**What is the standard of due diligence?**

Taking all reasonable care to protect the well‐ being of employees or co‐workers.

**What is the defense of due diligence?**

All reasonable precautions to comply were taken in the circumstances.

# What is the *test* of due diligence?

Documentation of an effective OH&S program; an effective OH&S program includes:

* A written OHS program that has been implemented.
* An employer who takes steps to control or eliminate specific hazards.
* Written safe work procedures that are understood and followed by workers.
* Workers who are provided with adequate instruction, training, supervision and discipline to work safely.

# How can this checklist help?

The following checklist is intended to help employers determine if they have sufficient documentation of an effective OH&S program. Other due diligence factors to consider include health and safety performance in the workplace, the employer’s history of compliance with the Workers Compensation Act and OH&S Regulation, the degree of hazard associated with violations, etc. This checklist is only a guideline.

**Workplace (specify):**

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| **Part 1: Does the employer keep the following types of records or documents?** |
|  | Worker orientation records |  | Records of worker/supervisor training showing the date, names of attendees and topics covered (e.g. Lockout, WHMIS) |
|  | Inspection reports and records of corrective actions taken to solve problems |  | Incident/accident investigation reports and records of corrective actions taken to solve problems |
|  | Records of meetings and crew talks where safety issues were discussed |  | Supervisor’s notes and logs of safety contacts with workers |
|  | Records showing use of progressive discipline to enforce safety rules and written safe work procedures |  | Joint OH&S Committee meeting reports showing steps taken to address health and safety issues |
|  | Subcontractor pre‐qualification documents |  | Equipment log books and maintenance records |
|  | First aid records, medical certificates, hearing tests |  | Forms and checklists showing the employer requires workers to follow safe work procedures (e.g. confined space entry permits) |
|  | Sampling and monitoring records of exposures to harmful substances |  | Emergency response plan and record of drills and any resulting improvements |
|  | OH&S related budget items and purchase orders |  | Statistics on the frequency and severity of accidents |

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| **Part 2: Do the employer’s records or documents show an effective OH&S Program?** |
| **Do records/documents indicate that the employer/management:** | **YES** | **NO** |
| 1. State and communicate a clear workplace OH&S policy |  |  |
| 2. Assign responsibility and resources for implementing OSH Program to identified person(s) |  |  |
| 3. Include workplace OH&S issues on management meeting agendas |  |  |
| 4. Require contractors to conform to OH&S regulation |  |  |
| 5. Ensure records are maintained (See Part 1) |  |  |
| 6. Review statistics on the frequency and severity of accidents, as well as injury and illness trends over time |  |  |
| 7. Assign responsibility for identifying hazards and conducting risk assessments |  |  |
| 8. Implement appropriate controls (engineering, work practice/administrative, PPE) for identified hazards (e.g. machine guarding, lockout, bloodborne pathogens, confined space, falls from elevation, chemical hazards, repetitive strain injury, etc.) |  |  |
| 9. Implement a preventative maintenance schedule as required by manufacturers’ and industry recommendations and standards |  |  |
| 10. Address Joint Health & Safety Committee or health & safety representative recommendations |  |  |
| 11. Review OH&S Program activities (e.g. once a year) and make improvements as needed |  |  |
| **Do records/documents indicate that supervisors:** | **YES** | **NO** |
| 12. Receive training to perform their safety and health responsibilities |  |  |
| 13. Give crew talks/conduct safety meetings |  |  |
| 14. Participate in inspections |  |  |
| 15. Conduct incident/accident investigations |  |  |
| 16. Take action to correct reported hazards |  |  |
| 17. Conduct orientation |  |  |
| 18. Conduct on‐the‐job training |  |  |
| 19. Evaluate training to ensure that it is effective |  |  |
| 20. Monitor work conditions and practices in areas where they have responsibility |  |  |
| 21. Correct employees not following rules and procedures |  |  |
| 22. Keep records of progressive discipline |  |  |
| 23. Have OH&S considered as an element in their performance evaluation |  |  |

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| **Part 2: Do the employer’s records or documents show an effective OH&S Program? *continuation*** |
| **Do records/documents indicate that workers:** | **YES** | **NO** |
| 24. Receive orientation |  |  |
| 25. Receive specific job instruction |  |  |
| 26. Receive health and safety training (e.g. responsibilities, hazards, engineering controls, written safe work procedures, use of PPE) |  |  |
| 27. Demonstrate the skills/knowledge necessary to perform their jobs safely |  |  |
| 28. Report injuries and hazards |  |  |
| 29. Participate in inspections |  |  |
| 30. Participate in incident/accident investigations |  |  |
| **When dealing with disciplinary procedures for workers, supervisors and managers who don’t follow safety rules or safe work procedures:** | **YES** | **NO** |
| 31. Are there disciplinary procedures in place? |  |  |
| 32. Are workers/supervisors/managers aware of them? |  |  |
| 33. Are disciplinary procedures used effectively? |  |  |
| 34. Are they monitored by the Joint Health & Safety Committee or health and safety representative? |  |  |
| 35. Are good records kept of progressive discipline used to enforce safety rules and written safe work procedures? |  |  |

Checklist completed by (name): Date:

**Employer’s Action Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item #** | **Action Required (specify)** | **Action by (name)** | **Target Date** | **Completed** |
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For more information about *OH&S Programs* or answers to other health and safety questions, contact your local AgSafe Representative or the AgSafe office toll free at 1‐ 877‐533‐1789.