

Joint Health and Safety Committee Annual Evaluation Tool

Introduction

Occupational Health and Safety Regulation 3.26 requires Employers to conduct an annual written evaluation of their Joint Occupational Health and Safety Committees (JOHSC). The BCGEU and BCPSA have developed this JOHSC evaluation tool with the goals of:

- Measuring Compliance with *The Workers Compensation Act* and *Occupational Health and Safety Regulation (the minimum regulatory standards that must be achieved)*
- Measuring compliance with the *BCGEU-BCPSA Provincial Government Collective Agreement (also a minimum standard that must be achieved)*
- Assisting with annual Committee activity planning
- Helping the Committee have effective meetings
- Helping Committee members work as a team
- Reviewing overall effectiveness of the Committee

The Annual Evaluation is a chance for the Committee to look back on their past year to celebrate their successes and identify opportunities for improvement.

It's a chance for the committee members to discuss with each other how they think the Committee is functioning and how they work together. There is an opportunity to report out on JOHSC membership for future communications.

The evaluation is not meant to be punitive, it's an honest look at the Committee by the Committee to help build an action plan to improve function, effectiveness and help build teamwork.

Who Should Complete the Evaluation?

The employer should normally task the Co-Chairs with completing the evaluation:

- Part A: Review should be completed by the Co-Chairs together and then presented at a committee meeting
- Part B: Action Plan should be determined by consensus of the committee, but it must be signed by the Co-Chairs
- Part C: Committee Communications and reporting will inform a database of committee members that is used to communicate important health and safety information
- Part D: Committee Questionnaire must be completed by the entire Committee as a group at the Committee Meeting

Smaller workplaces/Committees may want to complete Parts A, B, & D together as a group.

If the employer has asked an outside party (e.g., the BCPSA or BCGEU) to complete Part A the outside party must attend the next Committee meeting to present their findings and answer any Committee questions. Only the BCGEU-BCPSA JOHSC Evaluation Tool may be used for workplaces that are under the Public Service Main Collective Agreement.

Need Help?

Contact an Occupational Safety Specialist at [AskMyHR](#) or [BCGEU Safety](#)

Part A: Review

Date of Review: [Click here to enter a date.](#)

Ministry(s)	Click here to enter text.		
Name of Workplace	Click here to enter text.		
Street Address	Click Street address, include suite/floor if applicable		
City	City	Postal Code	XXX XXX
Committee Co-Chair Names and email		Committee Member Names and email	
Co-Chair 1 Co-Chair 2		Enter Committee Member Names Here	

What Do I Need to Complete the Evaluation?

Prior to starting the evaluation, the Co-Chairs should gather:

- Previous 12 months of Minutes and Agendas
- Committee's Terms of Reference
- Workplace inspections for the last 12 months
- Joint Incident Investigations completed in the last 12 months
- Annual Committee work plan
- Any previous Annual Joint Health and Safety Committee Evaluations
- Written recommendations made by the Committee to the employer, and Employer responses.

Membership			
Ref	Item	Yes	No/Unsure
33(a)	How many Committee members do you have: (<i>must be at minimum of 4</i>)	<input type="checkbox"/>	<input type="checkbox"/>
33(c)	Are at least half the membership worker representatives?	<input type="checkbox"/>	<input type="checkbox"/>
34(1)	Do all worker representatives have their appointment letters from their BCGEU?	<input type="checkbox"/>	<input type="checkbox"/>
33(d)	Are there 2 co-chairs appointed: one employer, one worker, each selected by their respective representative?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Do the Committee members reflect the composition of the workplace, including various shifts, departments and work groups?	<input type="checkbox"/>	<input type="checkbox"/>
44(a)	Are the names and work locations of Committee members posted and /or communicated to staff?	<input type="checkbox"/>	<input type="checkbox"/>
35(1)	Do the Employer representatives appointed by employer on the Committee have supervisory duties, such as directing work, scheduling, payroll approval etc.?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Is there an Employer representative on the Committee with financial and safety decision authority for each ministry or branch represented on the Committee?	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Action Items: Click Here			

