



**KENT REGIONAL SERVICE COMMISSION
25-04 – WORKPLACE HEALTH AND SAFETY POLICY**

1) OBJECTIVE

Establish a policy to determine an adequate occupational health and safety system related to the operations of the Kent Regional Service Commission in accordance with Section 8 of the *Occupational Health and Safety Act*.

2) DEFINITIONS

“Accident”: an unexpected event that interrupts the regular performance of work and which can cause material damage or compromise the physical state or health of a person.

“Act”: the New Brunswick *Occupational Health and Safety Act* and its Regulations.

“CEO”— Chief Executive Officer: the person named under the article 13 (1) of the *Regional Service Delivery Act* or the person appointed by the Board of Directors or its delegate.

“Committee”: the Joint Health and Safety Committee.

“Director”: a person who, as part of his or her duties, is required to supervise one or more persons.

“Employee”: all the members of management and salaried employees of the Kent Regional Service Commission.

“Employer Report”: the *Employer Report of Injury or Illness* form developed by WorkSafeNB and available in **Appendix A**.

“Health”: the physical and mental wellness of a person who doesn’t have any illnesses, pain, or anomalies which can incapacitate his physical and mental state.

“Head of HR”: the employee of the Kent Regional Service Commission to whom the duties described in section 7 have been delegated for the proper management of human resources.

“KRSC”: abbreviation for Kent Regional Service Commission

“Physical Agent”: the energy or an influence such as noise, heat, cold or radiation that can affect the body, a portion of the body or a function of the body.

“Safety”: the totality of the measures that serve to constantly remind people of the possibilities of accidents and injuries.

“Workers’ Application”: the *Application for Workers’ Compensation Benefits* form developed by WorkSafeNB and available in **Appendix B**.

“WorkSafe NB Agent”: a person responsible for enforcing the Act and the regulations concerning the health and safety in New Brunswick workplaces.

3) GENERAL POINTS

- a. For interpretation purposes of this policy, the masculine includes feminine, and the singular includes plural, as required by the text.
- b. The Kent Regional Service Commission wants to establish a policy for the execution of all duties favourable to the health and safety of the staff of the Kent Regional Service Commission.
- c. The Kent Regional Service Commission cannot provide a service that could cause an accident or cause harm to an employee.
- d. Every employee must carry out his duties in an efficient manner and must take the necessary time to accomplish its work in a safe manner.
- e. Every employee of the Kent Regional Service Commission is responsible for his own health and safety. All the employees must follow the rules, the procedures, the instructions, and all directives that concern the proper execution of their work, their health, their safety, and those of his colleagues.

4) RESPONSIBILITIES OF THE CEO

- a. The CEO only retains the services of directors who are committed to enforcing the organization’s health and safety rules and procedures.
- b. When evaluating a director’s performance, one of the important factors is the health and safety record for the division under that senior manager’s responsibility.
- c. The CEO ensures that health and safety records and data are kept up to date and readily available to the Board of Directors, directors, employees, and health and safety authorities.
- d. The CEO performs his or her duties in accordance with all health and safety rules and procedures.
- e. The CEO ensures that all meetings dealing with health and safety are conducted in accordance with the rules and procedures set out in this policy.
- f. The CEO ensures that all other KRSC rules and procedures comply with those applicable to health and safety.
- g. The CEO actively engages in health and safety by reading the minutes of safety meetings, periodically reviewing safety records, and randomly checking work methods through observation tours and informal safety checks.
- h. The CEO may attend committee meetings as an ex officio member.
- i. The CEO evaluates health and safety training requests made by committee members or directors, coordinates training activities, and secures the necessary funding.

- j. The CEO files this policy in the WorkSafeNB file.

5) RESPONSIBILITIES OF THE DIRECTORS

- a. Directors must perform their duties in accordance with health and safety policies, regulations, procedures, and operational guidelines.
- b. Directors must ensure that there is an up-to-date first aid kit in every KRSC office and in the vehicles of employees who regularly travel in the course of their duties.
- c. When an accident occurs, the director must promptly investigate the accident and ensure that senior management is notified as soon as possible and that the Employer Report is completed and submitted to WorkSafeNB (**Appendix A**). The director must also ensure that the employee completes and submits the Worker's Application (**Appendix B**).
- d. Directors are responsible for ensuring that all employees under their supervision have the necessary knowledge and training before performing their work.
- e. They are responsible for checking and ensuring that all employees under their supervision have the appropriate protective equipment to perform their work safely.
- f. They must also make suggestions to the CEO for the improvement of occupational health and safety.

6) RESPONSIBILITIES OF THE EMPLOYEES

- a. Employees must perform their duties in accordance with health and safety policies, regulations, procedures, and operational guidelines.
- b. Employees must behave in a manner that protects their health and safety and that of others in or near the workplace.
- c. They must report any workplace hazards they become aware of to their director, a committee member, and/or to the CEO.
- d. All KRSC employees, including students, must wear the protective equipment required to perform their work safely.
- e. Employees who use a tool must
 - i. inspect the tool before using it;
 - ii. not use defective tools;
 - iii. report defective tools to their director;
 - iv. keep tools in good working order;
 - v. only use tools only for the purposes for which they were designed;
 - vi. store all tools in appropriate containers or locations when not in use; and
 - vii. not leave tools lying on floors, stairs, in passageways, or in elevated areas where they could fall.
- f. It is always in the employee's best interest to make suggestions for improving health and safety at work to their immediate director, who will then discuss them with the CEO.

7) RESPONSIBILITIES OF THE HEAD OF HR

- a. The Head of HR must coordinate the activities of the KRSC's health and safety program.
- b. They ensure that this policy, which contains the rules and procedures for health and safety, is kept up to date. The policy must be reviewed at least every five years in collaboration with the Committee.

- c. If necessary, the Head of HR recommends that directors and the Committee modify established health and safety rules and procedures.
- d. They must ensure that emergency and first aid equipment are accessible and maintained in the offices.
- e. They act as the health and safety resource person for employees and WorkSafeNB.
- f. They must keep a record of all health and safety training completed by KRSC employees.
- g. They must gather information concerning safety and communicate it to employees a first time when a new employee starts work, then provide regular reminders (preferably annually) to all staff.
- h. They ensure to distribute and display the information required by the *Act*, i.e., they ensure access to the text of the *Act* as well as the names and contact details of the Committee members in a common area in the KRSC offices.
- i. They must also make suggestions to the CEO for the improvement of occupational health and safety.
- j. They are responsible for coordinating the inspection of the KRSC offices once a month to identify any potential risks.
 - i. The KRSC must ensure that fixed workplaces are inspected monthly to identify any risks to the health and safety of employees and the public, in accordance with **Appendix C**.
 - ii. The Head of HR is responsible for ensuring that the form is completed and submitted to the CEO following monthly inspections, in addition to presenting it during committee meetings.

8) JOINT HEALTH AND SAFETY COMMITTEE

- a. Composition
 - i. The committee shall consist of six (6) members as determined by the staff and the Board of Directors of the KRSC.
 - ii. The committee shall be composed of an equal number of employer and employee representatives. The employer shall appoint its representatives (one member of the Board and two directors), and the employees shall elect or appoint their representatives.
- b. Nominations
 - i. All appointments to the committee are for a term of four years. Any member who leaves the committee or is unable to fulfill their obligations to the committee shall be replaced immediately.
 - ii. Appointments and elections shall take place every four years. The names of committee members shall be entered on a form provided by WorkSafeNB, and a copy of this list shall be posted permanently at both of the KRSC's offices (**Appendix D**).
 - iii. There shall be no limit to the number of times a person may be elected or appointed to the committee.

