



City of Yorkton

POLICY TITLE OCCUPATIONAL HEALTH & SAFETY POLICY		ADOPTED BY Co-Chairmen, Occup. Health & Safety Central Committee	POLICY NO. 70.30
ORIGIN/AUTHORITY Director of Human Resources	JURISDICTION All Employees - City of Yorkton	EFFECTIVE DATE July 10, 2000 Amended March 1, 2006 Amended May 2, 2007	PAGE # 1 of 4

1. **PURPOSE:**

Whereas the City of Yorkton has adopted the following Mission Statement:

Working with our community, our committed and skilled Staff make Yorkton the friendliest, safest and most desirable city in which to live and grow.

Now therefore Council of the City of Yorkton through utilization of staff, contractors, facilities, plant and equipment will undertake to provide these services in a safe and healthy manner recognizing that the health and safety of all persons employed by or contracted to the City of Yorkton shall be afforded the opportunity of enjoying a safe and healthy work environment.

2. **POLICY:**

- 2.1 The City of Yorkton is committed to maintain an occupational health and safety program to ensure the goals of this policy.
- 2.2 Council, administration, employees and contractors alike are responsible for enhancing safety consciousness.
- 2.3 The City of Yorkton must ensure their employees are trained in safe work procedures.
- 2.4 All employees of the City of Yorkton must integrate good occupational health and safety practices into their daily activities.
 - a) All incidents, including near misses, must be reported immediately on the day of the incident, using the **Incident/Accident/Injury Report**, identified as Appendix "A", which at a minimum will be reviewed by the Local Occupational Health & Safety Committee. Any property loss or damage shall be reported as required in accordance with *Use of City Property/Time* policy #20.60.
 - b) On a monthly basis, each Department/Division must conduct a random safety inspection as directed by the Department Head using the **Safety Inspection form**, identified as Appendix "B", or one adapted to their facility, and remitting same to the City Manager.
- 2.5 All employees are required to support the occupational health and safety program and are accountable for implementing and complying with health and safety policies in their daily work routine.

3. **RESPONSIBILITY:**

ALL employees of the City of Yorkton; Co-Chairmen, Occupational Health & Safety Central Committee; Director of Human Resources.

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Appendix A



**CITY OF YORKTON
INCIDENT/ACCIDENT/INJURY REPORT**

This report is to be completed by the person involved and his/her immediate supervisor. Copies of the report are to be forwarded as per distribution list no later than the next working day. If unsure on what or how to report, please check with your local committee, either co-chair of the central committee, or by calling the OHC Branch office in Regina at 1-800-567-7233 for further assistance or advice.

1. NAME OF EMPLOYEE _____ DEPT. _____
Employee Signature _____ Date _____
2. DATE/TIME OF INCIDENT _____
3. LOCATION OF INCIDENT _____
4. NAME OF SUPERVISOR _____ DEPT. _____
5. WITNESSES:

Name	Phone Number	Place of Employment	Initial
_____	_____	_____	_____
_____	_____	_____	_____
6. DESCRIPTION OF EVENT AND CAUSES (Please use the back side of this form for lengthy narratives)

7. WHAT PREVENTATIVE ACTION WAS TAKEN PRIOR TO THE INCIDENT? _____

8. WAS SITUATION PREVENTABLE: _____ NON-PREVENTABLE: _____
9. WHAT FOLLOW-UP ACTION HAS TAKEN PLACE TO PREVENT RE-OCCURRENCE? _____

(Please use the back side of this form for lengthy explanation)
10. REPORTED TO: _____ DATE/TIME _____
Immediate Supervisor (whenever possible)

OCCUPATIONAL HEALTH COMMITTEE USE

INCIDENT CLASSED AS: NEAR MISS MINOR SERIOUS INJURY NO INJURY FATAL DANGEROUS OCCURANCE
(check applicable boxes)

IS INVESTIGATION REQUIRED? YES _____ NO _____ DATE INVESTIGATION COMPLETED _____
Attach a copy of the report.

IS SITUATION A CONTRAVENTION OF LOCAL POLICIES OR THE OHS ACT? YES _____ NO _____ (If yes, then list applicable policy or article).

OHC RECOMMENDATION OR ACTION TAKEN?

WHEN WAS THIS DISCUSSED WITH EMPLOYEE/STAFF? _____
Date

WCB CLAIM FILED? YES _____ NO _____

ORIGINAL TO LOCAL OHC (FAX COPY TO: 786-6880)

For Distribution as follows:

1. IMMEDIATE SUPERVISOR: _____ <name>
2. DEPARTMENT HEAD: _____ <name>
3. CENTRAL OHS
4. HUMAN RESOURCES

