**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)

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Senior Manager Name Senior Manager Signature Date

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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