- iv. The employer and employee representatives shall elect a co-chair from their respective groups, and the co-chairs shall call elections for the appointment of a secretary.

c. Meetings

- i. The Committee shall meet every three months or at any other time approved by the co-chairs.
- ii. The secretary shall post a notice of meeting one week in advance. The notice shall indicate the date, time, and location of the meeting and shall include an official agenda. The notice shall also invite employees to submit their comments in writing to the committee secretary prior to the meeting. A copy of the notice is sent to the CEO.
- iii. Employees who are members of the Committee inform their director of the date and time they will be absent from their regular workstation as early as possible, with a minimum of one business day's notice. Directors shall endeavour to organize work or assign staff so that the Committee member can attend the meeting. When a Committee member is unable to attend the meeting or expects to be late, the Committee must be notified before the meeting starts.
- iv. The secretary shall keep the minutes of the meeting on the form provided by WorkSafeNB (**Appendix E**).
- v. The minutes of the meeting shall be reviewed, signed, and dated by the co-chairs of the Committee and posted within one week of the meeting. The secretary keeps a copy on file for WorkSafeNB should they request access and send a copy to the CEO.
- vi. If the Committee wishes to submit a recommendation to the CEO, it may do so using the recommendation form designed by WorkSafeNB (**Appendix F**). This form provides a paper trail of the Committee's recommendations and responses to them.

d. Procedure of the Meeting

- i. Opening of the meeting by one of the co-chairs. The secretary records the date, time, and location of the meeting, as well as the names of those present. The secretary records the names and arrival times of participants who arrive after the meeting has begun.
- ii. Adoption of the Agenda
- iii. Reading of the minutes of the previous meeting. All observations relative to the minutes must be recorded.
- iv. Business arising from the minutes.
- v. Inspections
- vi. Review of workplace accident reports (if applicable)
- vii. Review of complaints received (if applicable)
- viii. Set the date for the next meeting
- ix. Adjournment of the meeting.

N. B. The agenda of the meeting may be modified by the co-chairs when guests are present or for other reasons.

- e. Training
 - i. In consultation with Committee members, the employer shall grant the necessary leave so that members can acquire the training required to perform their duties and responsibilities. The training and certification of Committee members are the responsibility of WorkSafeNB. Payment of expenses incurred for the training of Committee members must be approved by the CEO or Director of Finance.
- f. Remuneration
 - i. Committee members who participate in activities directly related to the Committee's operations receive their remuneration and other benefits for the duration of those activities.
- g. Functions and Responsibilities
 - i. Make recommendations for the establishment and enforcement of health and safety rules.
 - ii. Participate in identifying and eliminating health and safety hazards in the workplace.
 - iii. Inform employees and employers of existing or potential hazards in the workplace and the nature of the risks to their health and safety.
 - iv. Establish and promote health and safety programs to educate and inform the employer and employees.
 - v. Receive and review complaints regarding the health and safety of employees in the workplace and make recommendations to the employer in this regard.
 - vi. Keep records of complaints received and reviewed and the recommendations made in response to them.
 - vii. Obtain from the employer the necessary information to determine the existing or potential hazards presented by working conditions, tools, equipment, devices, and machinery in the workplace.
 - viii. Perform monitoring and measurement exercises by Committee members who have the necessary training when WorkSafeNB deems it necessary to ensure such regular monitoring of the workplace and has instructed the Committee to do so.
 - ix. Participate in all inspections and investigations concerning employee health and safety, and more specifically, in investigations required when an employee is the victim of an accident that has or may have fatal consequences, that causes or may cause the loss of a limb or an occupational illness, or that requires or may require hospitalization.
 - x. Investigate any matter referred to the Committee at the appropriate level when an employee exercises their right to refuse to perform an act when they have reasonable grounds to believe that the act will likely endanger their life or safety or that of another person.
 - xi. Exercise all other functions

1. that may be assigned by the KRSC;
2. that may be assigned by mutual agreement between the employer and employees;
3. that are prescribed by the *Act*.

h. Resolution

- i. When a Committee cannot agree on a health and safety issue, it asks the CEO to resolve the problem. If the CEO cannot find a solution, the Committee asks a WorkSafeNB Agent to resolve the problem.
- ii. When the Committee considers that the problem must be resolved immediately, it shall contact a WorkSafeNB Agent directly. The Committee shall inform the CEO as soon as possible that it has asked an Agent to resolve the problem.

9) ORIENTATION AND TRAINING OF EMPLOYEES

- a. All health and safety orientation is mandatory for all KRSC employees.
- b. According to the *Act*, the KRSC must provide information, give instructions, and ensure the necessary training and supervision to protect the health and safety of employees.
- c. The Head of HR is responsible for ensuring that the orientation and training of all new employees are carried out in accordance with **Appendix G**, with the assistance of the persons involved.
- d. General first aid and CPR training are mandatory for at least one employee, but ideally there will be two, for each permanent work location of the KRSC, with renewal every three years.

10) PERSONAL PROTECTION EQUIPMENT

- a. The CSRK will pay for one pair of protective (steel-toed) shoes/boots per year for permanent employees who perform daily tasks requiring such protection. The maximum amount reimbursed by the KRSC is \$150 upon receipt of the receipt.
 - i. An employee may decide to purchase shoes/boots every two years and, as a result, receive a maximum reimbursement of \$300 for the equipment upon presentation of the receipt.
- b. Protective shoes/boots must be worn at all times by building inspectors performing work outside the KRSC offices.
- c. Any other necessary protection equipment required to ensure employees' health and safety (hard hat, high-visibility vests, protective glasses, earplugs, face masks, etc.) must be worn at all times and will be paid for by the KRSC.

11) ADMINISTRATION OF HAZARDOUS MATERIALS USED IN THE WORKPLACE

- a. According to [Regulation 2016-6 of the Act](#), the KRSC must provide all necessary information to employees so that they can work safely with or near controlled hazardous substances.
- b. Given that the KRSC calls on a private company to clean its offices and that the cleaning products used in the performance of cleaning duties are classified as consumer products governed by the *Canada Consumer Product Safety Act* and not by the *Hazardous Products*

Act, this section of the policy remains simple and directs employees to the provincial regulations if they wish to obtain more information on this subject.

- i. Cleaning products in the KRSC offices are stored in designated areas that are locked at all times to ensure the safety of employees and the public.

12) SAFE WORK CODE OF PRACTICE—WORKING ALONE AND IN TRENCHES

- a. Under Regulation 92–133 of the Act, the KRSC must establish a code of practice to ensure the health and safety of an employee who works alone at any time in a workplace, against risks arising directly or indirectly from the assigned work.
 - i. Working from home is not considered solitary work under the Act.
- b. Any employee working alone in a remote workplace and/or who will be working near or in a trench (foundation) must follow the safe work procedure available in **Appendix H** at all times.

13) ZERO TOLERANCE FOR DRUG AND ALCOHOL USE AT WORK

- a. In order to respect human rights, the responsibility of the KRSC is to identify individuals suspected of being under the influence of drugs and alcohol at work.
- b. It is important that these individuals receive the necessary assistance to continue their work effectively and safely.
- c. When identifying individuals suspected of being under the influence of drugs and alcohol, it is important that the identification be based on facts and not on allegations. Performance appraisals and evaluations based on the tasks to be performed are tools that support the identification of these individuals.
- d. The CEO must ensure that there is reasonable doubt and must keep a written record of these checks and observations in the employee's file.
- e. Employees who refuse to seek help and whose condition does not improve or deteriorates will be treated in accordance with the provisions listed in the Employees' Manual. Employees found in possession of illegal drugs will be reported to the Royal Canadian Mounted Police.
- f. Employees who must take leave from work for treatment related to a drug or alcohol problem are guaranteed their job upon their return, provided they are able to perform the duties of the position.

