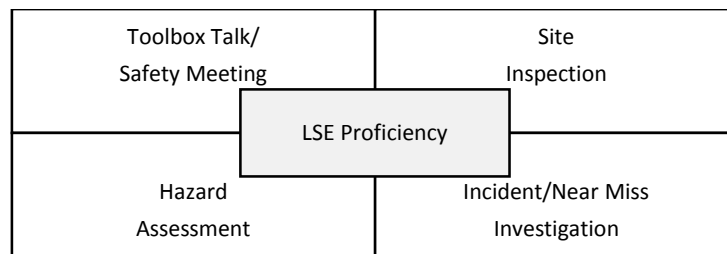




Leadership for Safety Excellence Proficiency Certification

The Leadership for Safety Excellence (LSE) Proficiency is a mandatory component for individuals enrolled in the NCSO program and optional for all other participants. It is a tool used to evaluate the participants' ability to apply what they have learned in the classroom.

All participants who have passed the LSE exam may forward their LSE Proficiency submission to the ACSA for review.



All four components must be submitted at the same time for review as one PDF file via:

- the Student Portal NCSO/HSA Tracking System (for those enrolled in the NCSO/HSA Program).
- email to NCSO@youracsa.ca (for those NOT enrolled in the NCSO/HSA Program).

A Certificate of Proficiency is issued after the submission is **assessed and approved** by ACSA staff.

All documentation submitted must:

- have been completed by you.
- include your name and signature.
- be in individual format (employees from the same company may not conduct an investigation as a group and then submit that same investigation for all participants).

Leadership for Safety Excellence Proficiency Certification

LSE Proficiency Submission Requirements

Document	Requirements	Sources	Template
Hazard Assessment	<input type="checkbox"/> Tasks <input type="checkbox"/> Hazards <input type="checkbox"/> Controls <input type="checkbox"/> Risk Ranking	LSE 1-19	LSE 1-29 & 1-30
Site Inspection	<input type="checkbox"/> What was inspected? <input type="checkbox"/> Corrective Actions <input type="checkbox"/> Person responsible for each corrective action <input type="checkbox"/> Target date for each corrective action	LSE 2-9	LSE 2-7 & 2-8
Incident or Near Miss Investigation	<input type="checkbox"/> When did the incident occur? <input type="checkbox"/> What happened? <input type="checkbox"/> Causes (minimum 3) <input type="checkbox"/> Person responsible for each corrective action <input type="checkbox"/> Target date for each corrective action	LSE 3-29 LSE 3-14 to 3-18	LSE 3-31 & 3-32
Toolbox Talk/Safety Meeting Minutes	<input type="checkbox"/> Meeting leader <input type="checkbox"/> Topics discussed, actions and notes <input type="checkbox"/> Attendance (signatures) <input type="checkbox"/> Worker input	LSE 4-10	LSE 4-11

It is acceptable to black-out names of individuals or locations on an investigation report to protect the identity of an injured party or the confidential location of an on-going project.

Leadership for Safety Excellence Proficiency Certification

Frequently Asked Questions (FAQ)

Q: What are the most common reasons for rejection?

A: Some of the most common deficiencies include:

- failing to submit all four documents,
- failing to include your name on all documents,
- hazard assessment does not include a risk ranking section,
- inspection does not include the inspectors name or the date of inspection,
- investigation does not include corrective actions for each cause, and
- safety meeting does not include who led the meeting.

Q: Can I use my company's forms?

A: Yes! We strongly encourage using your company forms. Please ensure your forms include all the submission requirements.

The intent of the LSE Proficiency is to apply what you've learned. You can black out the names of other workers, but it must be clear that you completed the forms.

Q: We have not had any incidents in years; how can we do an Investigation?

A: Keep in mind what is required by your company policy and legislation to investigate. What about *Near-misses*? What about *Work Refusals*?

You may also *reinvestigate* an incident that has happened in the past. Can you find new causes or solutions with what you've learned?

Leadership for Safety Excellence Proficiency Certification

Q: What do I do if I am not working?

