



**ENVIRONMENTAL HEALTH AND SAFETY MANAGEMENT SYSTEM
SUB-CONTRACTOR EH&S PROCEDURES**

*“Tell me and I forget, teach me and
I may remember, involve me and I
learn” -Benjamin Franklin*

Signature

Environmental Health and Safety Manager

SAFETY - LIVE WITH IT

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Purpose

To establish proper guidelines and procedures for the evaluation, selection and management of all services contracted by Grascan Construction Ltd. to work on any project.

Scope

This procedure applies to all contractors, subcontractors and their respective employees who work on any Grascan Construction Ltd. project.

Legislation and Related Documents

1. Canadian Environmental Protection Act, 1999 (CEPA 1999)
2. Clean Water Act, 2006
3. Environmental Protection Act R.S.O. 1990
4. Toxics Reduction Act, 2009
5. Environmental Assessment Act R.S.O. 1990
6. Waste Diversion Act, S.O. 2002
7. Workplace Safety and Insurance Act, 1997
8. First Aid Requirements reg. 1101
9. Occupational Health & Safety Act (OSHA) R.S.O. 1990.
10. Fire Protection and Prevention, 1997
11. Grascan's Environmental Health and Safety Management System

Responsibilities

Role of Project Manager

The Project Manager Shall:

1. Ensure that these procedures are implemented and maintained.

Role of Supervisor

The Supervisor Shall:

1. Know obligations and requirements for the contractor.
2. Establish contractor monitoring for EH&S and implement corrective actions when required.

Role of the Environmental Health and Safety Manager

The Environmental Health and Safety Manager shall:

1. Monitor the implementation of the procedures.
2. Making programs and procedures available to all employees at the project.
3. Create project emails for data collection.

Role of Sub-Contractor

The Sub-Contractor Shall:

1. Work safely in accordance with Grascan Construction's Environmental Health and Safety Policy and Program.
2. Work safely in accordance with Occupational Health and Safety Act and applicable Regulations.

Communication and Training

Training will be provided by Grascan Construction Ltd. to appropriate employees by means of:

1. Employee Orientation
2. Company Environmental Health and Safety Policy
3. Electronic communication
4. Tool Box Talks
5. Third Party Instructions and Training

All training shall be documented and retained on file at the Health & Safety Office. Training records are retained in both hard and soft copy.

Sub-Contractor Submission

Sub-Contract Award

At the point of sub-contract award and prior to arriving on site, the following items are required to be completed and submitted to the Project Manager and Grascan's Health and Safety Department;

1. Form 1000. (Regulation 213/91 Section 5)
2. Environmental Health and Safety Policy and Program. (Act Section 25 (2)(j))
3. Pre-Project Health and Safety Risk Assessment identifying the subcontractor's tasks. (Act Section 25 (2)(d) A template can be provided if the subcontractor does not have their own. **GCL-SUB-FRM-004**)
4. Submission of a sample Job Hazard Analysis.
5. Safe work procedures. (Act Section 25 (2)(h))
6. Training records that are relevant for the project operations and only for workers involved in the project.
 - i. Competent Supervisor Training (Act Section 25 (2)(c))
 - ii. Competent Worker Training (Act Section 28)
 - iii. First Aid Training (Regulation 1101)
 - iv. WHMIS (Regulation 860 Sections 6+7)
 - v. Working at Heights (Regulation 213/91 Section 21(3))
 - vi. Licences/training for cranes, rigs (Regulation 213/91 Section 150)
 - vii. Etc.
7. CN, CP Training, and PTS Training. (If applicable)
8. Spill and Leak procedure as well as availability of spills cleanup materials. (Regulation 224/07)
9. Material Safety Data Sheets for chemicals that the sub-contractor will use on site. (Regulation 860 Section 17)
10. Violence and Harassment Assessment (Act Section 32.0.3)
11. Completed Grascan Contractor Safety Questionnaire **GCL-SUB-FRM-002**

Work Start

Sub-contractors that have submitted the required documentation listed above will be granted access to site and will have to abide by the following requirements.