14) ACCIDENT REPORT

When an accident occurs, the director quickly investigates the accident and ensures that the CEO is notified as soon as possible. The KRSC must ensure that the forms required by WorkSafeNB are completed and submitted according to the following procedures:

- a. The Employer Report (**Appendix A**) must be completed and submitted by the employer within the time limits prescribed by WorkSafeNB.
 - i. The employer must submit the form within three days of one of the following dates:
 - 1. The date of the accident;
 - 2. The date on which the occupational disease was diagnosed in the employee;

3. The date on which the employee notified their employer of the accident/injury or illness.
- ii. In the event of a more serious accident, the employer must immediately notify WorkSafeNB by calling **1-800-999-9775**. Injuries causing the following effects are included in these procedures:
 1. Loss of consciousness;
 2. Amputation;
 3. A fracture (other than to fingers or toes);
 4. A burn requiring medical attention;
 5. Loss of vision in one or both eyes;
 6. A deep laceration;
 7. Hospitalization; or
 8. Death.
- b. The Worker's Application (**Appendix B**) must be completed and submitted by the employee within the time limits prescribed by WorkSafeNB.
 - i. The KRSC recommends that employees submit the Workers' Application even if the employee has not received medical treatment and does not wish to receive compensation, so that the accident/injury is still recorded in the files.
 - ii. Employees have one year from the date of the accident/injury to file a claim.

15) RIGHT TO REFUSE

- a. An employee may refuse to perform any act at their workplace when they have reasonable and probable grounds to believe that the act will endanger their health or safety under the *Act*.
- b. The process for submitting a right to refuse is outlined in **Appendix I**.

16) WORKPLACE ENVIRONMENT

- a. All workplaces must be well lit and the air quality must always meet satisfactory quality standards.
- b. Emergency lighting is provided for passageways leading to exits, which are also indicated by illuminated signs equipped with a backup power source.
- c. When the noise level in a workplace meets the guidelines established in Regulations 91–191, that workplace is designated as a place where hearing protection must be worn.

17) SCENT-FREE WORKPLACE

The use of scented products is prohibited at all times due to the health risks posed by exposure to scented products for all individuals who work in, frequent, or visit the facilities. Some individuals are sensitive to different odours, and as an organization, we must respect their conditions.

- a. The KRSC recognizes that chemicals used in the manufacture of scented products can make some people ill, particularly those who are sensitive to fragrances or who suffer from asthma, allergies, or other health problems.

- b. Known scented products include perfumes, cosmetics, shampoos, deodorants, and other products such as air fresheners, cleaning products, etc. (Source: Canadian Centre for Occupational Health and Safety)
- c. Every employee or other person visiting KRSC facilities must contribute to maintaining a healthy and safe work environment for others by complying with this policy.
- d. The KRSC asks all persons working in, visiting, or frequenting its facilities to cooperate by avoiding the use of scented products.
- e. All cleaning products used must be unscented or lightly scented. When work that require the use of wax, shampoo, paint, or spray is to be carried out inside the facilities, the KRSC will notify employees in advance so that the staff affected by these products can take the necessary precautions to ensure that their health is not at risk.



Employer Report of Injury or Illness

IMPORTANT: Save this form to your computer or network drive BEFORE you start. Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.

If you are reporting an injury or illness related to hearing loss, please complete the [Employer Report of Occupational Hearing Loss](#) rather than this form.

Are you reporting this within three days of being notified of the injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your employee been made aware of their right to file an application for benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your employee intend to file an application for benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown

1. Employee information

Employee's last name		First name	
Street address			Apt. no.
Town/City	Postal code	Province	Date of birth (yyyy-mm-dd)
Phone number (home)	Phone number (cell)		Phone number (work/other)
Occupation			Social insurance number

2. Employer information

Employer name	WorkSafeNB employer number	Operation number
Street address or PO Box		
Town/City	Postal code	Province
		Fax number (include area code)
Employer contact name	Position	
Contact's email address	Contact's phone number (business)	Contact's phone number (cell/other)



Employer Report of Injury or Illness

3. Injury or illness

How did the injury/illness happen?

- ☐ It was caused by a specific incident (Date (yyyy-mm-dd): _____ / Time: ☐ AM ☐ PM)
- ☐ It occurred over a period of time (date first symptoms were noticed (yyyy-mm-dd): _____)
- ☐ It's a recurrence of previous workplace-related illness or injury (previous claim number: _____)

A recurrence is the return of an injury or illness in which the worker previously received WorkSafeNB benefits (treatment and/or wage replacement). It is not a new accident or injury – but a flare up or recurrence.

Date you were notified (yyyy-mm-dd)	Time reported to you <input type="checkbox"/> AM <input type="checkbox"/> PM	Person who received notification at workplace
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Has your employee missed any time from work beyond the date of accident due to this injury/illness? ☐ Yes ☐ No

Body part(s) injured	Specify left, right or both if applicable: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
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Did the injury/illness happen on the employer's premises? ☐ Yes ☐ No

If no, where did the injury/illness happen? (ex: hotel restaurant, store parking lot)?

Did the injury/illness happen in New Brunswick? ☐ Yes ☐ No If no, in which province (or state)?

Describe the type of injury/illness (select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Fatality | <input type="checkbox"/> Fainted | <input type="checkbox"/> Laceration / Cut / Abrasion |
| <input type="checkbox"/> TPI (ex: PTSD, stress, anxiety) | <input type="checkbox"/> Hearing loss, sudden* | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hernia | <input type="checkbox"/> Puncture wound |
| <input type="checkbox"/> Occupational disease | <input type="checkbox"/> Amputation (arm/leg) | <input type="checkbox"/> Bite |
| <input type="checkbox"/> Heart / Stroke | <input type="checkbox"/> Amputation (finger/toe) | <input type="checkbox"/> Eye injury |
| <input type="checkbox"/> Repetitive work injury | <input type="checkbox"/> Fracture (broken bone) | <input type="checkbox"/> Dental (teeth) |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> STI (strain, sprain, bruise) | <input type="checkbox"/> Needlestick |
| <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Head injury | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Dislocation | |
| <input type="checkbox"/> Respiratory / Breathing | | |

Did your employee seek medical attention from a health care professional (doctor, nurse, physiotherapist, etc.)? ☐ Yes ☐ No ☐ Unknown

Name of healthcare professional (doctor, nurse, physiotherapist, etc.):

Name of facility (hospital, clinic, etc.):

Date seen: _____ Was your employee admitted into hospital overnight? ☐ Yes ☐ No ☐ Unknown

Describe the accident in as much detail as possible, including what may have contributed to the injury or illness, OR attach your incident report. (If a recurrence, describe the circumstances of the flare up.)

*For noise-induced hearing loss, please complete the [Employer Report of Occupational Hearing Loss](#).



Employer Report of Injury or Illness

Did the incident involve a motor vehicle accident? ☐ Yes ☐ No

Did the incident involve a slip and fall in a parking lot? ☐ Yes ☐ No

Did the incident occur on a client/customer's property? ☐ Yes ☐ No

Did the incident involve an animal (ex. bite)? ☐ Yes ☐ No

4. Work function

Offering modified work as soon as possible supports worker recovery and is a legislative requirement for New Brunswick employers.

Did you offer modified work (change of duties/tasks, reduced hours, etc.)?