A: You may consider doing an LSE proficiency for your home.
For example:

- assess hazards in and around your home
- do an inspection in or outside your house
- have a safety meeting with family (get them to sign in) and do a mock evacuation/fire drill
- do an incident investigation with kids

Examples of incidents to investigate at home:

<i>Incident</i>	<i>Causes</i>	<i>Corrective Action</i>
Milk spilled	<ul style="list-style-type: none"> • Inattention to task at hand • Rushing • Lack of Supervision 	<ul style="list-style-type: none"> • Slow down at dinner time (Admin) • Go back to sippy-cup (Engineering)
Car backed over bicycle in driveway	<ul style="list-style-type: none"> • Failure to conduct walk-around • No spotter • Poor Housekeeping 	<ul style="list-style-type: none"> • Bikes must be put away (Admin) • Install Backup Cam (Engineering)

We all encounter situations on a daily basis, where we can assess hazards, inspect for preventative maintenance, investigate losses or near-misses, and take a moment to talk about Safety.

We are looking for an application of the principles learned in
Leadership for Safety Excellence™. Good luck!

Company Name

Health and Safety Toolbox Meeting

Date: _____ **Project/Facility:** _____

Meeting led by: _____

AGENDA:

1. Review of Previous Meeting
2. Review of Inspections/Incidents
3. Current Topic Discussion
4. Worker Input
5. Date/Time/Topic of Next Meeting

ATTENDANCE: (Have each attendee print & sign in ink)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

TOPIC OF REVIEW: _____

WORKER INPUT: _____

ACTION(S) TO BE TAKEN: _____

NEXT MEETING: Date: _____ Time: _____

Foreman/Supervisor Signature

Reviewed By

Work Site Safety Inspection

Company Name _____

Date: _____

Location: _____	Inspected by: _____
-----------------	---------------------

Items to Watch For:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Buildings and structures, windows, floors, doors, stairs • Elevators, escalators, manlifts • Aisles, work surfaces • Lighting • Electrical wiring, cords • Exits, alarms, emergency lighting, drills • Fire protection equipment • Heating and cooling | <ul style="list-style-type: none"> • Sanitation • Storage areas • Bulletin board • Atmosphere condition, ventilation • Toxic material storage, labels • Flammable liquid, gas, labels, storage containers • Pressure vessels |
| <ul style="list-style-type: none"> • Materials handling equipment • Containers • Production equipment, guarding, controls • Hand and power tools • Ladders, scaffolds • Vehicles • First aid contents and training • Personal protective equipment | <ul style="list-style-type: none"> • Operator authorizations • Warning signs, labels • Safe work practices • Proper lifting • Housekeeping • Maintenance • Safety training • Smoking • Locker and lunch room • Safe job procedures |

Item #	Location	Hazard(s) Observed	Priority	Corrective Action(s)	Date/Time Action Completed	By Whom (Print Name)

* Priority Index: 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N/A)

Copies to: _____ Reviewed (Date): _____

Comments: _____

Manager's Signature: _____

FIELD LEVEL HAZARD ASSESSMENT

Check off the hazards that apply to this job. List the items in the hazards column, indicate the priority ranking and identify the plans to eliminate or control on the other side of this form.

Environmental Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 1. Work area clean <input type="checkbox"/> 2. Material storage identified <input type="checkbox"/> 3. Dust/mist/fumes <input type="checkbox"/> 4. Noise in area <input type="checkbox"/> 5. Extreme temperatures <input type="checkbox"/> 6. Spill potential <input type="checkbox"/> 7. Waste properly managed <input type="checkbox"/> 8. Excavation permit required <input type="checkbox"/> 9. Other workers in area <input type="checkbox"/> 10. Weather conditions <input type="checkbox"/> 11. MSDS reviewed 	Access/Egress Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 19. Aerial lift/man basket (inspected & tagged) <input type="checkbox"/> 20. Scaffold (inspected & tagged) <input type="checkbox"/> 21. Ladders (tied off) <input type="checkbox"/> 22. Slips/trips <input type="checkbox"/> 23. Hoisting (tools, equipment) <input type="checkbox"/> 24. Evacuation (alarms, routes, ph #) <input type="checkbox"/> 25. Confined/restricted space entry permit required 	Rigging & Hoisting Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 33. Lift study required <input type="checkbox"/> 34. Proper tools used <input type="checkbox"/> 35. Tools/sling inspected <input type="checkbox"/> 36. Equipment inspected <input type="checkbox"/> 37. Others working overhead/below <input type="checkbox"/> 38. Critical lift permit 	
Ergonomic Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 12. Awkward body position <input type="checkbox"/> 13. Over extension <input type="checkbox"/> 14. Prolonged twisting/repetitive/bending motion <input type="checkbox"/> 15. Working in tight area <input type="checkbox"/> 16. Lift too heavy/awkward to lift <input type="checkbox"/> 17. Hands not in line of sight <input type="checkbox"/> 18. Working above your head 	Overhead Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 26. Barricades & signs in place <input type="checkbox"/> 27. Hole coverings identified <input type="checkbox"/> 28. Harness/anyards inspected <input type="checkbox"/> 29. 100% tie-off with harness and anchor points identified <input type="checkbox"/> 30. Falling objects <input type="checkbox"/> 31. Power lines <input type="checkbox"/> 32. Hoisting or moving loads overhead 	Electrical Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 39. GFI test <input type="checkbox"/> 40. Lighting levels too low <input type="checkbox"/> 41. Working on/near energized equipment <input type="checkbox"/> 42. Electrical cords/tools condition <input type="checkbox"/> 43. Fire extinguisher <input type="checkbox"/> 44. Hot work or electrical permit required 	
Severity: <ol style="list-style-type: none"> 1. Imminent Danger – causing deaths, widespread occupational illness, loss of facilities 2. Serious – severe injury/illness, property and/or equipment damage 3. Minor – non-serious injury, illness or damage 4. Not Applicable – N/A 		Personal Limitations/Hazards <ul style="list-style-type: none"> <input type="checkbox"/> 45. Procedure not available for task <input type="checkbox"/> 46. Confusing instructions <input type="checkbox"/> 47. No training for task or tools to be used <input type="checkbox"/> 48. First time performing the task 	
Severity + Probability = Priority (e.g. Worker at heights without Fall Protection – 1A)			Probability: <ol style="list-style-type: none"> A. Probable – likely to occur immediately OR SOON B. Reasonably Probable – likely to occur eventually C. Remote – could occur at some point D. Extremely Remote – unlikely to occur