1. Provide their own employees with the appropriate PPE. (GCL-HSP-046)
2. Once on site, monitor site conditions daily as well as report and record all injuries, incidents, or near-misses. (Regulation 1101 Section 5, GCL-POL-008)
3. Produce a daily Job Hazard Analysis, provide copies to the site supervisor and emailed to the project email as an attachment.
4. Review Grascan's daily Job Hazard Analysis found on the project website or site tablet.
5. Provide a copy of the weekly tool box talk to the site supervisor.
6. Provide forms requested by the Health and Safety Department.
7. Be responsible for your crew's roll call in case of an emergency evacuation.
8. Inspect your own equipment and safety gear and make copies of the inspections available upon request.

In order to monitor the subcontractor's performance a subcontractor monthly submittal (**GCL-SUB-FRM-003**) must be completed by the 5th of every month for the previous month to the Health and Safety Department. All safety documents must accompany the Subcontractor Monthly Submittal form at the time of submission.

Subcontractor Risk Register

Upon sub-contract award a Risk Register must be submitted to outline the subcontractor's tasks, hazards, uncontrolled risk level, controls, procedures, and controlled risk level. See below for an example:

Probability of Occurrence

	A	B	C	D
Risk Severity	1	1	1	2
	2	2	2	3
	3	2	3	3
	4	3	3	4

#	TASKS	HAZARDS	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL	CONTROLS	PPE	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL
1	SAMPLE TASK: Housekeeping	-Slips Trips and Falls -Dust and Debris -Cuts and Scrapes -Possible puncture and contamination from sharps	3	C	3	-Perform a pre-inspection of the work area for any garbage or waste debris. -Depending on the type of waste being removed use rakes, shovels or brooms to move and dispose of any garbage into the proper receptacles. -If picking up debris with hands always wear gloves to protect your hands from injury and or harmful waste. -When using machinery for housekeeping ensure the machine is inspected prior to use and the book is filled out	-Safety boots -Gloves where required	4	D	4

Job Hazard Analysis Submission

A sample job hazard analysis, or equivalent, must be submitted at sub-contract award for review by Grascan's Health and Safety Department. If the subcontractor does not have their own Job Hazard Analysis, a template can be provided to the subcontractor. A Job Hazard Analysis, or equivalent, must be completed and submitted for each day worked to the job's project email.

The project email will be provided prior to work start. Daily Job Hazard Analyses must be sent to this email at the beginning of each work day **as an attachment**. The Job Hazard Analysis will be automatically uploaded onto the project website for Grascan and other contractors on the job to view.

As part of the daily Job Briefing, Grascan's Job Hazard Analysis should be reviewed in order to be aware of Grascan's hazards and tasks. This can be done by participating in Grascan's supervisor's daily briefing or reviewing Grascan's Job Hazard Analysis. Grascan's Job Hazard Analysis can be reviewed via the supervisor's tablet, requesting a copy of the Job Hazard Analysis or by logging into the project website and found under the "Documents" section. The project website will be provided prior to work start.

Subcontractor Monthly Submittal

The Subcontractor Monthly Submittal (GCL-SUB-FRM-003) is to be submitted by the subcontractor by the 5th of every month for the previous month to safety@grascan.com. This form provides an overview of the subcontractor's number of days worked, job hazard analyses submitted, near misses and incidents for the month. All documents that have not been submitted via the project email or SharePoint must be submitted with this form.

Forms Available for use by our Sub-Contractors

If the subcontractor does not have their own specific form, they can utilize our forms until they have a chance to create their own. The following are a list of forms available upon request;

EHS Safe Work Practices	SUB CODE
Scaffold Checklist	GCL-HSP-FRM-013
Fire Extinguisher Inspection Form	GCL-HSP-FRM-017
Defibrillator Checklist	GCL-HSP-FRM-023
First Aid Inspection Checklist	GCL-HSP-FRM-003
Injury Treatment Record	GCL-HSP-FRM-004
Hot Work Permit	GCL-HSP-FRM-006
Ladder Checklist	GCL-HSP-FRM-012
Specific Lockout/Tagout	GCL-HSP-FRM-008
Lockout Removal Report	GCL-HSP-FRM-010
Lockout/Tagout Log Sheet	GCL-HSP-FRM-011
Spills Report Form	GCL-HSP-FRM-019
Transportation of Dangerous Goods Document	GCL-HSP-FRM-022
Work Refusal Form	GCL-HSP-FRM-021