Committee Time, Pay and Training

Ref	Item	Yes	No/Unsure
40(1)a	Does each member receive paid time to attend JOHSC meetings?	<input type="checkbox"/>	<input type="checkbox"/>
40(1)b	Does each member receive paid time to prepare for meetings of the Committee or other time that is reasonably necessary to prepare for meetings of the committee and to fulfill other duties and functions of the committee?	<input type="checkbox"/>	<input type="checkbox"/>
3.27 CA 22	Has each member taken the 2 day BCPSA- BCGEU Health and Safety Committee Member Course within 6 months of joining the Committee?	<input type="checkbox"/>	<input type="checkbox"/>
BP, CA 22.15	If there are alternates designated, have they taken the 2-day BCPSA- BCGEU Health and Safety Committee Member Course?	<input type="checkbox"/>	<input type="checkbox"/>
41(1)	Are members taking their 8 hours of training in years following the initial 2-day BCPSA- BCGEU Health and Safety Committee Member Course?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Does the Committee review their training needs annually? <i>This could include the joint BCPSA BCGEU courses, first aid etc</i>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Action Items :

[Click here to enter text](#)

Terms of Reference

Ref	Item	Yes	No/Unsure
BP	Was the Terms of Reference developed with the participation of all Committee members? <i>If your committee has been long established you may not know the answer</i>	<input type="checkbox"/>	<input type="checkbox"/>
BP	Are the Terms of Reference reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Does the Terms of Reference define quorum?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Does Terms of Reference have a procedure outlining meeting procedures if quorum is not met?	<input type="checkbox"/>	<input type="checkbox"/>
37(1) BP	Are the Terms of Reference reflective of the Committee's <i>current</i> procedures, make up and processes?	<input type="checkbox"/>	<input type="checkbox"/>
38(1)	Does the Terms of Reference have a section on resolving Committee disagreements?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Does the Terms of Reference have a section on how long an agenda item can be inactive before it uses the disagreement procedure, is referred to another party or a 21-day letter is created?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Action Items

[Click here to enter text](#)

Duties – Committee Members

36(a)	<p>Is your committee aware that they have a duty to identify unhealthy/unsafe situations and advise the employer on effective systems for responding?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no discuss this requirement with the Committee and create an action plan to improve</i></p> <hr/> <p>Has your committee identified any unhealthy/unsafe situations?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>If yes, can you give an example/s of how did the Committee handle the situation? Were the issues effectively resolved? <i>(e.g., resolved at Committee, referred to appropriate manager or 21-day letter)</i></p> <p style="text-align: center;">Comments</p>
36(c)	<p>Does your committee consult with workers and the employer on issues related to OHS?</p> <p><input type="checkbox"/> No <i>If no discuss this requirement with the Committee and create an action plan to increase consultation</i></p> <p><input type="checkbox"/> Yes</p> <p>Briefly describe how the Committee consults workers and the employer:</p> <p style="text-align: center;">Comments</p>
36(g)	<p>Is the Committee aware that they should advise the employer on proposed changes to the workplace that may affect the health or safety of workers, including changes to equipment and machinery? <i>for example, new policies, equipment or moving to new premises etc</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no discuss this requirement with the Committee and create an action plan item</i></p> <hr/> <p>Were there any changes to the workplace in the last year that the Committee advised, or should have advised the employer on?</p> <p><input type="checkbox"/> Yes, the Committee advised the employer of the effect of changes <input type="checkbox"/> There were no changes to the workplace that required advice</p> <p style="text-align: center;">Comments</p>
39	<p>Has a committee sent a 21-day letter (a letter requiring a response in writing from the employer) to the employer in the last year?</p> <p><input type="checkbox"/> No <i>If no is the Committee aware of the 21-day process?</i> <input type="checkbox"/> No <i>If the committee is unaware of the process add to action plan</i></p> <p><input type="checkbox"/> Yes</p> <p>If yes did the employer respond to written recommendations within 21 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Comments</p>
3.12	<p>Are JOHSC members aware of their responsibilities around work refusals?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Has the committee been involved in any work refusals in the past year?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Agendas, Minutes and Posting Information