☐ Yes ☐ No ☐ Not applicable

If yes, when (yyyy-mm-dd):

Has the employee returned to work? ☐ Yes ☐ No

If yes, when (yyyy-mm-dd):

☐ Full time ☐ Part time / ☐ Full duties ☐ Modified duties

5. Hours of work and wage information

Complete this section **only if the employee has lost time** because of the injury or illness.

Your employee is required to provide pay stubs or other acceptable proof of income for the **four weeks immediately before stopping work**.

Last date worked	Did the employee get paid for the full day? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many hours were paid?	Has the employee temporarily returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s):														
Hire date	Work frequency <input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual If seasonal or casual, start date: , expected end date:															
Work type <input type="checkbox"/> Owner-operator <input type="checkbox"/> Subcontractor <input type="checkbox"/> Piece work (paid by amount produced/ services completed) <input type="checkbox"/> Doesn't apply		Does the employee work the same days every week? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number of hours worked each day of the week (example: 7.5) : <table border="1"> <thead> <tr> <th>M</th> <th>Tu</th> <th>W</th> <th>Th</th> <th>F</th> <th>Sa</th> <th>Su</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>If no, average number of hours per day: If no, average number of days per week:</p>	M	Tu	W	Th	F	Sa	Su							
M	Tu	W	Th	F	Sa	Su										
If employed less than 12 months, gross earnings for period before stopping work: (from to)																
Gross weekly earnings (including overtime). If varies, provide average of last four weeks:																
Gross earnings for the 12 months immediately before stopping work:		Hourly rate:														
Does the employee have a TD1 Married Exemption reported with payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Have you provided the employee any wage replacement (sick, vacation, etc.) beyond the date of injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, please provide details:																



Employer Report of Injury or Illness

6. Declaration and consent

Do you have any objections to your employee receiving workers' compensation benefits for this injury or illness? ☐ Yes ☐ No

If yes, please explain (maximum 2,000 characters). If you need more space, please attach a separate document.

- ☐ I declare that that all the information provided by me is true and correct to the best of my knowledge.
- ☐ I agree to notify WorkSafeNB immediately of any work-related income the employee receives, to my knowledge, while the employee is on workers' compensation benefits, regardless of the source, and of a return to work or any other change in circumstances that may affect the worker's claim application.
- ☐ I consent and authorize WorkSafeNB to gather, use, release or disclose information from this report, including medical and financial information, as authorized by law and in accordance with the *Personal Information Protection and Electronic Documents Act*, the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. WorkSafeNB takes the protection of privacy seriously. Read our [Access to Privacy and Information](#) statement.

Name	Signature* (employer representative)	Date (yyyy-mm-dd)
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* Your employee does not sign this report. If the employee chooses to apply for workers' compensation benefits, the worker must complete the *Application for Workers' Compensation Benefits*. Both the employer and worker forms are required to process a claim application.



Employer Report of Injury or Illness

7. Submission

Submit your *Employer Report of Injury or Illness* through your secure MyServices account. MyServices also allows you to get clearance certificates, report annual payroll (Form 100), report monthly payroll (MAAP) and more. [Learn more.](#)

To submit your report by email, attach the completed document and state "Report of Injury / Illness" in the subject line, then email to app-dem@ws-ts.nb.ca.

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Or, you may mail or fax the *Employer Report of Injury or Illness* to:

WorkSafeNB, 1 Portland Street
PO Box 160, Saint John, NB
E2L 3X9
Fax toll-free: 1 888 629-4722

Employer Report of Injury or Illness

Instructions

Complete this form if an employee experiences a work-related injury or illness. You must submit this to WorkSafeNB **within three days** of the: date of the accident if the injury or illness may entitle the worker and/or their dependent(s) to wage replacement or medical treatment under New Brunswick's *Workers' Compensation Act*; date the employee is diagnosed with an occupational disease; or date you are notified of the accident/injury or illness by the employee.

REPORTING A HEARING LOSS-RELATED INJURY OR ILLNESS? Occupational hearing loss claims require additional information to help WorkSafeNB determine if the hearing loss is applicable for coverage under New Brunswick's *Workers' Compensation Act*. If you are reporting an injury or illness related to hearing loss, please complete the [Employer Report of Occupational Hearing Loss](#) form rather than this report. Exception: If the employee's hearing loss is a result of a specific event, such as an explosion, please continue to complete this *Employer Report of Injury or Illness* form. Please note, under the *Occupational Health and Safety Act*, you must immediately report any accidental explosion that occurs in the workplace.

Additional requirements under *Occupational Health and Safety (OHS) Act*

If an accident results in one of the following injuries, you must report it to WorkSafeNB immediately: loss of consciousness, amputation, fracture other than to fingers or toes, burn that requires medical attention, loss of vision in one or both eyes, deep laceration, admission to hospital as an inpatient, and death. Report these injuries immediately by phone: **1 800 999-9775**. Learn more about your *OHS Act* obligations on the [WorkSafeNB Guide to OHS Legislation](#) website/app.

IMPORTANT: Save this form to your computer or network drive BEFORE you start. Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.

Please have ready:

- Date employee notified you of the accident/injury or illness
- Details on the accident/injury or illness, including date it happened and location
- Start date of any modified work (reduced hours, change in job tasks, etc.), if applicable
- Details of employee's earnings, if the injury or illness resulted in lost time
- Details of employee's hours of work, if the injury or illness resulted in lost time

Note: Your employee does not sign this report. The worker must complete the [Application for Workers' Compensation Benefits](#) to apply for benefits of wage replacement, medical treatment or both. **Both employer and worker forms are required to process a WorkSafeNB claim application.**

Recovery from a workplace injury or illness requires a team effort. You, your employee, WorkSafeNB and health care providers each have a role to play in a successful recovery.

Stay connected to your employee

Work is good. It provides social connection and a sense of purpose, leading to positive physical and mental health and wellness. Evidence shows it also leads to a speedier recovery. To support employees in their recovery, employers, health care providers and others must make every effort to keep workers connected to the workplace.

- **Employers** must keep in touch with workers throughout the recovery process and maintain connection to the workplace; offer meaningful and productive modified duties or other suitable work that is safe and within the workers' capabilities; ensure supervisors and co-workers support workers during recovery; and collaborate with all return-to-work partners. This applies to all employers in the province, regardless of size, industry or injury risk profile.
- **Employees** must keep in touch with their employer and WorkSafeNB throughout the recovery process; work collaboratively with the employer as they strive to find suitable work that is safe and within their capabilities; and work collaboratively with WorkSafeNB, including providing information as requested.
- **Medical practitioners** provide timely medical care, submit reports to WorkSafeNB, help set expectations for workers, and facilitate return-to-work efforts through effective communication and collaboration with all parties in the return-to-work process.
- **WorkSafeNB** administers health care and wage loss benefits, co-ordinates and monitors required health care and rehabilitation services, helps develop, manage and monitor return-to-work plans, and helps set expectations for workers and employers.

To learn more about the claims process and healthy and safe return to work, please go to worksafenb.ca/employers/. If you have any questions, please contact us toll-free at **1 800 999-9775** (Monday to Friday, 8 a.m. to 4:30 p.m.).



Application for Workers' Compensation Benefits

If you haven't already done so, inform your supervisor of your accident/injury or illness.

Learn more
about
workplace
injury
recovery at
worksafenb.ca

IMPORTANT: SAVE THIS FORM TO YOUR COMPUTER OR NETWORK DRIVE AND COMPLETE THE FORM FROM THAT SAVED VERSION! Do not complete this form from an online browser.

This form should only be completed when you want to apply for WorkSafeNB benefits. **You DO NOT need to complete this form if you do not want to file a claim.** Workers have a one-year time limitation (from the date of accident/injury) to file an application for benefits (six months in case of death).

