



**DALHOUSIE
UNIVERSITY**

**Department of
Facilities Management
Occupational Health and Safety**

Occupational Health and Safety Program

Annual Occupational Health and Safety Program Report for _____ (Year)

Where ever an explanation is required please use additional sheets paper and attach them to this completed report.

1. How many Occupational Health and Safety (JOHS) Committee meetings were held during the year? _____
2. If fewer than 12 meetings were held please explain why.
3. Were OHS Committee meetings well attended by committee members? Yes No
4. Were any special OHS Committee meetings held? Yes No
(If the answer is yes please explain the number and reason(s) for the extra meetings.)
5. How many workplace safety inspections were performed? _____
6. Have all follow-up actions required by the Workplace Inspection Reports been completed? Yes No (If yes, please explain.)
7. How many Workplace Hazard Reports were filed during the year? _____
8. What was the total number of incidents reported during the year? _____
9. What was the total number of accidents reported during the year? _____
10. What was the total for each of the following:
 - a. Workplace injuries or illness _____ (Days Lost)
 - b. Property / equipment damage _____
 - c. Spill of a hazardous material _____
11. How many accidents required a Workers Compensation Board Report of Accident to be filed? _____
12. Were each of the Workers Compensation Board Report of Accident filed within the required time frame? Yes No (If No please explain why.)

13. What was the total number of days of work lost by employees due to workplace injury or illness? _____
14. Did any accidents or incidents involve contractors or any other person that was not an employee of Facilities Management? Yes No (If Yes please explain.)
15. How many refusals to work were submitted? _____
16. Were any employees disciplined for not working in compliance with health and safety requirements? Yes No (If yes please explain how many and the reason for each disciplinary action.)
17. How many health and safety training sessions were held during the year? _____
18. How many orientation sessions were held for new employees? _____
19. Are adequate records and / or certificates of training being properly maintained for each employee? Yes No
20. Are equipment maintenance logs and files being properly documented? Yes No

Please add any additional comments about the past years OHS program activities that will help in planning for the coming year.

Management Co-Chair of OHS Committee _____

Employee Co-Chair of OHS Committee _____

Date _____