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| **Cannabis Hazard Identification Tool** | | | | |
| ***Statement of purpose:*** This document is intended to be used as an introductory tool in identifying workplace hazards in the cannabis sector. | | | | |
| **Completed by:** | | | **Date:** | |
| **Labour Contractors and Transportation of Workers** | | | | |
| Does this facility hire farm labour contractors? | | | | **YES NO** |
| Are contracted labourers and/or workers being transported from one work area to another, on either public roads or the property? | | | | **YES NO** |
| **If yes to either of these questions, refer to the WorkSafeBC booklet: Health and Safety for Agriculture.** | | | | |
| **Chemical and Biological Agents** | | | | |
| Are any of the following present in the workplace? | | | |  |
| Fuels, lubricants | **YES NO** | Pest control and Fertilizers (anhydrous ammonia, etc.) | | **YES NO** |
| Compressed gases (acetylene, oxygen, propane, butane, etc.) | **YES NO** | Isopropyl alcohol, carbon dioxide, etc. | | **YES NO** |
| Storage areas, ignition sources, handling and securing cylinders, emergency wash stations | **YES NO** | Sterilizers or cleaners | | **YES NO** |
| Paints, solvents, coatings, varnishes, etc. | **YES NO** | Other materials with WHMIS labels | | **YES NO** |
| **If yes to any of these, implement a Workplace Hazardous Materials Information System (WHMIS) program, and include appropriate controls for all hazardous materials. See the WorkSafeBC reference: WHMIS 2015 – At Work.** | | | | |
| **Musculoskeletal Injury Prevention (MSI)** | | | | |
| Do workers typically, in any job duties, encounter any of these conditions? | | | | |
| Carrying heavy weights or unbalanced loads | **YES NO** | Gripping objects using a “pinch grip” | | **YES NO** |
| Ergonomically designed workstations | **YES NO** | Lifting /moving objects by moving wrist or elbow | | **YES NO** |
| Awkward, extended postures, bending or stooping while working | **YES NO** | Repetitive movements for extended durations | | **YES NO** |
| Twisting while lifting or holding weights | **YES NO** | Cold, wet, or slippery conditions | | **YES NO** |
| Are there injury claims on site and are you aware of your commodity group has significant number of injury claims? | **YES NO** | Working with vibrating tools or equipment | | **YES NO** |
| **If yes to any of these, review the WorkSafeBC guide: Preventing Musculoskeletal Injury. Carry out a risk assessment and implement appropriate controls. Contact AgSafe for additional support in preventing MSI injuries in the workplace.** | | | | |
| **Noise Control and Hearing Conservation** | | | | |
| Is anyone exposed to noise levels that may be over 85 decibels over an 8-hour workday? | | | | **YES NO** |
| Are loud noises present such as trimming machines, processing equipment, engine backfires, mobile equipment, hand tools and music? | | | | **YES NO** |
| Has anyone in the workplace been diagnosed with noise-induced hearing loss? | | | | **YES NO** |
| Is there any indication that long-time workers have experienced noise induced hearing loss? | | | | **YES NO** |
| Is hearing loss prevalent for your commodity group? | | | | **YES NO** |
| **If yes to any of these, consult with AgSafe to perform a basic noise level survey to determine whether a hearing conservation program is required. Complete the Noise Control and Hearing Conservation workbook.** | | | | |

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| **Working Alone or In Isolation** | | |
| Does anyone in the workplace work alone in conditions that present a risk of disabling injury? | | **YES NO** |
| Would the worker be unable to get help (on his or her own) in an emergency or if injured?? | | **YES NO** |
| Is anyone out of contact for periods of time while there is a risk of disabling injury? | | **YES NO** |
| **If yes to any of these, review the WorkSafeBC document: Working Alone – A Handbook for Small Business. Carry out a risk assessment and implement appropriate controls.** | | |
| **Workplace Violence and Prevention** | | |
| Does anyone in the workplace have direct interaction with the general public and handle money onsite? | | **YES NO** |
| Does anyone in the workplace have direct interaction with the general public? (ex: Shipping) | | **YES NO** |
| **If yes to any of these, review the WorkSafeBC guide: A Workbook for Employers and Workers - Preventing Violence. Carry out a risk assessment and implement appropriate controls.** | | |
| **Confined Spaces** | | |
| Using the WorkSafeBC definition, are there any confined spaces on the workplace property? (include decommissioned spaces) | | **YES NO** |
| Do any of these spaces ever require worker entry (now or foreseeably in the future?) | | **YES NO** |
| **If yes to any of these, consult with AgSafe for additional information and support.** | | |
| **Impairment and Fit for Work** | | |
| Could workers attempt to perform work while impaired?  \*WorkSafeBC: “workers and employers need to consider the effects of alcohol, prescription and non-prescription drugs, and fatigue, as potential of impairment” | | **YES NO** |
| **If yes, an impairment policy is required, consult with AgSafe for additional information and support.** | | |
| **Have you considered the other following hazards at your workplace?** | | |
| Slips, trips and falls & falls from elevation | **YES NO** | |
| Hot or cold stress | **YES NO** | |
| UV grow lights | **YES NO** | |
| Lock-out and tag out | **YES NO** | |
| Guarding equipment and machinery | **YES NO** | |
| Prime contractor responsibilities | **YES NO** | |
| Mobile equipment (struck-by injuries) | **YES NO** | |
| First aid preparedness | **YES NO** | |
| Emergency response and access (fires, climate, location, environment, obstructions, etc.) | **YES NO** | |
| PPEs | **YES NO** | |
| **Additional Information** | | |
| Include any additional information about your workplace. | | |

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| **Next Steps…** |
| **If you have answered yes to any of the questions, you may require further risk assessments, control measures or worker training. Contact your AgSafe Safety Consultant or Safety Advisor for additional assistance.** |

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