprains/Strains- Joint, Tendon or Muscle
<input type="checkbox"/> Contagious Conditions	<input type="checkbox"/> Hear Condition	<input type="checkbox"/> Stress
<input type="checkbox"/> Cut, Puncture, Open Wound	<input type="checkbox"/> Heat Related Conditions	<input type="checkbox"/> All Other Occupational Illnesses

**Treatment Given:**

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**Sign Off**

Safety Manager		Date	
First Aid Attendant		Date	
General Manager		Date	
Production Manager		Date	
Supervisor		Date	



# Fall Arrest Inspection

Harness model/name		Serial Number	
Date of Manufacture		Date of Purchase	
<p><b>Hardware:</b> Include snap hooks, carabiners, adjusters, keepers, thimbles and “D” rings. Look for damage, sharp edges, burrs, cracks, corrosion and proper operation</p> <p><b>Webbing:</b> Inspect for cuts, burns, tears, abrasions, frays, excessive soiling, and discoloration</p> <p><b>Stitching:</b> Inspect for pulled or cut stitches</p> <p><b>Synthetic Rope:</b> Inspect for pulled or cut yarns, burns, abrasions, knots, excessive soiling and discoloration.</p> <p><b>Energy Absorbing Component:</b> Inspect for elongation, tears and excessive soiling.</p> <p><b>Labels:</b> Inspect, making certain all labels are securely held in place and are legible.</p> <p><b>Other:</b></p>	Pass	Fail	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Employee:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

# Incident Investigation Process

## Step 1 First Response

- First Aid
- Call for help
- Secure the scene
- Notify supervisor

## Step 2 Secondary Action

- Determine severity
- Initial Observations
- Protect any evidence
- Notify appropriate personnel

## Step 3 Form Team

- Assemble a team for the investigation
- Choose team leader

## Step 4 Collect Data

- 5 P's – People, Parts, Positions, Papers, and Process

## Step 5 Analyze Data

- Determine sequence of events
- Review data
- Identify all causes of incident

## Step 6 Prepare Findings

- Capture sequence of events, include any pictures and supporting documentation
- Identify corrective actions and assign responsibility to the appropriate person for completion

## Step 7 Take Corrective Action

- Fix identified actions and document

## Step 8 Follow up

- Check to ensure the identified corrective actions were adequate





# CHARLOTTETOWN

## City of Charlottetown Accident/Incident Investigation Report

### PART 1 – TO BE COMPLETED BY EMPLOYEE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

LOST TIME: \_\_\_\_\_ NO LOST TIME: \_\_\_\_\_

EMPLOYED SINCE: \_\_\_\_\_

OCCUPATION AT TIME OF ACCIDENT: \_\_\_\_\_

LOCATION OF ACCIDENT/INCIDENT: \_\_\_\_\_

YEARS EXPERIENCE IN THAT OCCUPATION: \_\_\_\_\_

DATE/HOUR OF ACCIDENT: \_\_\_\_\_ A.M./P.M.

DATE/HOUR REPORTED: \_\_\_\_\_ A.M./P.M.

WAS THE ACCIDENT REPORTED TO THE CITY POLICE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHEN: \_\_\_\_\_

VEHICLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

PHOTOS TAKEN: \_\_\_\_\_

WHAT HAPPENED? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU SUBMITTED THE WORKER'S COMPENSATION CLAIM FORM TO PAYROLL?

YES \_\_\_\_ NO \_\_\_\_

**A) PERSONAL INJURY**

PART OF BODY INJURED (BE SPECIFIC): \_\_\_\_\_

TYPE OF INJURY (SPRAIN, CUT, PAIN, BURN, ETC.): \_\_\_\_\_

TREATMENT SOUGHT: \_\_\_\_\_

TREATMENT RECEIVED: \_\_\_\_\_

**B) PROPERTY DAMAGE**

PROPERTY/EQUIPMENT DAMAGED: \_\_\_\_\_

NATURE OF DAMAGE: \_\_\_\_\_

TO MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT

\_\_\_\_\_  
SIGNATURE – EMPLOYEE

\_\_\_\_\_  
DATE

**PART II – TO BE COMPLETED BY THE SUPERVISOR AND  
ACCIDENT/ INCIDENT EMPLOYEE**

NAME OF ACCIDENT/INCIDENT VICTIM: \_\_\_\_\_

LOST TIME: \_\_\_\_\_ NO LOST TIME: \_\_\_\_\_

INJURY: \_\_\_\_\_ PROPERTY DAMAGE: \_\_\_\_\_

FATALITY: \_\_\_\_\_ CRITICAL: \_\_\_\_\_

MEDICAL AID: \_\_\_\_\_

OCCASIONAL ILLNESS: \_\_\_\_\_ FIRST AID: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE ACCIDENT REPORTED: \_\_\_\_\_

