**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”) | | |
| **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.) | | | |
| **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>) | | | |
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| 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 | |