Choice of language
for correspondence

☐ English
☐ French

☐ I sought medical treatment for a workplace injury or occupational illness and I want WorkSafeNB to make a decision on my claim for wage loss replacement and/or medical aid.

☐ I experienced a workplace injury or occupational illness but I did not seek medical treatment. I want my application filed for record purposes only. I understand a decision will not be made on this claim.

Your health and wellness is a priority. This means timely medical treatment and wage replacement benefits. We know waiting can be difficult. To help ensure you get a decision on your application as quickly as possible, it's important that you complete all sections in FULL. Your application will not be processed until **ALL required information** has been received.

1. Your information

Last name		First name		Occupation	
Street address					Apt. no.
Town/City			Postal code		Province
Phone number (cell)	Phone number (home)		Phone number (work/other)		Preferred time to call <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Email address	Birth date (yyyy-mm-dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Medicare number		Social insurance number
Employer		Employer address (street or PO Box number)			
Town/City	Employer contact			Employer contact's phone number	

2. Injury or illness

What caused your injury or illness?	
<input type="checkbox"/> It was caused by specific incident (date: _____, time: _____)	<input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> It occurred over a period of time (date you first noticed symptoms: _____)	
<input type="checkbox"/> It's a recurrence of previous workplace-related illness or injury (previous claim number: _____)	
A recurrence is the return of an injury or illness in which you previously received WorkSafeNB benefits (treatment and/or wage replacement). It is not a new accident or injury – but a flare up or recurrence.	
Have you missed time from work beyond the date of accident due to this injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Body part(s) injured	Specify left, right or both if applicable <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both



Application for Workers' Compensation Benefits

Did the injury/illness happen on the employer's premises? ☐ Yes ☐ No

If no, where did the injury/illness happen? (ex: hotel restaurant, store parking lot)?

Did the injury/illness happen in New Brunswick? ☐ Yes ☐ No If no, in which province (or state)?

Describe the type of injury/illness (select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Fatality | <input type="checkbox"/> Fainted | <input type="checkbox"/> Laceration / Cut / Abrasion |
| <input type="checkbox"/> TPI (ex: PTSD, stress, anxiety) | <input type="checkbox"/> Hearing loss, sudden* | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hernia | <input type="checkbox"/> Puncture wound |
| <input type="checkbox"/> Occupational disease | <input type="checkbox"/> Amputation (arm/leg) | <input type="checkbox"/> Bite |
| <input type="checkbox"/> Heart / Stroke | <input type="checkbox"/> Amputation (finger/toe) | <input type="checkbox"/> Eye injury |
| <input type="checkbox"/> Repetitive work injury | <input type="checkbox"/> Fracture (broken bone) | <input type="checkbox"/> Dental (teeth) |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> STI (strain, sprain, bruise) | <input type="checkbox"/> Needlestick |
| <input type="checkbox"/> Infectious disease | <input type="checkbox"/> Head injury | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Dislocation | |
| <input type="checkbox"/> Respiratory / Breathing | | |

Did you seek medical attention from a health care professional (doctor, nurse, physiotherapist, etc.)? ☐ Yes ☐ No

Name of health care professional (doctor, nurse, physiotherapist, etc.):

Name of facility (hospital, clinic, etc.):

Date seen:

Were you admitted into hospital overnight? ☐ Yes ☐ No

Describe the accident in much detail as possible (maximum 2,000 characters), including what may have contributed to your injury/illness. If you need more space, please attach a separate document. If a recurrence, describe the circumstances of the flare-up.

Did the incident involve a motor vehicle accident?

☐ Yes ☐ No

Did the incident involve a slip and fall in a parking lot?

☐ Yes ☐ No

Did the incident occur on a client or customer's property?

☐ Yes ☐ No

Did the incident involve an animal (ex. bite)?

☐ Yes ☐ No

*For noise-induced hearing loss, please complete the [Application for Benefits - Occupational Hearing Loss](#).



Application for Workers' Compensation Benefits

3. Work function

Your employer is required to offer meaningful and productive modified duties or other suitable work that is safe and within your capabilities.

Did your employer offer modified work (change of duties/tasks, reduced hours, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable If yes, when:	Have you returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: <input type="checkbox"/> Full time <input type="checkbox"/> Part time / <input type="checkbox"/> Full duties <input type="checkbox"/> Modified duties
---	---

4. Hours of work, wage and banking information

Complete this section **only if you lost time and are applying for wage replacement benefits** because of your injury/illness.

You must provide **pay stubs for the four weeks immediately before stopping work** because of your injury or illness with your application. If you don't know how to get your pay stubs, contact your employer.

Last date worked	Did you get paid for the full day? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many hours were you paid?	Have you returned temporarily to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s):														
Hire date:	Work frequency <input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual If seasonal or casual, start date: _____, expected end date: _____															
Work type <input type="checkbox"/> Owner-operator <input type="checkbox"/> Subcontractor <input type="checkbox"/> Piece worker (paid by amount produced/ services completed) <input type="checkbox"/> Doesn't apply	Do you work the same days every week? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number of hours worked each day of the week (example: 7.5) <table border="1"> <tr> <td>M</td> <td>Tu</td> <td>W</td> <td>Th</td> <td>F</td> <td>Sa</td> <td>Su</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> If no, average number of hours per day: In no, average number of days per week:		M	Tu	W	Th	F	Sa	Su							
M	Tu	W	Th	F	Sa	Su										
When you complete your income tax return, do you claim your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Have you received or applied for Employment Insurance (EI) benefits since going off work with this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Have you received any wage replacement (sick, vacation, etc.) from your employer beyond your date of injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No																
WorkSafeNB requires banking information to issue payments for wage replacement, travel cost reimbursement, etc. You can provide this by including or attaching a void cheque with this application or submitting the following information: Branch number: _____ Financial institution: _____ Account number: _____ <small>(may also be called "transit" number)</small> <small>(usually 7 digits / may be more depending on bank)</small> You'll find the banking numbers needed on the bottom of your cheques. Alternatively, you may find the numbers by visiting your financial institution's website and viewing the "Direct Deposit" or "Pre-authorized Payment" tabs. (Naming conventions may vary.) Note: You do not need to provide banking information if you are submitting this form for information purposes only (not seeking medical treatment and/or wage replacement.)																



Application for Workers' Compensation Benefits

5. Declaration and consent

- ☐ I declare that all the information provided by me is true and correct to the best of my knowledge.
- ☐ I agree to notify WorkSafeNB immediately of any work-related income received while on workers' compensation benefits, regardless of the source, and of a return to work or any other change in circumstances that may affect this claim application.
- ☐ I consent and authorize WorkSafeNB to gather, use, release or disclose information from this claim, including medical and financial information, as authorized by law and in accordance with the *Personal Information Protection and Electronic Documents Act*, the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. WorkSafeNB takes the protection of your privacy seriously. Read our [Access to Privacy and Information](#) statement.
- ☐ I consent to and agree that any health care provider may provide any medical information related to my workers' compensation claim to WorkSafeNB and may provide any information related to my ability to return to work to WorkSafeNB or my employer.

Are you applying for WorkSafeNB benefits within one year from your date of your injury or illness? ☐ Yes ☐ No

You must report any workplace accident/injury or illness to your employer as soon as possible.

Did you report your injury or illness to your employer? ☐ Yes ☐ No

If yes, date reported to employer:

Please indicate that you have provided the following information to your employer:

- ☐ Date and time of the accident ☐ Body part(s) injured
- ☐ Cause of injury ☐ Where the accident happened
- ☐ Medical treatment you received, if any (provide name of health care provider/hospital/clinic and date of visit)

Name	Signature* (worker or dependent)	Date
------	----------------------------------	------

* Your employer does not sign this form. The employer files an *Employer Report of Injury or Illness*.

