**Appendix 1.1 - Supervisor’s Health and Safety Performance Appraisal**

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| --- | --- |
| Name: | |
| Position Title: | |
|  | **Rating** |
| 27 (1) (a) works in the manner and with the protective devices, measures and procedures required by this Act and the regulations |  |
| (b) uses or wears the equipment, protective devices or clothing that the  employer requires to be used or worn. |  |
| (2) (a) advises worker(s) of the existence of any potential or actual danger to the H&S of the worker of which the supervisor is aware; |  |
| (b) where so prescribed, provide a worker with written instructions as to the  measures and procedures to be taken for protection of the worker |  |
| (c) take every precaution reasonable in the circumstances for the protection of a worker. |  |
|  |  |
| Performing workplace inspections |  |
| Conducting information sessions (safety talks, staff meetings) |  |
| Conducting incident investigations |  |
| Conducting employee training |  |
| Correcting substandard acts or conditions |  |
| Commending employee health and safety performance |  |
| Performing employee safety observations |  |
| Other: |  |
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|  |  |
|  |  |
| Overall Assessment: |  |

**Ratings:**

**O** - Outstanding. Far exceeds normal expectations.

**V** - Very good. Regularly exceeds requirements.

**G** - Good. Solid performance- meets or slightly exceeds requirements.

**M** - Marginal. Performance is less than expected and needs improvement.

**U** - Unsatisfactory. Not performing requirements.

Additional Comments:

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I have read and discussed this review with my Manager/Owner:

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| --- | --- |
| Signed and dated: | Evaluated by: |
| Evaluator’s signature | |

**Worker’s Health and Safety Performance Appraisal**

|  |  |
| --- | --- |
| Name: | |
| Position Title: | |
|  | **Rating** |
| 28 (1)(a) work in compliance with the provisions of this Act and the regulations; |  |
| (b) use or wear the equipment, protective devices or clothing that the worker’s employer requires to be used or worn; |  |
| (c) report to his or her employer or supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger himself,  herself or another worker; and |  |
| (d) report to his or her employer or supervisor any contravention of this Act or the regulations or the existence of any hazard of which he or she knows. |  |
| (2) (a) maintains protective devices as required by the regulations |  |
| (b) use or operate any equipment, machine, device or thing or work in an appropriate manner (does not endanger himself, herself or any other worker) |  |
| (c) Works in accordance with “Company Rules” |  |
|  |  |
| Aids in performing workplace inspections |  |
| Participates in information sessions (safety talks, staff meetings) |  |
| Aids in conducting incident investigations |  |
| Participates in employee training |  |
| Corrects substandard acts or conditions |  |
| Other: |  |
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|  |  |
| Overall Assessment: |  |

**Ratings:**

**O** - Outstanding. Far exceeds normal expectations.

**V** - Very good. Regularly exceeds requirements.

**G** - Good. Solid performance- meets or slightly exceeds requirements.

**M** - Marginal. Performance is less than expected and needs improvement.

**U** - Unsatisfactory. Not performing requirements.

Additional Comments:

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I have read and discussed this review with my Supervisor/Owner:

|  |  |
| --- | --- |
| Signed and dated: | Evaluated by: |
| Evaluator’s signature | |

**Performance Improvement Plan**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Defined Problem or Opportunity for Improvement: | |
| Employee Action Plans:  1.  2.  3.  4.  5. | |
| Supervisor Action Plans:  1.  2.  3.  4.  5. | |
| Date | Review Date(s): |
| Employee Signature | Date |
| Supervisor/Manager Signature | Date |

**Progressive Enforcement and Corrective Actions Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Particulars of applicable employee | | | |
|  | **Employee** | **Employee Number** | **Applicable Union** |
| Details of the occurrence warranting corrective action: **(Check appropriate box &/or write description to the side)** | | | |
| Jobsite: | | Date: | |
| * **Late:** |  | | |
| * **Absenteeism:** |  | | |
| * **Misconduct:** |  | | |
| * **Insubordination:** |  | | |
| * **Minor H&S Issue:** |  | | |
| * **Other:** |  | | |
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As a result of the above occurrence and based on the Corrective Action Matrix **(see over),** you have been given the following corrective action(s)

1. Verbal Warning
2. Written Warning
3. Suspension for Days **(Minimum of 1 and Maximum of 4)**
4. Termination with Cause
5. Other:

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|  | | | | |
| **Employee's Signature** | |  | **Date** | |
| **Signature of Employer Representative who administered**  **corrective action** | | **Position** | **Date** | |

* + ***Employee unwilling to acknowledge and sign.***

**Employee Discipline Notice**

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

Name of Worker

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

Job No. Date & Time No. of Warnings

**Infraction Details**

\_\_\_ insubordination

\_\_\_ safety infraction

\_\_\_ failure to report off

\_\_\_ poor work

\_\_\_ absenteeism

\_\_\_ lateness

\_\_\_ conduct

\_\_\_ unfit to work

\_\_\_ other (specify)

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

Was employee summoned to an enclosed office to discuss this incident? yes \_\_\_\_ no \_\_\_\_

**Action Taken** Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ warning

\_\_\_ time off without pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ discharge

Person Initiating Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_