**Appendix 8.7, JOHS Committee Yearly OHS Summary Report Form**

(To be completed by the JOHS Committee at the end of each year.)

1. **Workplace Inspections**
   1. Number of JOSHC inspections completed \_\_\_\_\_
   2. Number of Departmental inspections completed \_\_\_\_\_
   3. Percentage of inspections completed…………………………………………………………………………………………………\_\_\_\_\_
   4. Number of deficiencies identified \_\_\_\_\_
   5. Number of deficiencies corrected \_\_\_\_\_
   6. List outstanding deficiencies with present status and identify any carried over from the last inspection with reason why (add pages, if required):

1. **Incident Investigations**
   1. Number of Loss-Time Incidents…………………………………………………………………………………………………………. \_\_\_\_\_
   2. Number of Medical Aid (WCB) Incidents………………………………………………………………………………………….…\_\_\_\_\_
   3. Number of corrective actions identified \_\_\_\_\_
   4. Number of corrective actions completed \_\_\_\_\_
   5. List status of outstanding corrective actions and reason why (add pages, if required):

* 1. Number of incident reports completed……………………………………………………………………………………………. \_\_\_\_\_

1. **Department of Labour, Skills and Immigration (DLSI) Inspections or Investigations** (add pages, if required)
   1. Date of DLSI Inspections or Investigations (date) \_\_\_\_\_\_\_\_
   2. Number of deficiencies noted \_\_\_\_\_
   3. Number of orders issued \_\_\_\_\_
   4. Number of deficiencies corrected \_\_\_\_\_
   5. List nature of each deficiency and status. If still not corrected, note reason

(add pages, if required):

f. Compliance Notice(s) sent to DLSI and copied to JOHSC (date) \_\_\_\_\_\_\_\_

1. **OHS Unsafe Work Refusals**
   1. Number of OHS Unsafe Work Refusal Forms submitted \_\_\_\_\_
   2. List the nature of each OHS Unsafe Work Refusal (add pages, if required):

* 1. Number of Unsafe Work Refusals forwarded to the JOHS Committee. \_\_\_\_\_
  2. Number of Unsafe Work Refusals referred to the DLSI \_\_\_\_\_

1. **OHS Hazards**
   1. Number of OHS Hazards Reports submitted \_\_\_\_\_
   2. List the nature of each OHS Hazards (add pages, if required):

* 1. Number of OHS Hazards resolved \_\_\_\_\_
  2. Number of OHS Hazards forwarded to the JOHS Committee \_\_\_\_\_
  3. List the present status of OHS Hazards not yet resolved and identify why

(add pages, if required):

1. **Employee OHS Orientation and Training**
   1. Number of new employees hired or transferred \_\_\_\_\_
   2. Number of employees given the OHS Orientation for new hires \_\_\_\_\_
   3. Number of employees given the Orientation to the SMS \_\_\_\_\_
   4. Number of employees given the Orientation to the Workplace Violence Prevention Plan

\_\_\_\_\_

* 1. Number of employees trained in WHMIS \_\_\_\_\_
  2. Number of employees trained in the Introduction to OHS \_\_\_\_\_
  3. Number of management employees trained in AWARE-NS Safety for Supervisors and Managers \_\_\_\_\_
  4. Number of JOHS Committee Members trained in AWARE-NS JOHSC Training \_\_\_\_\_
  5. Number of First Aid Attendants trained \_\_\_\_\_
  6. Number of Fire Wardens given Fire Safety and Emergency Evacuation Plan Orientation \_\_\_\_\_
  7. Other (please specify) (add pages, if required)

1. **Senior Manager Comments** (add pages, if required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Senior Manager Name Senior Manager Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Non-Management Co-Chair Signature Management Co-Chair Signature Date

Copies of this report are to be sent to:

* Senior Leadership Team
* ***[Organization Name]*** Board