6. Confirmation and submission

Before submitting, have you:

- ☐ Completed all required sections in full?
- ☐ Attached/included pay stubs (if applying for wage replacement)?
- ☐ Attached/included a copy of a void cheque or provided banking numbers?

To submit your application by email, attach the completed document and state "Application for benefits" in the subject line, then send to app-dem@ws-ts.nb.ca.

WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Or, you can submit your *Application for Workers' Compensation Benefits* by mail or fax: WorkSafeNB, 1 Portland Street
PO Box 160, Saint John, NB E2L 3X9. Fax toll-free: 1 888 629-4722

Hurt on the job? We're here to help!

No one likes being hurt. But, if it does happen, it's good to know you have a reliable and supportive team behind you. Help starts with your employer. If you haven't already done so, inform your supervisor, manager or other appropriate person at your workplace of your accident/injury or illness as soon as possible.

Submit this form when applying for WorkSafeNB benefits, such as wage replacement and/or medical treatment (physiotherapy, medication, etc.), due to a workplace injury or illness. You must complete this form and send it to WorkSafeNB within one year from the date of the accident/injury or illness.

IS YOUR INJURY OR ILLNESS RELATED TO HEARING LOSS? Occupational hearing loss claims require additional information to help WorkSafeNB determine if the hearing loss is applicable for coverage under New Brunswick's Workers' Compensation Act. If you are applying for benefits related to hearing loss, please complete the [Application for Benefits - Occupational Hearing Loss](#) instead of this form. Exception: If your hearing loss is a result of a specific event, such as an explosion, please continue to complete this *Application for Workers' Compensation Benefits* form.

Reporting your injury or illness as soon as possible is important. It helps ensure you get the help you need.

Your health and wellness is a priority. This means timely medical treatment and wage replacement support. We know waiting can be difficult. To help ensure you get a decision on your application as quickly as possible, it's important that you **complete all sections of the form in full.**

IMPORTANT: Save this form to your computer or network drive BEFORE you start! Not doing so could result in loss of information. If opening the form in a web browser, we recommend using Internet Explorer or Edge.

Please have ready:

- Medicare and social insurance numbers
- Employer contact name and phone number
- Details of the accident/injury or illness, including date it happened and location
- Name of your health care provider and date of visit, if you received medical treatment
- **Pay stubs** (or other similar proof of income) for the four weeks before stopping work, if applying for wage replacement
- Void cheque or banking information (account, branch and financial institution numbers)

Your application will not be processed **until ALL required information** has been received.

Keep yourself connected

Work is good. It provides social connection and a sense of purpose, leading to positive physical and mental wellness. Evidence shows it also leads to a speedier recovery. To support you in your recovery, your employer, health care providers and others will make every effort to keep you connected to your workplace.

- **Employers** must keep in touch with you throughout the recovery process to maintain connection to the workplace; offer meaningful and productive modified duties or other suitable work that is safe and within your capabilities; ensure supervisors and co-workers support you during recovery; and collaborate with all return-to-work partners. This applies to all employers in the province, regardless of size, industry or injury risk profile.
- **As an employee**, you must keep in touch with your employer and WorkSafeNB throughout the recovery process; work collaboratively with your employer as they strive to find suitable work that is safe and within your capabilities; and work collaboratively with WorkSafeNB, including supplying information as requested.
- **Medical practitioners** provide timely medical care; submit reports to WorkSafeNB; help set expectations; and facilitate return-to-work efforts through effective communication and collaboration with all parties in the return-to-work process.
- **WorkSafeNB** administers health care and wage replacement benefits; co-ordinates and monitors required health care and rehabilitation services; helps develop, manage and monitor return-to-work plans; and helps set expectations for workers and employers.

To learn more about the claims process, potential benefits available, and healthy and safe return to work, please go to worksafenb.ca/workers. If you have any questions, please contact us toll-free at **1 800 999-9775** (Monday to Friday, 8 a.m. to 4:30 p.m.).

Workplace Inspection Form

Item(s) Inspected	Hazard Discovered	Class	Corrective Action To Be Taken	Target Date for Completion
1. Atmospheric Conditions: Dusts, gases, fumes, sprays and illumination				
2. Buildings and Structure: Windows, doors, floors, exits, stairs, aisles, ramps, guardrails, garbage storage, roofs, walls				
3. Lift (Bouctouche only): Cables, controls, inspections				
4. Firefighting Equipment: Extinguishers, sprinkler systems, alarms				
5. Walkways and signage: Emergency exit, emergency lights, obstruction in passageways				
6. First aid: Kits are easy to find and have sufficient material, AED equipment maintained				

Workplace Inspection Form

Item(s) Inspected	Hazard Discovered	Class	Corrective Action To Be Taken	Target Date for Completion
7. Furniture: Designed chairs, sharp edges, desks, cabinets				
8. Hazardous Supplies and Materials: Flammables, gases, acids, toxic chemicals, waste				
9. Personal Protective Equipment: Hard hats, gloves, shoes, high-visibility vests				
10. Storage Facilities and Areas: Racks, bins, cabinets, shelves, closets, floor storage, free passageways				
11. Transportation Equipment: Van & HydroVac truck				
12. Miscellaneous: Housekeeping, training, all items that do not fall into any of the above categories				

Additional Comments / Notes:

HAZARD CLASSIFICATIONS

Class A (Major):
Likely to cause permanent disability, loss of life, and/or extensive loss of structure, equipment or material. Repairs should be done immediately.

Class B (Serious):
Likely to cause serious injury, temporary disability, or disruptive property damage. Repairs should be done within days.

Class C (Minor):
Likely to cause minor, non-disabling injury, or non-disruptive property damage. Repairs are planned on a longer-term basis, within weeks to months.

worksafenb.ca1 800 999-9775

Office Inspected: Bouctouche / Richibucto

Date: _____

Inspector: _____
(Printed)

(Signature)

Commission de services
régionaux de KentKent Regional
Service Commission

OUR JOINT HEALTH & SAFETY COMMITTEE WORKS FOR YOU!

Our JHSC is committed to strengthening our health and safety culture to prevent workplace injuries and occupational disease. Our JHSC employee and employer representatives meet regularly to discuss health and safety issues and make recommendations. This can include: workplace inspections; hazard identification and risk assessment; and incident investigation and review.

If you have a health and safety concern you would like addressed, please speak to your supervisor first. To further discuss your concern, contact one of the JHSC members listed below:

EMPLOYEE REPRESENTATIVE

DEPARTMENT

CONTACT INFORMATION

EMPLOYER REPRESENTATIVE

DEPARTMENT

CONTACT INFORMATION

*Remember, we are all responsible for our own health and safety as well as that of our co-workers.
(Occupational Health and Safety Act – Internal Responsibility System)*



JOINT HEALTH AND SAFETY COMMITTEE MEETING MINUTES

PROCÈS-VERBAL DU COMITÉ MIXTE D'HYGIÈNE ET DE SÉCURITÉ



EMPLOYER INFORMATION / RENSEIGNEMENTS SUR L'EMPLOYEUR

Employer's name (legal or trade name) For project sites, provide the name of the contractor responsible and consider the project site as the workplace. /

Nom de l'employeur (appellation légale ou nom commercial) Pour les chantiers, indiquer le nom de l'entrepreneur responsable et considérer le chantier comme le lieu de travail.