Safe Work Procedures (SOP)	SUB CODE
Aerial Lift Safety Checklist	GCL-SOP-FRM-014
Articulating Truck Safety Checklist	GCL-SOP-FRM-002
Backhoe Safety and Maintenance Checklist	GCL-SOP-FRM-003
Hydraulic Excavator Start-up Checklist	GCL-SOP-FRM-004
Hydraulic Excavator Safety and Maintenance Checklist	GCL-SOP-FRM-005
Kubota Safety and Maintenance Checklist	GCL-SOP-FRM-015
Skid Steer Safety Checklist	GCL-SOP-FRM-007
Dozer Start-up Checklist	GCL-SOP-FRM-009
Scissor Lift – Safety Checklist	GCL-SOP-FRM-164
Telehandler Safety Checklist	GCL-SOP-FRM-010
Vibratory Soil Compactors Safety Checklist	GCL-SOP-FRM-011
Wheel Loader Safety Checklist	GCL-SOP-FRM-012
Corporate Policies and Procedures	SUB CODE
Project Health and Safety Risk Assessment	GCL-POL –FRM-010
Job Hazard Analysis	GCL-POL –FRM-011
Supervisors Safety Meetings	GCL-POL –FRM-035
Weekly Safety Submittal	GCL-POL-FRM-044
Incident Investigation Flow	GCL-POL –FRM-012
Incident Investigation Report	GCL-POL –FRM-013
Witness Statement	GCL-POL –FRM-014
Site Safety	SUB CODE
Site Safety Inspection Checklist	GCL-SSO-FRM-001
Sub-Contractor Procedures	SUB CODE
Subcontractor Safety Questionnaire	GCL-SUB-FRM-002
Subcontractor Monthly Submittal	GCL-SUB-FRM-003
Subcontractor Pre-Job H&S Assessment	GCL-SUB-FRM-004
Subcontractor Job Hazard Analysis	GCL-SUB-FRM-005
Traffic Control	SUB CODE
Traffic Control Written Instructions	GCL-TRF-FRM-001
Traffic Protection Plan Checklist	GCL-TRF-FRM-002
Critical Tasks	SUB CODE
Critical Task: Confined Space Program	GCL-CTP-002
Confined Space Inventory	GCL-CTP-FRM-001
Confined Space Assessment	GCL-CTP-FRM-002
Confined Space Signs	GCL-CTP-FRM-003
Confined Space Permit	GCL-CTP-FRM-004
Confined Space On Site Rescue Plan	GCL-CTP-FRM-005
Confined Space Coordination Document	GCL-CTP-FRM-006
Confined Space Training Document	GCL-CTP-FRM-007
Confined Space Atmospheric Test Results	GCL-CTP-FRM-008
Confined Space Plan	GCL-CTP-FRM-009
Pre Confined Space Procedures	GCL-CTP-003
Critical Task: Cranes, Hoisting and Rigging	GCL-CTP-004
Crane Lift Plan	GCL-CTP-FRM-010
Pre Lift-Hoisting and Rigging Checklist	GCL-CTP-FRM-011
Critical Task: Designated Substances	GCL-CTP-005
Designated Substance – Asbestos	GCL-CTP-006