PREVENTABLE \_\_\_\_\_ NOT PREVENTABLE \_\_\_\_\_

LOCATION OF ACCIDENT: \_\_\_\_\_

WAS THE ACCIDENT REPORTED TO THE CITY POLICE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, WHEN: \_\_\_\_\_

VEHICLE: \_\_\_\_\_

IS THIS AN INSURANCE CLAIM: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WAS THE

INSURANCE CLAIM PAPERS FILLED OUT: YES \_\_\_\_\_ NO \_\_\_\_\_

WITNESSES: \_\_\_\_\_

PHOTOES TAKEN: \_\_\_\_\_

DESCRIPTION OF ACCIDENT (ATTACH WORKSHEET)

\_\_\_\_\_  
\_\_\_\_\_

WHAT CONDITIONS/PRACTICES CONTRIBUTED TO THE INJURY/ PROPERTY DAMAGE? (Direct Causes)

Substandard Conditions

- Lack of guards and safety devices
  - Inadequate guards and safety devices
  - Lack of or inadequate warning systems
  - Unexpected movement hazards
  - Poor housekeeping hazards
  - Protruding object hazards
  - Close clearance and congestion hazards
  - Hazardous atmospheric conditions
  - Hazardous placement or storage
  - Inadequate illumination or intense noise
  - Hazardous personal attire
  - Other (describe below)
- 
- 

Substandard Practices

- Operating equipment without authority
  - Failure to secure object
  - Operating/working at an unsafe speed
  - Failure to warn or signal as required
  - Making safety devices inoperable
  - Using defective tools/equipment
  - Using tools or equipment improperly
  - Taking an unsafe position or posture
  - Servicing moving, energized equipment
  - Riding hazardous equipment
  - Horseplay, distracting, testing, etc
  - Failure to wear protective equipment
  - Other (describe below)
- 
- 

WHAT BASIC CAUSES CONTRIBUTED TO THE ACCIDENT?

**Personal Factors**

- Lack of knowledge
  - Lack of skill
  - Inadequate capability
  - Stress
  - Lack of appreciation of hazard
  - Other (describe below)
- 
- 
- 

**Job Factors**

- Inadequate work standards
  - Inadequate design Or maintenance
  - Inadequate purchasing standards
  - Normal wear and tear
  - Abnormal usage
  - Other (describe below)
- 
- 
-

**WHAT CORRECTIVE ACTION CAN BE TAKEN TO PREVENT RECURRENCE? SIGN AND DATE WHEN COMPLETED**

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EMPLOYER REP \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYER REP \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE – SUPERVISOR DATE

\_\_\_\_\_  
CO-CHAIR SIGNATURE DATE  
Joint Occupational Health & Safety Committee  
Have Reviewed and Been Made Aware Of This  
Accident/Incident.

\_\_\_\_\_  
CO-CHAIR SIGNATURE DATE  
Joint Occupational Health & Safety Committee  
Have Reviewed and Been Made Aware Of This  
Accident/Incident.

**PART III – TO BE COMPLETED BY MANAGER**

**WHAT CORRECTIVE ACTION WAS TAKEN TO PREVENT RECURRENCE?  
SIGN AND DATE WHEN COMPLETED**

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SIGNATURE – OPERATIONS MANAGER

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DATE

**Accident Investigation Worksheet**

**PART IV**

Investigation Tips

Have available a measuring tape, camera, paper, pencil/pen to visually document accident scene. Get names and contact numbers of witnesses and conduct interviews as soon as possible after the accident. The purpose of the investigation is to uncover causes. Consider the people involved, the equipment, environment and the material.