WORKPLACE ADDRESS / ADRESSE DU LIEU DE TRAVAIL

Street Number / N°

Street / Rue

Town/City / Ville / Village

MEETING INFORMATION / RENSEIGNEMENTS SUR LA RÉUNION

Date	Start time / Heure de début	End time / Heure de fin	Location / Endroit	Previous meeting date / Date de la dernière réunion
------	--------------------------------	----------------------------	--------------------	--

Co-chair's name (employer rep) /
Nom du (de la) coprésident-e (représentant l'employeur)

Co-chair's name (employee rep) /
Nom du (de la) coprésident-e (représentant les salariés)

Members present / Membres présents

Members absent / Membres absents

Guests / Invités

Recorder's name / Nom de la personne qui rédige le
procès-verbal

STANDING ITEMS / REPORTS (items discussed at every meeting) / POINTS PERMANENTS / RAPPORTS (sujets discutés à chaque réunion)

Topic / Sujet	Discussion (If actiona are identified, add to the New Business section.) / Discussion (Si des mesures à prendre sont précisées, veuillez les ajouter à la section « AFFAIRES NOUVELLES ».)
---------------	--

BUSINESS CARRIED FORWARD (tasks/safety concerns that were not completed or resolved by the original target date) / AFFAIRES REPORTÉES DE LA DERNIÈRE RÉUNION (tâches / préoccupations en matière de sécurité qui n'ont pas été effectuées ou résolues avant la date visée initiale)

Date reported to JHSC / Date signalée au comité mixte	Topic/Concern / Sujet / Préoccupation	Department/ Location / Département / Endroit	Target date / Date visée	Recommendation / Recommandation	JHSC member responsible / Membre du comité mixte responsable	Status / État

NEW BUSINESS (new health and safety concerns that have not been reviewed by committee members) / AFFAIRES NOUVELLES (nouvelles préoccupations en matière de santé et de sécurité que les membres du comité n'ont pas examinées)

Date reported to JHSC / Date signalée au comité mixte	Topic/Concern / Sujet / Préoccupation	Department/ Location / Département / Endroit	Target date / Date visée	Recommendation / Recommandation	JHSC member responsible / Membre du comité mixte responsable	Status / État

NEXT MEETING / PROCHAINE RÉUNION

Date	Time / Heure	Location / Endroit
------	--------------	--------------------

SIGNATURES

Co-chair signature (employer rep) Signature du (de la) coprésident-e (représentant l'employeur)	Phone number / Numéro de téléphone	Email address / Adresse de courriel	Date
Co-chair signature (employee rep) Signature du (de la) coprésident-e (représentant les salariés)	Phone number / Numéro de téléphone	Email address / Adresse de courriel	Date

Committees must retain minutes for a minimum of three years and have them available to WorkSafeNB on request. / Les comités mixtes d'hygiène et de sécurité doivent les conserver pour une période d'au moins trois ans et les mettre à la disposition de Travail sécuritaire NB sur demande.

For WorkSafeNB submission (on request only): / Pour faire parvenir à Travail sécuritaire NB (uniquement sur demande) :

- **Email / Par courriel :** jhsc-cmhs@ws-ts.nb.ca
- **Fax / Par télécopie :** 1 888 629-4722 (toll-free number / numéro sans frais)



APPENDIX F

Joint Health and Safety Committee (JHSC) Recommendation Form

The following recommendation is submitted on behalf of the JHSC.

Submitted to:		Date submitted:		
Employer co-chair:		Employee co-chair:		
A written response is requested by (date):				
HEALTH AND SAFETY HAZARD DETAILS				
Description	Department and location of concern	New concern? (Yes or no)	Recurring or unresolved concern? (Yes or no) (Include the date when the concern was initially identified.)	Supporting legislation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Date the concern was first identified: ____ (date) ____	
COMMITTEE RECOMMENDATION (why the JHSC supports the recommendation)				
EMPLOYER RESPONSE				
<input type="checkbox"/> Employer accepts the recommendation, and it will be implemented by ____ (date) ____				
<input type="checkbox"/> Employer amends the recommendation and proposes an alternative solution for reasons explained below:				
<input type="checkbox"/> Employer amends the recommendation and proposes an alternative solution for reasons explained below:				
Signature: Employer Co-chair:		Date:		
Signature: Employee Co-chair:		Date:		
Signature: Employer:		Date:		



New Employee Orientation

APPENDIX G

Employee name:	Name(s) of the person(s) providing the orientation:	Department(s) where employee works:	Employee's start date:

NOTES FOR THE PERSON(S) PROVIDING THE ORIENTATION:

1. Complete this orientation document with new employees before they begin working in hazardous conditions or situations.
2. Employees must not operate any equipment or machinery unless:
 - the employee has received hands-on training on the equipment and machinery
 - the employee has received instruction on the required PPE for all equipment and/or machinery
 - the employee has demonstrated they are competent or closely supervised and can safely operate the equipment and/or machinery
3. Include completed orientation training documents in the employee's personnel file.
4. Keep all orientation training records on file for at least three years.

TIP! Consider scheduling time with the new employee at the end of their first full day of work to discuss any safety concerns they may have.

Review the following topics with all new employees before they begin work.

☐ 1. EMPLOYER CONTACT INFORMATION

Department Director

104 Irving Boulevard, unit 1
Bouctouche, NB
E4S 3L5
506-743-1490



25 Cartier Boulevard, unit 145
Richibucto, NB
E4W 3W7
506-523-1820

☐ 2. CONTACT INFORMATION FOR THE JHSC OR THE HEALTH AND SAFETY REPRESENTATIVE

☐ **3. EMPLOYEES' RIGHTS, LIABILITIES AND RESPONSIBILITIES UNDER THE OHS ACT AND REGULATIONS (including the process on how to refuse unsafe work).**

1) Right to be informed / 2) Right to participate / 3) Right to refuse

- 1) Employees must consult the KRSC Occupational Health and Safety Policy. This document is shared when they start work and reviewed during orientation.
- 2) They have the right to report any hazards they are aware of in the workplace and to participate in the joint committee.
- 3) Employees may refuse to perform any task if they believe it will endanger their health or safety (see Appendix J).

☐ **4. HEALTH AND SAFETY PROCEDURES AND CODES OF PRACTICE RELATED TO THE EMPLOYEE'S JOB TASKS**

- All KRSC employees, including students, must wear the required protective equipment in order to perform their work safely.
- They must follow safe work procedures when working alone or near trenches. (See Appendix I)

☐ **5. LOCATION OF FIRST AID FACILITIES AND HOW TO RECEIVE FIRST AID**

Bouctouche - First aid kits available in the reception closet (opposite the printer) / AED (defibrillator) in the hallway leading to the bathrooms. / Employees trained in first aid:

Richibucto - First aid kits available in the cabinet near the coffee area and conference room / AED (defibrillator) at the reception desk near the printer. / Employees trained in first aid:

☐ **6. HOW TO REPORT WORKPLACE ILLNESSES AND INJURIES**

In case of emergency: Dial 9-1-1 (9-9-1-1 if calling from the office) and notify a colleague as soon as possible.

- Complete the Application for Workers' Compensation Benefits form and submit it to WorkSafeNB.
- Report injuries and illnesses to your manager so that they can submit the Employer Report to WorkSafeNB.

☐ **7. EMERGENCY PROCEDURES AND PREPAREDNESS**

In case of emergency: 9-1-1 / 9-9-1-1 if calling from the office / Stella-Maris-de-Kent Hospital: 7714 Route 134 in Sainte-Anne-de-Kent

Emergency exits identified during workplace visit.

In case of inclement weather, the Head of HR will contact employees by email or text to confirm the closure of the offices and avoid putting employees at risk.