BP	Is the agenda created prior to the meeting and circulated for a long enough period of time to allow members to prepare for the meeting? <input type="checkbox"/> Always <input type="checkbox"/> Most of the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never																												
BP	Are minutes created in a timely manner after the meeting? <i>Best Practice is 7 or less business days</i> <input type="checkbox"/> Always <input type="checkbox"/> Most of the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Item</th> <th style="width: 5%;">Y</th> <th style="width: 5%;">N</th> <th style="width: 30%;">Comments</th> </tr> </thead> <tbody> <tr> <td>BP</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Click here to enter text</td> </tr> <tr> <td>BP</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Click here to enter text</td> </tr> <tr> <td>44(b)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Click here to enter text</td> </tr> <tr> <td>43(2)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Click here to enter text</td> </tr> <tr> <td>42(1)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Click here to enter text</td> </tr> <tr> <td>44(c)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Click here to enter text</td> </tr> </tbody> </table>	Item	Y	N	Comments	BP	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text	BP	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text	44(b)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text	43(2)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text	42(1)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text	44(c)	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
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<p>*posted meeting minutes best practice is to physically post in the workplace and/or an accessible electronic file with an email notification to all workers when updated.</p> <p>Action Items: Click here to enter text</p>																													

Meetings

	Do meetings start and end on time? <input type="checkbox"/> Always <input type="checkbox"/> Most of the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never																								
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<p>Comments/Action Items Click here to enter text</p>																									

Workplace Inspections			
Ref	Item	Yes	No/Unsure
36(h)	Are regularly scheduled inspections being completed?	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Are members of the Committee part of the inspection team(s)?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Do the inspections include talking to staff about safety issues/concerns and are the inspection used as a chance to promote and educate staff about safety?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Are hazards that can be fixed by staff during the inspection addressed and documented on the inspection form?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Are inspection reports 'read into' or attached to the minutes so that the Committee can review them and all staff can read the inspection reports with the minutes?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Are inspection action items tracked and completed in a timely manner? <i>This could be done on the inspection sheet or in the Committee minutes/agenda</i>	<input type="checkbox"/>	<input type="checkbox"/>
BP	Are teleworkers/remote workers supported to complete a workplace self inspection template?	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Action Items Click here to enter text			

Incident Investigation				
Ref	Item	Y	N	Comments
36(h)	Is the Committee clear on what incidents need to be jointly investigated and the investigation process?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
36(h)	Does the Committee help ensure required incident investigations are being completed?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
71(2)	Are preliminary investigations completed within the 48-hour prescribed timeline?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
72(2)	Is the full investigation completed within the 30-day prescribed timeline and is the employer sending a copy to WorkSafeBC?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
3.28 CA 22.5	Do worker members of the JOHSC participate in incident investigations?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
BP	Does the Committee as a whole review all completed incident investigations for clarity and corrective measures?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
70	Are there enough Committee members (both worker and management reps) that have taken the Incident Investigation course to conduct investigations?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text
BP	Is the employer reporting back the status and effectiveness of corrective measures from incident investigations? <input type="checkbox"/> Always <input type="checkbox"/> Most of the Time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never			
Comments/Action Items Click here to enter text				

Ergonomics			
Ref	Item	Yes	No/Unsure
4.53	Has the employer consulted with the joint committee on the Ergonomics Program?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Do you have active ergonomic assessors available in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
BP	Have all teleworkers completed the office ergonomics self assessment tool?	<input type="checkbox"/>	<input type="checkbox"/>
4.48	Has an in person or virtual ergonomic assessment been done for all workers who need additional support beyond the self assessment tool?	<input type="checkbox"/>	<input type="checkbox"/>
4.51	Are all workers educated about workplace ergonomics as part of the OHS orientation?	<input type="checkbox"/>	<input type="checkbox"/>
4.52	Does the employer annually review the effectiveness of measures taken to comply with the ergonomics requirements?	<input type="checkbox"/>	<input type="checkbox"/>
36 (d)(e)(g)	Does the JOHSC monitor the effectiveness of the Ergonomics Program on an annual basis?	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Action Items Click here to enter text			

Prevention of Workplace Violence			
Ref	Item	Yes	No/Unsure
4.28	Has a prevention of violence risk assessment been completed or reviewed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
	Does the violence risk assessment include input from teleworkers/remote staff?	<input type="checkbox"/>	<input type="checkbox"/>
4.29	Have effective policies and procedures been established to eliminate the risk of violence to workers, including teleworkers/remote staff?	<input type="checkbox"/>	<input type="checkbox"/>
4.30	Have all workers been instructed on the safe work procedures to effectively prevent violence in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
4.30(3)	Have all workers been trained in the appropriate response to incidents of violence, including how to obtain assistance?	<input type="checkbox"/>	<input type="checkbox"/>
4.30(d)	Have all workers been trained on the procedures for reporting, investigating and documenting incidents of violence?	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Action Items Click here to enter text			

Part B: Action Plan

****To Be Completed by the Committee as a Group****

As a group review the answers actions items and comment sections in Part A. Write an action plan to address any issues identified. The action plan's goal should be to improve committee compliance and effectiveness over the next year. Be sure to include timelines and who is responsible.