Designated Substance – Lead	GCL-CTP-007
Designated Substance – Silica	GCL-CTP-008
Critical Task: Ground Disturbances – Trenching & Excavation	GCL-CTP-009
Daily Trenching & Excavation Checklist	GCL-CTP-FRM-012
Pre Dig Hazard Assessment	GCL-CTP-FRM-013
Soil Analysis Checklist	GCL-CPT-FRM-014
Ground Disturbance: Working around Gas Lines	GCL-CTP-010
Ground Disturbance: Working around Hydro	GCL-CTP-011
Critical Tasks: Traffic Control (See Traffic Control Section)	GCL-TRF-XXX
Critical Task: Working At Heights Procedures	GCL-CTP-012
Fall Protection Checklist	GCL-CTP-FRM-015
Fall Rescue Plan	GCL-CTP-FRM-016
Ladder Inspection Checklist	GCL-CTP-FRM-017
Harness Checklist	GCL-CTP-FRM-018
Annual Harness Inspection Form	GCL-CTP-FRM-022
Self-retracting Lifeline Checklist	GCL-CTP-FRM-019
Lanyard Checklist	GCL-CTP-FRM-020
Annual Lanyard Inspection Form	GCL-CTP-FRM-021

Records

All records are kept on file and ready to be made available upon request.

Revision Summary		
Revision Number	Date	Description of Changes/ Improvements
R001	Aug 30, 2014	First issue of EHS Management System contents for 2014
R002	April 22, 2015	Revised procedures to better reflect operations, and identify recommendations from the COR Auditor.
R003	April 6, 2016	Edited Benjamin Franklin quote, added Safety slogan and annual review added references to Grascan's EH&SMS policies and programs.
R004	Jan. 20, 2017	Annual review, no changes needed
R005	Oct. 12, 2017	Updated to include form references for our subs to use.
R006	Oct. 12, 2018	Annual review, no changes needed
R007	Sept. 4, 2019	Changed verbiage from "accident" to "incident"
R008	Aug. 20, 2020	Updated policy to reflect COR 2020
R009	Dec. 10, 2020	Management Element Review. Additional information added regarding responsibilities for website and retainage of training documents.

CONTRACTOR RISK REGISTER

PROJECT:	ZONE:
CONTRACTOR:	SUPERVISOR:
YOUR NAME:	DATE:

Probability of Occurrence

	A	B	C	D
Risk Severity	1	1	1	2
2	1	2	2	3
3	2	2	3	3
4	2	3	3	4

Risk Severity – if hurt.....	Probability of Occurrence
1	Possible fatality or critical injury – activities in this category should not be allowed to proceed without a safe work procedure A Likely to occur immediately
2	Worker possibly admitted to hospital – activities in this category contain unacceptable levels of risk including catastrophic and critical injuries B Probable in time
3	Worker possibly not able to perform regular duties – activities in this category contain minor to serious risks C Possible in time
4	Worker able to perform regular duties – activities in this category contain minimal risks D Remotely possible

#	TASKS	HAZARDS	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL	CONTROLS	PPE	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL
1	SAMPLE TASK: Housekeeping	-Slips Trips and Falls -Dust and Debris -Cuts and Scrapes -Possible puncture and contamination from sharps	3	C	3	-Perform a pre-inspection of the work area for any garbage or waste debris. -Depending on the type of waste being removed use rakes, shovels or brooms to move and dispose of any garbage into the proper receptacles. -If picking up debris with hands always wear gloves to protect your hands from injury and or harmful waste. -When using machinery for housekeeping ensure the machine is inspected prior to use and the book is filled out	-Safety boots -Gloves where required	4	D	4

#	TASKS	HAZARDS	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL	CONTROLS	PPE	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL

Each contractor performing services for Grascan Construction Ltd must complete this form and submit it to our Environmental Health and Safety Department (safety@grascan.com) along with the Pre-Project Hazard Analysis.

Company Name:

Project:

Do you have a written safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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Does your program include the following?

Company Policy Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Safety Rules / Enforcement Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Conducting Daily Job Hazard Analyses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Fall Protection Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Fire Protection Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Injury Treatment / First Aid Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Hazard Recognition Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Electrical Safety & Lockout / Tagout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Confined Space Entry Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Use of Personal Protective Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Ladder Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Working at Heights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Mould Abatement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Arc-Flash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Hot Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Hoist Operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Excavation / Trench Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Underground Utility Awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Electrical Hazard Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Equipment Training (Manlifts, Telehandlers, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Traffic Control and Backing Vehicles Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Traffic Signaler Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Working Near the Rail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Safety Performance Record

Number of lost time injuries or incidents in the past two (2) years	<input type="text"/>
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Number of reported workplace injuries and incidents in the past two (2) years	
Number of MOL charges in the past (5) years. Provide a brief explanation;	

Will your company have 6 or more employees on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes above, please provide the name and contact information of your Health and Safety Rep.		

Who will be completing the daily Job Hazard Analysis (JHA) prior to each shift and making revisions when new tasks arise? (Name, Email and Phone #)

Who will be submitting the Job Hazard Analysis (JHA) electronically to Grascan prior to each shift and when making revisions when new tasks arise? (Name, Email and Phone #)

Who will be submitting the Pre Job Hazard Analysis (JHA) prior to the project starting? (Name, Email and Phone #)

Who will be submitting the Subcontractor Monthly Submittal by the 5th of every month? (Name, Email and Phone #)

Do you provide personal protective equipment for your employees?			
Head Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Eye Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Hearing Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Respiratory Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Fall Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Foot Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Other:			
Do you provide safety training for your employees?			
WHMIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Electrical Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Lockout / Tagout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Respiratory Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Fall Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Arc-Flash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
CN Training for any Rail Project	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
PTS Training for any Metrolinx Project	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
MOL Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
First Aid Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Who will be the first aider for this project? Please provide their name and a copy of their training.

Who will be the Supervisor / Forman on site?

Please provide a phone number and email for that person.

Do they have the following training up to date and current?

Basics of Supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MOL 5 Easy Steps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHMIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rail Specific Training (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide contact information for the person in charge of your company Health and Safety

Name:	Phone:	Email:
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Have you completed and attached the following to this form:

Pre-Job Health and Safety Risk Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sample Job Hazard Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please print name of person completing this form:

Title:	Date:
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This form must be signed and submitted to safety@grascan.com one (1) week prior to starting work.

Revision Summary

Revision Number	Date	Description of Changes/ Improvements
R001	Feb 2, 2015	First issue of EHS Management System contents for 2015
R002	Dec 11, 2015	Modified to include rail training
R003	Dec 11, 2016	Annual Review
R004	Oct 12, 2017	No changes needed.
R005	Oct 12, 2018	No changes needed.
R006	Sept. 4, 2019	Changed verbiage from "accident" to "incident"
R007	Aug. 19, 2020	Revised to reflect the changes of COR 2020

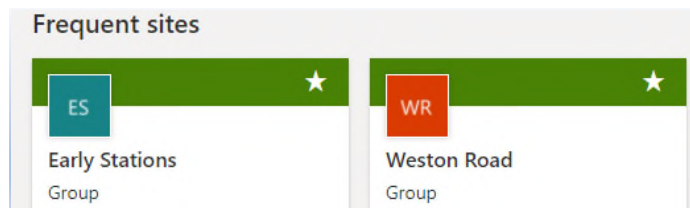
Subcontractor Job Hazard Analysis Submission Instructions

Submittal Instructions

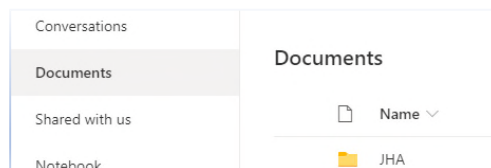
1. Complete your daily Job Hazard Analysis (JHA). If you do not have your own JHA, Grascan's Subcontractor JHA can be used GCL-SUB-FRM-005.
2. If your JHA is not electronic, scan the JHA or capture clear images of the JHA. Ensure that images are clear and legible.
3. Submit the JHA to Grascan by emailing to your project email as an attachment, for example: project@grascan.com. This email will be determined prior to work start. Do not embed the JHA as an image within the email. To send the JHA as an attachment, always use the "Attach File"  button.

