Gwich’in Renewable Resources Board

Occupational Health and Safety Policy

Approved Feb 2016 (Motion 2016-12) by the GRRB Board of Directors

This document outlines the occupational health and safety policies for the Gwich’in Renewable Resources Board. These policies are to be read by all personnel and adhered to. The Board may by resolution, adapt, repeal or amend the policies, provided such amendments do not contradict the Gwich’in Comprehensive Land Claim Agreement. The Executive Director and/or Office Manager may amend or update the Appendices as needed and as is appropriate.
Table of Contents

Occupational Health and Safety Policy .................................................................................. 1
1.1 Introduction .................................................................................................................. 1
1.2 Application .................................................................................................................... 1
1.3 Definitions .................................................................................................................... 1
1.4 Access to Information .................................................................................................. 1
1.5 Responsibilities .......................................................................................................... 2
   1.5.1 Employer ................................................................................................................ 2
   1.5.2 Supervisor .............................................................................................................. 2
   1.5.3 Worker .................................................................................................................. 2
   1.5.4 First Aid Attendant ............................................................................................... 3
   1.5.5 Safety Committee ............................................................................................... 3
1.6 Orientation ................................................................................................................... 3
1.7 First Aid Requirements ................................................................................................. 3
1.8 Reporting ...................................................................................................................... 4
1.9 Right to Refuse ............................................................................................................ 4
1.10 Return to Work ........................................................................................................... 5
1.11 Contractors ............................................................................................................... 5
1.12 Professional Conduct ................................................................................................. 5
   1.12.1 Zero Tolerance – Drugs and Alcohol ................................................................. 5
   1.12.2 Professional Conduct in the Field ..................................................................... 5
   1.12.3 Zero Tolerance – Workplace Harassment ....................................................... 5
1.13 Personal Protective Equipment .................................................................................. 6
1.14 Emergency Contact Equipment ................................................................................. 6
1.15 Working or Traveling Alone ....................................................................................... 6
1.16 Field Safety Plan ........................................................................................................ 6
1.17 Vehicle and Equipment Use ....................................................................................... 7
   1.17.1 Vehicle Use ......................................................................................................... 7
   1.17.2 Snowmobile Use ............................................................................................... 7
   1.17.3 Boat Use ............................................................................................................ 7
   1.17.4 Helicopter Use .................................................................................................. 7
   1.17.5 Fixed-Wing Aircraft Use .................................................................................. 8
   1.17.6 Chainsaw Use ................................................................................................. 8
   1.17.7 Firearms Use ..................................................................................................... 8
   1.17.8 Ice Auger Use .................................................................................................. 8
1.18 Hygiene ....................................................................................................................... 8
Appendix A – GRRB Orientation Checklist ........................................................................ 10
Appendix B – GRRB Emergency Response Plan ............................................................... 11
Appendix C – Reporting an Injury to the Workers’ Safety & Compensation Commission (WSCC) .................................................................................................................. 16
Appendix D – GRRB Accident/Incident Report ................................................................ 17
Appendix E – GRRB Zero Tolerance Policy ..................................................................... 19
Appendix F – GRRB Travel Contact Form ..................................................................... 20
Appendix G – GRRB Field Safety Plan ............................................................................. 21
Appendix H – GRRB Pre- and Post-Operation Vehicle Checklists .................................... 25
1.1 Introduction

The Gwich’in Renewable Resources Board (GRRB) recognizes the importance of providing and maintaining a safe workplace. As such, the GRRB is committed to working with employees, contractors and visitors to fulfill their legal and moral obligations regarding Health and Safety. The GRRB will accomplish this while continuing to provide quality service to the Gwich’in, the people of the Northwest Territories, and all Canadians.

In pursuance of this goal, the GRRB will provide the necessary supervision, training, equipment and materials for the prevention of incidents. A Health and Safety Committee will be established to assist with the identification, acknowledgement, correction and reporting of hazards. Workplace hazards, incidents, and injuries will be reported in order that they may be corrected or prevented from recurrence.

Supervisors will understand their responsibilities with regard to providing a safe workplace including (but not limited to): providing training, giving instruction, and implementing preventive measures. Supervisors will encourage and be open to discussion regarding safety concerns and hazard prevention.

Employees will recognize that they have a responsibility to themselves, their co-workers, and their families to work safely and be proactive in the recognition and correction of hazards.

Motion 2016-12, February 2016

1.2 Application

These guidelines apply to all GRRB employees and Board members.

