**FORMAL RISK ASSESSMENT**

**Construction Sites – Capital Projects**

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| **DATE:**  | (date the assessment was conducted) | **LOCATION:**  | (property; e.g. address if applicable) |
| **Name of person(s) contributing to assessment:*** (list all that were involved in this assessment)
 | **SPECIFIC LOCATION OR PROJECT BEING ASSESSED:*** (more detailed information on location; e.g. “Garage”)
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| **ACTIVITY/PROCEDURE BEING ASSESSED:**To evaluate the COVID-19 risk to the company construction sites. | **WHO IS AT RISK?*** Company staff
* Contractors and Sub-contractors (where applicable)
* Delivery drivers and other service suppliers
 |
| **KNOWN OR EXPECTED RISKS:**Number of employees onsite:  | Employees: Contractors: |
| Is soap and water available onsite?  | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Is signage posted for hand washing at sinks and washrooms? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Is there regular cleaning of the washrooms in place? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Is there regular cleaning of lunch/break rooms in place? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Is equipment and machinery cleaned/disinfected regularly? (i.e. weekly, daily) | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| For meeting and break rooms, can social distancing be maintained? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Is social distancing maintained to perform duties required? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Can the work duties be staggered to maintained social distancing? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| Each individual has their own personal protective equipment (i.e. gloves)? | [ ]  Yes [ ]  No [ ]  Alternative Measures in place |
| **STAFF ASSESSMENT:** |
| Is there a policy and or procedure in place for employees who are ill? | [ ]  Yes [ ]  No |
| If “Yes” to above, does the procedure include notification TransLink? | [ ]  Yes [ ]  No |
| Staff who have travelled outside of Canada are in self isolation? | [ ]  Yes [ ]  No  |
| **If there are negative answers with no alternatives in place, consideration should be given to postpone or cancel the activity.** |

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| **Applicable Regulation that applies to this risk assessment:**Workers Compensation Act, S. 115; 118; 119 [In effect prior to April 6, 2020]Workers Compensation Act, S. 21; 24; 25 [in effect on and after April 6, 2020] |
| **RECOMMENDATIONS and/or CORRECTIVE ACTION:*** Comment on alternative measures in place
* (Summarize what needs to be done for compliance to the above-noted Regulation, Act, Standard, etc.)
* (List viable recommendations/corrective action that was identified by the team performing the risk assessment.)
* (“Split Table” if this section runs long; *Table Tools; Layout; Split Table*. This will allow this section to continue onto the next page without comprising the template format.)
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| **SUMMARY:**(Provide a summary of the risk assessment/findings. This document must be reviewed by the applicable JOHSC, and the finalized copy signed-off by both Co-Chairs.)(The finished risk assessment is to be stored in OWL: <http://owl/livelink/livelink.exe?func=ll&objId=29253320&objAction=browse&viewType=1>)  |
|  |  |
| Risk assessment prepared by: |  |
| Risk assessment completed on: |  |
|  |  |
| **Reviewed and signed by JH&S Committee Co-Chairs:** |
| Signature: | Date: | Signature: | Date: |
|  |  |  |  |
| (**Insert name**), Management Co-Chair | (**Insert name**), (insert Union & Local) Co-Chair |