It is important that all hazards are identified and controlled. Confirm that all permits are valid.

Remember: “Stop & Think” & “See It Again for the First Time”

This generic FLHA card was produced by the Alberta Construction Safety Association (www.youracsa.ca)

FIELD LEVEL HAZARD ASSESSMENT

Company Name: _____

Work to be done: _____

Date: _____

Task location: _____ Muster point: _____

Permit job #: _____

PPE inspected: _____

Identify and Prioritize the tasks and hazards below, then identify the plans to eliminate/control the hazards.

TASKS	HAZARDS	PRIORITY	PLANS TO ELIMINATE/CONTROL

Has a pre-use inspection of tools/equipment been completed? Yes No N/A Warning ribbon needed? Yes No

Is the worker working alone? Yes No If Yes, explain: _____

Job Completion

Are all Permit(s) closed out? Yes No N/A Are there Hazards remaining? Yes No

Was the area cleaned up at end of job/shift? Yes No N/A (If Yes, explain) _____

Were there any incidents/injuries Yes No If Yes, explain: _____

Please print and sign below (All members of the crew) prior to commencing work, and initial when task is completed or at the end of the shift.

Worker's Name (Print)	Signature	Worker's Name (Print)	Signature

Foreperson's Name and Signature (Sign upon reviewing completed card): _____
 Client's Representative (Review) Signature: _____ *Note: All names must be legible.*

Company Name

Incident Investigation Report

Date/Time: _____

1. Incident Type: Injury/Illness Close Call Fire
 Spill Major Potential
 Property Damage Vehicle Collision

2. Incident Date (M/D/Y): ____/____/____

3. Time (24 Hour Clock):

4. Area:

5. Specific Location:

Injury/Illness

6. First Aid Medical Aid Modified Work Lost Time Fatal

7. Name of Worker:

8. Age:

Gender:

9. Occupation:

10. Experience:

11. Nature of Injury:

12. Object/Equipment/Substance Inflicting Injury/Damage:

Property Damage

13. Description of Property:

14. Description of Damage:

15. Estimated Loss/Damage Cost:

Other Actual/Potential Loss

16. Type:

17. Description:

18. Estimated Cost:

19. Evaluation of Risk Potential if Not Corrected (circle selection):

Severity: 1. Imminent Danger 2. Serious 3. Minor 4. Not Applicable (N/A)

Probability: A. Probable B. Reasonably Probable C. Remote D. Extremely Remote

20. Description of Incident:

Diagram of Scene:



N.T.S

Not to Scale

Witness(es):

21. Witness Statement(s) Attached: Yes No

22. Description of Immediate Cause(s)

23. Description of Underlying Cause(s)

24. Corrective Action(s) (Immediate, Interim, Final):

Recommendations Completed by Whom: | Date/Time:

25. Date Report Completed: (Y/M/D) _____/_____/_____

Investigated by:

print

sign

Signatures

Supervisor:

Worker:
