

Section 13

Legislation



GYPSUM DRYWALL (SOUTHERN) LTD.

Legal Requirements and Legal Responsibility

1. Regulations under the Occupational Health and Safety Act, Legislation and regulation and the Occupational Health and Safety Code (effective 01 October 2013) are LAW. They combine to set out the legal requirements that employers and workers must meet to protect their own health and safety, and the health and safety of others who could be affected by what they do.
2. These requirements are legal duties, and, in common terms, meeting these legal duties are the “minimum” required for an employer or a worker to show “due diligence”. If an employer or worker fails to meet the legal requirements that apply to them, they are in violation of the law and maybe subject to penalties.
3. All Employees/Trades/Sub trades Must Know and adhere to the conditions of these regulations.
4. Employee responsibility as written in the OH & S act explanation:
As a worker, the Occupational Health and Safety Act requires you to work safely and cooperate with your employer by following the health and safety rules for the job.
The Act also has specific safety requirements you must follow. For example, you are required to use a safety belt or similar equipment when doing certain kinds of work, and you must use personal protective equipment, such as footwear, eyewear, and headwear, when necessary.

- 2(1) Every employer shall ensure, as far as it is reasonably practicable for the employer to do so, the health and safety of the workers engaged in the work of that employer, and*
- 2. those workers not engaged in the work of that employer but present at the work site at which that work is being carried out, and*
- 3. That the workers engaged in the work of that employer are aware of their responsibilities and duties under this Act, the regulations and the adopted code.*
- (2) Every worker shall, while engaged in an occupation,*
- 1. take reasonable care to protect the health and safety of the worker and of other workers present while the worker is working, and*
 - 2. co-operate with the worker’s employer for the purposes of protecting the health and safety of*
 - a. the worker,*
 - b. other workers engaged in the work of the employer, and*
 - c. other workers not engaged in the work of that employer but present at the work site at which that work is being carried out.*



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(3) Every supplier shall ensure, as far as it is reasonably practicable for the supplier to do so, that any tool, appliance or equipment that the supplier supplies is in safe operating condition.

(4) Every supplier shall ensure that any tool, appliance, equipment, designated substance or hazardous material that the supplier supplies complies with this Act, the regulations and the adopted code.




























(5) Every contractor who directs the activities of an employer involved in work at a work site shall ensure, as far as it is reasonably practicable to do so, that the employer complies with this Act, the regulations and the adopted code in respect of that work site.

5. Employee/Contractor/Subcontractor Responsibility as stated in the Company Safety Policy Manual
 - a. Every employer shall ensure, as far as it is reasonably practicable to do so
 - i. The health and safety of
 1. Workers engaged in work of that employer, and
 2. Those workers not engaged in the work of that employer but present at the work site at which that work is being carried out, and
 3. That the workers engaged in the work of that employer are aware of their responsibilities and duties under this Act, the regulations and the adopted code.
6. Further, all persons employed with Gypsum Drywall will:
 - a. Use safe work practices
 - b. Report unsafe conditions
 - c. Correct unsafe conditions when instructed
 - d. Report any injury/accident
 - e. Comply with rules and regulations
 - f. Make safety suggestions
 - g. Set a good example
 - h. Refuse unsafe work
 - i. Attend regular safety meetings
7. Alberta Occupational Health and Safety Definitions and responsibility:
 - a. ***“contractor” means a person, partnership or group of persons who, through a contract, an agreement or ownership, directs the activities of one or more employers involved in work at a work site;***
 - b. ***“Employer” means***
 - i. ***a person who is self-employed in an occupation,***
 - ii. ***a person who employs one or more workers,***



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- iii. a person designated by an employer as the employer's representative, or*
 - iv. a director or officer of a corporation who oversees the occupational health and safety of the workers employed by the corporation;*
8. OH & S Act Code and Regulations will be at the office available for review or with the supervisors and safety officer for reference as needed.