Action Plan Item	Target Date YYYY/MM/DD	Assigned To:	Comments
Click here to enter text	Date	Name(s)	Click here to enter text
Click here to enter text	Date	Name(s)	Click here to enter text
Click here to enter text	Date	Name(s)	Click here to enter text
Click here to enter text	Date	Name(s)	Click here to enter text
Click here to enter text	Date	Name(s)	Click here to enter text
Click here to enter text	Date	Name(s)	Click here to enter text

Add lines or use separate sheet if necessary.

General Comments

including any issues/items that Committee members may have disagreed within the evaluation results:

Click here to enter text

If an outside party Completed Part A, did they attend they seek input form the Co-Chairs and attend a Committee meeting to present their results and answer questions? Yes No

Co-Chair Signatures

Worker Co-Chair Signature

Employer Co-Chair Signature

Print name/Date

Print Name/Date

*Include all Parts in the Meeting Minutes
Ensure final copy is sent to the employer and JOHSC.*

Committee co-chairs must complete Part A and B and submit to PSA following the procedures in Part C.

Part C: Committee Communications and Reporting

To improve committee communications on important health and safety issues a JOHSC database has been created. The purpose of this database is to have an internal record of all BC Public Service Joint Occupational Health and Safety Committees and their membership. Each year when this evaluation tool is completed it is up to the co-chairs to provide the requested information to the BCPSA.

From time-to-time communications relating to OHS Training, changes to legislation, and committee consultation will be sent out to this targeted group. Please complete Part A and Part B and enter the information into Safety Incident Reporting Program (SIRP). The one of the co-chairs will access SIRP and enter the information into the system. Links and instruction below.

Ministry(s)	Click here to enter text.		
Name of committee	Click here to enter text.		
Street Address	Click Street address, include suite/floor if applicable		
City	City	Postal Code	XXX XXX
Committee Co-Chair Names and email Employer co-chair Worker co-chair			
Committee Member Names and (including alternates) Enter Committee Member Names Here			

Link to [JOHSC Evaluation Part C Video Instruction](#)

Link to [Safety Incident Reporting Portal \(SIRP\)](#)

SIRP instructions:

- On SIRP home page select “New Questionnaire”
- Select JOHSC Evaluation Part – C Questionnaire
- Enter your committee information and hit submit button
- The tool accepts up to 9 committee members

Part D: Committee Questionnaire

At your next Committee meeting have all members complete this evaluation and discuss the results as a group.

Committee Location/Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Scale:

1 Never

2 Rarely

3 Sometimes

4 Most of the Time

5 Always

	1	2	3	4	5
<p>Where there are differences of opinion, the Committee generally resolves the matter to everyone's satisfaction</p> <p><i>Comments</i> Click here to enter text</p>					
<p>The Committee is generally able to reach agreement on matters relating to health and safety relating to workers</p> <p><i>Comments</i> Click here to enter text</p>					
<p>The Committee is respectful of all members' points of view</p> <p><i>Comments</i> Click here to enter text</p>					
<p>The Committee identifies patterns and trends by regularly reviewing assessments, inspections, investigations and injuries</p> <p><i>Comments</i> Click here to enter text</p>					
<p>Meeting discussions stay on topic</p> <p><i>Comments</i> Click here to enter text</p>					

Does the Committee receive, review and action health and safety concerns/complaints from staff?

No, we are unaware this is a duty of the Committee

Add to action plan

No, we didn't have any safety concerns/complaints brought forward in the last 12 months

Yes, the complaint was addressed within a timely manner

No

Yes

Was the resolution effective?

No

Yes

Comments

[Click here to enter text](#)

In the last year are there unresolved OH&S issues that the Committee has not been able to properly address?

Comments

[Click here to enter text](#)

Does your committee do an annual work plan that includes items such as inspections, risk assessment reviews, committee training requirements, terms of reference review etc?

[Click here to enter text](#)

Does the Committee know what information/resources are available for facilities, equipment, safety documents and materials?

[MyHR](#)

[WSBC](#)

[BCGEU](#)

[CCOHS](#)