DESCRIPTION OF ACCIDENT: (DRAW DIAGRAMS AND/OR ATTACH PHOTOGRAPHS TO SHOW LOCATION)

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DIRECT CAUSE OF ACCIDENT: (WHAT HAPPENED IMMEDIATELY BEFORE THE ACCIDENT? WERE THERE PROBLEMS WITH WHAT WAS DONE OR THE CONDITIONS AT THE TIME?)

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INDIRECT CAUSES OF THE ACCIDENT: (WAS THERE A LACK OF KNOWLEDGE OR TRAINING; DEPARTURE FROM SAFE WORK PRACTICES; INADEQUATE EQUIPMENT, TOOLS, MATERIALS?)  
(Personal Factors)

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ROOT CAUSES OF THE ACCIDENT: (DESCRIBE GENERAL DEFICIENCIES THAT MAY HAVE CONTRIBUTED TO THE CAUSE OF THE ACCIDENT – LACK OF OH&S AWARENESS, ORGANIZATION OF THE WORKPLACE, ETC.) (Job Factors)

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**INVESTIGATION TEAM MEMBER NAMES:**

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**ATTACH NOTES FROM WITNESS INTERVIEWS.**

**PLEASE SUMMARIZE YOUR FINDINGS IN PART II OF THIS REPORT.**

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SIGNATURE – SUPERVISOR

DATE



# CHARLOTTETOWN

## Hot Work Permit

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AREA: \_\_\_\_\_ DEPT: \_\_\_\_\_

LOCATION OF WORK: \_\_\_\_\_

WORK TO BE DONE: \_\_\_\_\_

SPECIAL PRECAUTIONS: \_\_\_\_\_

IS FIRE WATCH REQUIRED: \_\_\_\_\_

**THIS LOCATION WILL BE EXAMINED, AND THE NECESSARY PRECAUTIONS TAKEN. PERMISSION WILL BE GRANTED FOR THIS WORK AFTER THE INITIAL CHECK IS COMPLETED AND SIGNED BY PERMIT HOLDER AND APPROVED BY SUPERINTENDENT.**

**INITIAL CHECK TO BE FILLED OUT PRIOR TO START OF JOB**

Y/N

- \_\_\_\_\_ EQUIPMENT TO BE USED IN GOOD REPAIR
- \_\_\_\_\_ AREA (4 METERS) CLEAR OF COMBUSTIBLES AND FLAMMABLES
- \_\_\_\_\_ FIRE EXTINGUISHER(S) PRESENT
- \_\_\_\_\_ WATER HOSE PRESENT
- \_\_\_\_\_ AREA (15 METERS) CLEAR OF EXPLOSIVES
- \_\_\_\_\_ ARE SMOKE DETECTORS WITHIN IMMEDIATE AREA
- \_\_\_\_\_ SECOND MAN REQUIRED
- \_\_\_\_\_ AREA TO BE WETTED DOWN
- \_\_\_\_\_ ALL WELL AND FLOOR OPENINGS COVERED
- \_\_\_\_\_ EQUIPMENT CLEANED OF ALL COMBUSTIBLES AND FLAMMABLES
- \_\_\_\_\_ CONTAINERS PURGED OF FLAMMABLE VAPORS
- \_\_\_\_\_ COMBUSTIBLES AND FLAMMABLE LIQUIDS PROTECTED WITH COVERS, GUARDS, OR METAL SHIELDS
- \_\_\_\_\_ CITY OF CHARLOTTETOWN SECURITY NOTIFIED OF WORK BEING COMPLETED

INDICATE PLAN FOR ANY OF THE QUESTIONS ABOVE ANSWERED "NO".

SIGNED: \_\_\_\_\_  
(BY SUPERINTENDENT RESPONSIBLE FOR HOT WORK)

SIGNED: \_\_\_\_\_  
(BY WORKER/WELDER)

TIME STARTED: \_\_\_\_\_ COMPLETED: \_\_\_\_\_

**FIRE CHECKS MUST BE DONE AND SIGNED AFTER HOT WORK COMPLETED.**

30 MINUTES BY: \_\_\_\_\_  
(BY WORKER/WELDER)

1-2 HOURS BY: \_\_\_\_\_  
(BY WORKER/WELDER)

WHEN COMPLETE RETURN TO SUPERINTENDENT.