Accessing Project Job Hazard Analyses

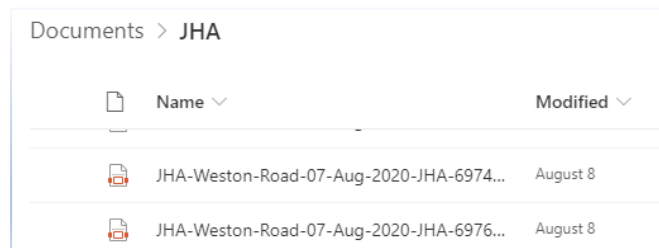
1. Prior to work start, you will receive an email indicating that you joined your project group. Follow the link on the email to create an account with your email.
2. Once a JHA has been submitted and emailed, all contractors will be notified via email of the JHA. To review and access Grascan's and other contractor's JHA, you can access the document through the link on the email notification. Alternatively, the JHA's can be accessed by logging into your project website, for example: grascan.sharepoint.com/sites/project.
3. Once logged in, navigate to your project on the main menu.



4. Navigate to the "Documents" section on the menu and then the "JHA" folder.

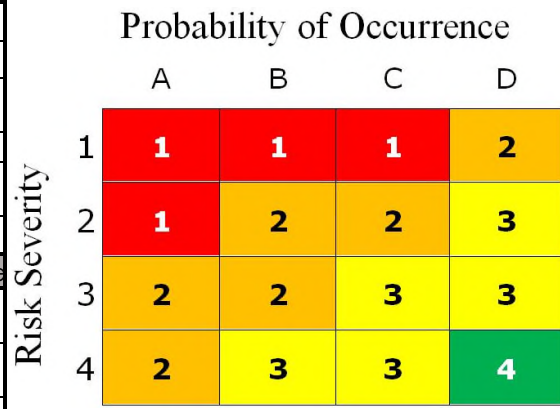


5. You will see a full listing of all the project JHA's. You can sort by date or name of the JHA. From here, you can download and review the daily JHA.



JOB HAZARD ANALYSIS FORM			
Project:		Address:	
Supervisor:		Date:	
Is there a DERT Quick Search Member assigned to the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of DERT Member(s)	
Where is the nearest Hospital to site:		Do personnel know the route to the nearest hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Designated Rally Point (DRP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do personnel know where the DRP is located? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you using any material that requires Safety Data Sheets? If yes, please specify relevant information below: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Product Name:	Company:	Relevant PPE:	Hygiene Measures:
Are there any Designated Substances identified on site? If yes, please specify relevant information below: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Substance:	Location:	Relevant PPE:	Controls:

Introductions	
1	Identify the operation
2	List the hazards and risks
3	Assign a value to the uncontrolled risk level by comparing the risk severity with the probability of occurrence (figure 1)
4	Identify what control measures will be used in order to reduce the hazard & Risk
5	Re-evaluate the hazard once the controls are in place by comparing the risk severity with the probability of occurrence
6	Any operations that produces a controlled risk level of 1 requires a safe operating procedure
Risk Severity – if hurt.....	Probability of Occurrence
1	Possible fatality or critical injury – activities in this category should not be allowed to proceed without a safe work procedure
2	Worker possibly admitted to hospital – activates in this category contain unacceptable levels of risk including catastrophic and critical injuries
3	Worker possibly not able to perform regular duties – activities in this category contain minor to serious risks
4	Worker able to perform regular duties – activities in this category contain minimal risks



#	TASKS	HAZARDS	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL	CONTROLS	PPE	RISK SEVERITY	PROBABILITY OF OCCURRENCE	UN-CONTROLLED RISK LEVEL

Subcontractor Monthly Submittal

This form is to be submitted by the contractor by the 5th of every month for the previous month. A Job Hazard Analysis, or equivalent, shall be conducted and submitted for every day worked. Near misses and incidents must be reported to the contractor. All documents that have not been submitted via the project email or SharePoint must be submitted with this form to the Health and Safety Department at safety@grascan.com.

Project: _____ **Contractor:** _____

Month of: _____ **Year:** _____

Documents Submitted

# of Days Worked	# of Job Hazard Analysis'	# of Near Misses	# of Incidents

Name: _____ **Date:** _____

Signature: _____