☐ **8. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Safety boots / High-visibility jackets / Protective helmets / Identification - When regularly required for the job. safety glasses / earplugs / face masks

The KRSC will cover the costs associated with the purchase and replacement of this personal protective equipment (section 10 of the Policy).

Supervisor Signature	Employee Signature	Completion Date
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APPENDIX H

Safe Work Procedure

Work Location, Task or Equipment:	Written By:	Date Created:	Date of Last Revision:
Various locations - inspection	Isabelle Godin, Head of HR	May 2025	May 2025

Hazards	Personal Protective Equipment / Devices and Equipment Required / Other Safety Considerations	Training / Reference Information
<ul style="list-style-type: none"> - Road accidents - Working alone - Harassment - Injuries during inspections (unstable structures) - Foundation inspections: injuries from falling, inability to leave the site, etc. 	<ul style="list-style-type: none"> - Vehicle that complies with motor vehicle laws regarding inspection, insurance, seat belt use, etc. - Clear and visible identification - Steel-toed shoes/boots, hard hat, high-visibility vest, earplugs, and safety glasses - Cell phone with sufficient battery charge - Safe access to enter and exit foundations: Ladders or stairs of sufficient height, 45° slope, etc. 	<ul style="list-style-type: none"> - Orientation session - First aid training strongly recommended - 92-133 - Regulation respecting the code of practice for working alone - Occupational Health and Safety Act - Motor Vehicle Act

Safe Work Procedure

- 1- Before leaving the office, the employee will notify a colleague of the locations they will be visiting and the time they will return.
- 2- The employee will drive safely and preventively when traveling from one site to another. In case of inclement weather, the inspection will be postponed.
- 3- Employees shall wear the necessary protective equipment (steel-toed shoes/boots, hard hat, high-visibility vest, earplugs and/or safety glasses) during inspection.
- 4- Employees shall wear a visible identification badge showing that they are legally operating on the inspection site and represent the KRSC.
- 5- Employees will have their cell phones with them at all times during the inspection. They will ensure that their battery charge is sufficient for the duration of the inspection.
- 6- If the employee realizes that they may be working in an area without cell phone signal, they will contact the office before losing signal to notify them and indicate a time when they will call again.

Approved By:	Date:

ANNEXE I - DROIT DE REFUS / APPENDIX I - RIGHT TO REFUSE

L'article 19 de la *Loi sur l'hygiène et la sécurité au travail* stipule ce qui suit :

Un salarié peut refuser d'accomplir tout acte lorsqu'il a des motifs raisonnables de croire que cet acte mettra vraisemblablement en danger sa santé ou sa sécurité ou celle de tout autre salarié.

Si vous refusez d'accomplir tout acte en vertu de l'article 19, vous devez :



En faire part immédiatement à votre surveillant lui donnant les raisons de votre refus. Demeurez au lieu de travail durant vos heures normales de travail.

Si l'employeur règle la question à votre satisfaction, retournez au travail. Si vous croyez encore que le travail est dangereux :



En faire part le plus tôt possible au comité mixte d'hygiène et de sécurité, s'il y en a un, lui donnant les raisons de votre refus.

Si le comité règle la question à votre satisfaction, retournez au travail. Si la question n'est pas résolue à votre satisfaction après l'intervention du comité, ou si il n'y a pas de comité :



Appelez Travail sécuritaire NB au 1 800 999-9775 et expliquez votre situation. Un agent fera enquête.

Selon les résultats de son enquête, l'agent peut vous aviser de retourner au travail. S'il croit que le travail est dangereux, il donnera un ordre à l'employeur d'améliorer les conditions de travail. Lorsque l'agent détermine que son ordre a été respecté et que les conditions ne sont plus dangereuses, retournez au travail.

La décision d'un agent peut être portée en appel à l'agent principal de contrôle et ensuite au Tribunal d'appel.

Pendant l'enquête sur le refus, l'employeur peut affecter le travailleur à l'exécution d'autres travaux.

L'employeur ne peut confier l'exécution des travaux refusés à un deuxième travailleur à moins que celui-ci n'ait été avisé du refus du premier travailleur, des motifs de ce refus et de son droit de refuser d'accomplir un travail dangereux.

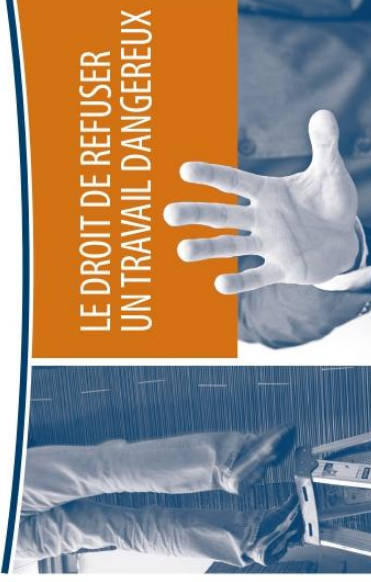
Si vous faites l'objet d'une mesure discriminatoire pour avoir exercé votre droit en vertu de la *Loi*, vous pouvez déposer une plainte auprès de Travail sécuritaire NB. Ce dernier nommera un arbitre pour entendre l'affaire.

1 800 999-9775

www.travailsecuritairenb.ca



January 2015



1 800 999-9775

www.travailsecuritairenb.ca

Section 19 of the *Occupational Health and Safety Act* states:

"An employee may refuse to do any act where he has reasonable grounds for believing that the act is likely to endanger his health or safety or the health or safety of any other employee."

If you refuse to continue to work in accordance with section 19, you must:



Report immediately to your supervisor giving your reasons for refusing to work. Stay at your workplace for your normal working hours.

If the employer resolves the matter to your satisfaction, go back to work. If you still believe the work is unsafe –



Bring the matter to the attention of the joint health and safety committee, if it exists, as soon as possible, giving the reasons for refusing to work.

If the committee resolves the matter to your satisfaction, go back to work. If the matter is not resolved to your satisfaction after the committee intervention, or when there is no committee –



Call WorkSafeNB at 1 800 999-9775 and explain your situation. An officer will investigate.

From the finding of the investigation, the officer may advise you to go back to work. If the officer believes the work is unsafe, an order will be issued to the employer to improve the working conditions. When the officer finds that the order has been carried out and the working conditions that led to the right to refuse are no longer unsafe, go back to work.

An officer's decision can be appealed to the chief compliance officer and then to the Appeals Tribunal.

While the refusal is being investigated, the employer may assign the worker to other work.

The employer must not assign someone else to do the work that has been refused unless the second worker is informed of the first refusal, the reasons for the refusal, and the right to refuse unsafe work.

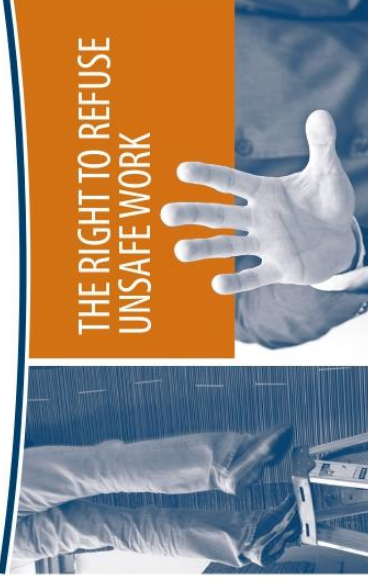
If you are discriminated against for exercising your right under the Act, you may file a complaint with WorkSafeNB. They will appoint an arbitrator to hear the matter.

1 800 999-9775

www.worksafenb.ca



January 2015



1 800 999-9775

www.worksafenb.ca