COMPLETED BY: \_\_\_\_\_  
(SUPERINTENDENT)





**NOTICE OF DISCIPLINARY ACTION**

Date of Notice: (MM-DD-YYYY)	
Employee's Name:	Position:
Supervisor's Name:	Department:

As a follow up to the meeting on \_\_\_\_\_ (date),  
the following actions are to be taken:

<b>Date and Time of Occurrence:</b>
<b>Nature/Type of misconduct :</b>
<b>Frequency of Offense:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others (please specify): _____
<b>Details of misconduct:</b>
<b>Corrective actions:</b>

**Preventive actions:**

**Type of action:**

- Verbal reprimand
- Written reprimand

*Further behavior of this nature may result in further disciplinary actions up to and including dismissal. Any behavior requiring more significant disciplinary action such as suspension or dismissal must be referred to the Manager of Human Resources prior to any such action taking place.*


**SIGNED:**

Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*\*Provide a copy of this completed form to the Department Manager and Human Resources.*



# CHARLOTTETOWN

## Employee Orientation Checklist

**Please indicate you understand with an "x" as we discuss each topic:**

- |                                                                            |                                                                           |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Contacting Supervisors                            | <input type="checkbox"/> Proper Lifting Techniques                        |
| <input type="checkbox"/> City Works facility parking lot regulations       | <input type="checkbox"/> OH&S Employee Rights & Responsibilities          |
| <input type="checkbox"/> Occupational Health & Safety Policy & Program     | <input type="checkbox"/> Drugs and Alcohol are <b>Strictly Prohibited</b> |
| <input type="checkbox"/> Employee OH&S Responsibilities                    | <input type="checkbox"/> Smoking in Workplace Policy                      |
| <input type="checkbox"/> Employee WCB reporting responsibilities           | <input type="checkbox"/> Internet Usage and Communications Policy         |
| <input type="checkbox"/> Personal Protective Equipment                     | <input type="checkbox"/> Employee Code of Conduct                         |
| <input type="checkbox"/> 6 inch CSA Approved Work Boots                    | <input type="checkbox"/> Harassment in the Workplace Policy               |
| <input type="checkbox"/> Work Appropriate Clothing (Long Pants, etc.)      | <input type="checkbox"/> Respectful Workplace Policy                      |
| <input type="checkbox"/> Personal headphones & Ear Buds <b>Not Allowed</b> | <input type="checkbox"/> Whistleblower Policy                             |
| <input type="checkbox"/> First Aid & Eyewash stations                      | <input type="checkbox"/> City Transportation                              |
| <input type="checkbox"/> Motorized & heavy equipment                       | <input type="checkbox"/> Use of City Vehicles Policy                      |
| <input type="checkbox"/> Slip & Falls/ Housekeeping                        | <input type="checkbox"/> Lunch & Breaks                                   |
| <input type="checkbox"/> Lock Out/ Tag Out Policy & Procedures             | <input type="checkbox"/> Hours of Work & Sick Time                        |

**I acknowledge that I understand the above noted policies, regulations and standards and that I understand what is expected of me by The City of Charlottetown. I agree to act in accordance with these policies and standards of conduct and to work safely as a condition of my employment with The City of Charlottetown.**

**WHMIS Trained:** Yes  No  **Date trained:** \_\_\_\_\_

**First Aid Trained:** Yes  No  **Emergency**  **Standard**

**Other Training:** \_\_\_\_\_

**Please Print Clearly and Sign Below**

**Employee's Name (Print Clearly):** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**1<sup>st</sup> Emergency Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Presenter's Signature:** \_\_\_\_\_



**HEALTH AND SAFETY MANUAL SIGN OFF**

I have received and reviewed my copy of the **Environmental, Health and Safety Handbook**.  
I agree to abide by the rules and regulations contained therein.

Employee Name: \_\_\_\_\_  
(Please Print)

Employee Signature: \_\_\_\_\_

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



# CHARLOTTETOWN

<b>REVISION HISTORY</b>			
<b><u>Revision</u></b>	<b><u>Revision Date</u></b>	<b><u>Approved</u></b>	<b><u>Comments:</u></b>
		June 22, 2012	Original Document
A	May 10, 2016		
B	June 15, 2017	June 15, 2017	Annual review and update of related policies and procedures (PPE, Corrective Discipline, Lockdown Procedure, Day 1 Orientation Checklist)