## School District No. 50 (Haida Gwaii/Queen Charlotte)

	SCHOOL SAFETY COMMITTEE SELF-ASSESSMENT CHECKLIST			
Со	Committee Name: School/Site:			
Completed By: Date:				
fun pro •	e School Safety Committee can conduct a self-assessment to see if the committee is ctioning as required (e.g., as part of an annual OH&S program review). The self-assessess is made up of two parts:  Self-Assessment Checklist – identifying items that make the committee compliant and Action Plan – identifying items that need attention  elf-Assessment Checklist – Directions	essment	t	
•	Answer each statement by checking yes or no			
	Terms of Reference			
1.	Committee has written Terms of Reference that establish the committee's rules of procedures.  Terms of Reference should include information on:  Name of occupational health and safety committee  Constituency  Statement of committee purpose  Duties and functions  Records  Meetings  Agendas and Meeting Reports  Composition  Co-chairs  Terms of Office  Assistance in Resolving Disagreements  Amendments	☐ Yes	□ No	
2.	Membership  There are a minimum of 4 members weather and ampleyer representatives from and representing the workslass.	□ Vee		
3.	There are a minimum of 4 members, worker and employer representatives from and representing the workplace.  At least 50% of members are worker representatives.	☐ Yes ☐ Yes	□ No	
4.	Worker representatives have selected 1 co-chair.	☐ Yes	□ No	
5.	Employer representatives have selected 1 co-chair.	☐ Yes	□ No	
6.	Names and work locations of committee members and alternates are posted.	☐ Yes	□ No	
	Duties and Functions			
7.	Identify unhealthy or unsafe workplace situation and advice on effective systems for responding to those situations.	☐ Yes	□ No	
8.	Consider and quickly deal with complaints relating to the safety and health of workers.	☐ Yes	□ No	
9.	Consult with workers and employer on issues related to OH&S and work environment.	☐ Yes	□ No	
10.	Advise employer on workplace programs and policies required under the OH&S Regulation and monitor their effectiveness.	☐ Yes	□ No	
11.	Advise employer on proposed changes to the workplace or work processes that may affect the health and safety of workers.	□ Yes	□ No	
12.	Make recommendations to the employer on educational programs promoting safety and health of workers and compliance with the OH&S Regulation, and monitor program(s) effectiveness.	□ Yes	□ No	
13.	Ensure accident investigations and regular inspections are carried out as required.	☐ Yes	□ No	
14.	Assign representatives to participate in inspections as required.	☐ Yes	□ No	
15.	Assign representatives to participate in accident investigations as required.	☐ Yes	□ No	
16.	Assign representatives to participate in inquiries as required.	☐ Yes	□ No	

	SITE COMMITTEE SELF-ASSESSMENT CHECKLIST		
	Meeting Activities		
17.	Meet regularly at least once each month.	☐ Yes	□ No
18.	Use OH&S Regulation and standards as guidelines for issues discussed.	☐ Yes	□ No
9.	Consider employee OH&S suggestions.	☐ Yes	□ No
0.	Review and comment on inspection reports.	☐ Yes	□ No
1.	Review and comment on reports of accidents, incidents and industrial disease.	☐ Yes	□ No
22.	Confirm for each action item in reports that an individual was assigned, a deadline for completion was set, and follow-up was done to make sure action items were completed.	☐ Yes	□ No
3.	Prepare a report for each meeting. Provide a copy to the employer.	☐ Yes	□ No
	Committee Recommendations		
4.	Write recommendations that are:  □ Directly related to safety and health □ Achievable (reasonably capable of being done) □ Complete (clearly described so employer does not need more information to make a decision)	☐ Yes	□ No
5.	Send recommendation(s) to the employer asking for a written response within 21 calendar days.  Other Activities	☐ Yes	□N
6.	Attend OH&S training courses, conducted by or approved by WCB. Education and training should total 8 hours annually for each member.	☐ Yes	□N
7.	Co-chairs are aware they may report to WCB if the committee is unable to reach agreement on a matter relating to the health or safety of workers.	☐ Yes	□ N
8.	Co-chairs are aware they may report to WCB if the employer does not accept the committee's recommendations or if the committee is not satisfied the employer's explanation for a delayed response to recommendations.	☐ Yes	□ N
9.	Reports of 3 most recent meetings are posted.	☐ Yes	□ N
0.	Monthly meeting reports (kept for at least 2 years from date of meeting) are readily accessible to District Health & Safety Committee members, workers and WCB.	☐ Yes	□ No

## **Action Plan - Directions**

- Identify which checklist item(s) need follow-up.
- Explain what needs to be done, and identify the person responsible and the recommendation date of completion.
- Track action items that have been completed. As each action has been completed, check the 'completed' box.

Item #	Action Required	Action By (Person)	Target Date	Completed
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