WHMIS 1988 Hazard Class	Consumer Label Symbols	WHMIS 1988 Symbols	WHMIS 2015 Pictograms	WHMIS 2015 Hazard Class
A				Gases under pressure
B1 to B6				Flammable, Self Heating, Emit Flammable Gases, Pyrophoric Gases, Liquids & Solids, Organic Peroxides
C				Oxidizing Gases, Liquids, Solids
D1			 	Acute Toxicity-Oral, Dermal, Inhalation (Fatal or Toxic)
D2			 	Eye Irritation, Skin Irritation, Skin/Respiratory Sensitization, Carcinogenicity, Mutagenicity, Reproductive Hazards
D3				Biohazardous Infectious Material
E				Corrosive to Metals Skin/Eye Corrosion
F			 	Self-Reactive Substances, Organic Peroxides Can explode
NA		NA		Explosive Substance WHMIS 2015 is not adopting the explosive hazard class. <i>Explosives Regulations, 2013</i>
NA		NA		Health Hazard: Aspiration, Single Target Organ Toxicity (Single Exposure, Repeated exposure), Carcinogenicity
NA		NA		Environmental Hazards
NA		NA	NA	Combustible Dusts Simple Asphyxiants
NA		NA	NA	Physical Hazards not Otherwise Classified, Health Hazards not Otherwise Classified

Appendix



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Modified Work Program

1. Loss management statistics show that for every dollar paid in direct compensation benefits to an injured worker, there is as much as \$28.00 or more paid out in hidden costs. These include:
 - a. Reduced productivity
 - b. Training
 - c. Increased administration
 - d. Wages of replacement workers

2. A modified work program (MWP) can be defined as:
 - a. Any job, task, function or combination of tasks or functions which are meaningful and productive and can safely be performed by a worker who suffers from diminished capacity, temporary or permanent, without risk of re-injury or risk to others.

3. The object of the program is to return an injured employee to the work place through temporary modified work. A successful program can save the hidden costs mentioned above and boost worker morale and increase productivity.

By documenting and communicating a Modified Work Program to employees, expectations regarding return to work from an injury will be formed. Employees will know there is a “plan” in place with the ultimate goal of their quick return to work.

4. Safety is an asset to our company, an investment. Please recognize that there is a bigger picture to our Safety Program and MWP program. They all work together to raise safety awareness, decrease injuries, decrease claim costs and assessment rates.

Your commitment to this program is critical to its success.



Modified Work Program – Definitions

1. Bending Requirements - The use of body members such as the spine, legs, knees, hands and feet to perform movement involving stopping, kneeling and crawling.

CODE	KEYWORD	DESCRIPTION
1	Minimal	<ul style="list-style-type: none">• Never or rarely required to bend• Work normally performed from a sitting or standing position
2	Occasional	<ul style="list-style-type: none">• Bending is required occasionally to perform duties
3	Moderate	<ul style="list-style-type: none">• Bending is required on a regular but not continuous basis
4	Repetitive	<ul style="list-style-type: none">• Frequent and continuous bending

2. Hand Eye Coordination - The co-ordination of movement of the hand(s) in accordance with visual stimuli

CODE	KEYWORD	DESCRIPTION
1	Not Required	<ul style="list-style-type: none">• Work duties do not require hand/ eye coordination
2	Minimal	<ul style="list-style-type: none">• Little or minimal hand/ eye coordination ability• Working with large objects involving firm grasping
3	Average	<ul style="list-style-type: none">• Able to perform tasks which require medium degree of hand/ eye coordination
4	Fine	<ul style="list-style-type: none">• Requires firm manipulation of small objects, excellent vision to be able to distinguish detail



3. Lifting Requirements- Involves raising and lowering an object from one level to another. Includes carrying, pushing and pulling of objects.

CODE	KEYWORD	DESCRIPTION
1	Minimal	<ul style="list-style-type: none"> Lifts 10 pounds maximum (4.05KG) Normally lifts/ carries items such as small tools, ledgers, files etc
2	Light	<ul style="list-style-type: none"> Lifts 20 pounds maximum (9.09KG)
3	Medium	<ul style="list-style-type: none"> Lifts 50 pounds maximum (22.73KG)
4	Heavy	<ul style="list-style-type: none"> Lifts 100 pounds maximum (45.45KG)

4. Sitting Requirements - Act of one that sits while performing his/her job

CODE	KEYWORD	DESCRIPTION
1	Minimal	<ul style="list-style-type: none"> Rarely sits, less than 2 hours per 8 hour shift
2	Quarter Day	<ul style="list-style-type: none"> Sitting approximately 2 hours per 8 hour shift
3	Half Day	<ul style="list-style-type: none"> Sitting approximately 4 hours per 8 hour shift
4	Three Quarter Day	<ul style="list-style-type: none"> Sitting approximately 6 hours per 8 hour shift

5. Standing Requirements - Act of being upright on the feet

CODE	KEYWORD	DESCRIPTION
1	Minimal	<ul style="list-style-type: none"> Infrequent standing, less than 2 hours per 8 hour shift
2	Quarter Day	<ul style="list-style-type: none"> Standing approximately 2 hours per 8 hour shift
3	Half Day	<ul style="list-style-type: none"> Standing approximately 4 hours per 8 hour shift
4	Three Quarter Day	<ul style="list-style-type: none"> Standing approximately 6 hours per 8 hour shift



6. Walking Requirements – An act or instance of moving on foot

CODE	KEYWORD	DESCRIPTION
1	Minimal	<ul style="list-style-type: none">• Walking infrequently, less than 2 hours per 8 hour shift
2	Quarter Day	<ul style="list-style-type: none">• Walking approximately 2 hours per 8 hour shift
3	Half Day	<ul style="list-style-type: none">• Walking approximately 4 hours per 8 hour shift
4	Three Quarter Day	<ul style="list-style-type: none">• Walking approximately 6 hours per 8 hour shift



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Modified Work Program Worker Sign Off

1. I _____ have been orientated on the GYPSUM DRYWALL Modified Work Program. As a worker I agree to the terms of our modified work program. I will perform modified duties if injured on the job. In complying with the modified program, I will report any injury on the day of the injury, and will fill out the WCB worker report form at the office if the nature of the injury allows. I will educate all Physicians of the program, and accompanying forms to be filled out, during initial or any other diagnosis of injury. Following the day of injury I will report to the office for my modified duties.

2. Modified duties available:
 - a. Paperwork
 - b. General Cleaning
 - c. Light Maintenance work
 - d. Light Warehouse work
 - e. Safety
 - f. Quality Control
 - g. Job Counts

Employee Signature	Witness Signature
Employee PRINT NAME	Witness PRINT NAME
DATE	DATE



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Modified Work Program Fitness Certificate Form

(Please return with employee)

Employee Name: _____

Is the Employee Fit for Regular Duty: Yes _____ No _____

If Not, Can The Employee Perform Modified Or Alternate Duties? Yes _____ No _____

Current Work Capability (descriptions attached) Please explain:

Sedentary _____

Light _____

Medium _____

Heavy _____

Very Heavy _____

Are there any further specific physical restrictions or recommendations?

When will a further medical review be required?

Days: _____

Weeks: _____

Date: _____

M.D. _____

Please Print

Signature

I hereby authorize any physician or hospital to release medical information on myself pertaining to the above injury for the purpose of deciding alternate duties.

Date

Employee Signature



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Fall Protection Plan Page 1/2

Company/ Worksite Name:

Address/ Location

FALL HAZARDS

Fall Protection System to be used

Anchors to be used

Clearance Distances To Be Confirmed

Procedures

Rescue Plan

Fall Protection Plan Developed By:

Name:

Signature:

Date:

Workers must read and sign form to acknowledge that they have reviewed and understand the fall protection plan

Clearance Requirements Calculation:



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ID	Definition
FFD	Free Fall Distance
TFD	Total Fall Distance
CR	Clearance Requirement
L	Initial Length of Lanyard. Energy Absorber and connecting hardware
B	Height of D Ring measured from the workers feet
C	Distance between anchor point and unguarded edge
EAE	Energy Absorber Extension (Same as SAE, Shock Absorber Extension)
DS	D Ring Slippage
SM	Safety Margin (typically 2 ft/ 0.6 meters)

Free Fall Distance

$$\text{FFD} = \text{L} + \text{B} - \text{C}$$

Total Fall Distance

$$\text{TFD} = \text{FFD} + \text{DS} + \text{EAE}$$

Clearance Requirement

$$\text{CR} = \text{TFD} + \text{B} + \text{SM}$$