1.3 Definitions

As per the Safety Act and General Safety Regulations of the Northwest Territories:

“employer” means every partnership, group of persons, corporation, owner, agent, principal contractor, sub-contractor, manager or other authorized person having charge of an establishment in which one or more workers are engaged in work;

“first aid attendant” means a person who holds a current certificate of qualification in advanced first aid issued by the Priory of Canada of the Most Venerable Order of the Hospital of Saint John of Jerusalem commonly known as St. John Ambulance, or an equivalent certificate of qualification acceptable to the Chief Safety Officer.

“personal protective equipment” means clothing, a device or other article required to be worn or used by a worker to prevent injury;

“supervisor” means a worker who has one or more workers under his or her control or supervision;

“supplier” means a person who supplies, sells, leases, distributes, erects or installs any tool, equipment, machine, device, or any biological, chemical or physical agent to be used by a worker or at an establishment;

“work site” means a location where a worker is, or is likely to be, engaged in work, or a thing at, on, in or near which a worker is, or is likely to be, engaged in work;

“worker” means a person engaged in work for an employer whether working with or without remuneration.
1.4 Access to Information

The Board will provide workers with access to the regulations, including the Safety Act, General Safety Regulations, and other safety information relevant to this organization, and will ensure their understanding. A binder with the relevant information will be kept in a labeled cabinet at the front desk of the GRRB office.

1.5 Responsibilities

The following is intended as a general list of the responsibilities of the Board, supervisors, and workers. Other relevant responsibilities will be laid out under specific headings within this policy.

1.5.1 Employer

The Board will:
- Allocate time during Board Meetings (at least one per year) for the discussion of safety;
- Maintain a workplace free of undue hazards to the health and safety of workers or other persons;
- Provide access to the Safety Act and General Safety Regulations (see Section 1.4);
- Provide adequate instruction to workers regarding the safe performance of his or her duties;
- Provide first aid services following legislative requirements (see Section 1.7);
- Support and promote accident prevention measures;
- Maintain a record of Incident Reports, including any follow-up actions (accident/incident prevention);
- Ensure that safe working conditions are maintained through regular inspections and review of safe work practices;
- Maintain records and statistics, including inspections and accident investigations, to demonstrate the effectiveness of current accident prevention measures; and
- Ensure the prompt investigation of every incident and identify actions, if any, to prevent a recurrence.

1.5.2 Supervisor

Supervisors recognize their responsibility to:
- Ensure a safe working environment;
- Ensure that workers under their direction have been properly trained and instructed;
- Ensure that workers are completing tasks in a safe and efficient manner;
- Participate and promote participation in safety and training;
- Assist with the development and implementation of safe operating procedures as needed;
- Incorporate safety into the planning of tasks and projects;
- Comply with all current health and safety legislation;
- Promote and support incident prevention measures;
- Promote and support safety by leading by example; and
- Know and apply company safety rules, procedures, and practices.

1.5.3 Worker

Workers recognize their responsibility to:
- Ensure their own safety and the safety of those around them;
- Not participate in unsafe work;
- Report unsafe conditions;
- Use PPE as required for each job;
- Report all incidents to their supervisor, including near miss incidents and, where an injury is sustained, to the first aid attendant;
- Follow the rules and procedures of the workplace and comply with federal and territorial legislation;
- Understand their rights;
• Participate in accident prevention by asking questions and communicating about issues of safety; and
• Know all hazardous materials in the workplace.

It is important that workers understand that failing to comply with their responsibilities as laid out in this policy may result in disciplinary action following Section 6.8 of the GRRB Operating Procedures Manual.

1.5.4 First Aid Attendant

A primary first aid attendant will be assigned from among the main staff of the GRRB. A secondary first aid attendant will also be assigned for times when the primary attendant is away from the office. In circumstances where neither employee is at the office, a first aid attendant (with a valid first aid certificate) may be chosen from those present. The primary and secondary first aid attendants will be appointed as needed during regular staff meetings. Photocopies of the primary and secondary first aid attendant’s certificates will be posted in the office.

In the event that a worker is in need of first aid, the worker will report to the primary first aid attendant. The first aid attendant will assess the worker’s injury and provide services. In the case of minor injuries (anything that can be fixed with a BandAid), the first aid attendant will record the visit and use of supplies in the first aid log book. Under more serious circumstances, the first aid attendant has the responsibility to provide adequate care and attention, and the authority to approve the need for medical aid. Once the first aid attendant has passed the responsibility of care on to medical aid services, the attendant will fill out the log book and assist with completion of the incident report.

For policy regarding First Aid Requirements, refer to Section 1.7.

1.5.5 Safety Committee

A safety committee will be developed, consisting of the Executive Director and one other employee. Committee members are to have completed the Worker’s Safety and Compensation Commission (WSCC) Supervisor Safety Course so that they have a strong understanding of the applicable legislation and its effective application. A staff safety meeting will be held with committee members in attendance at least twice a year. The responsibilities of the committee will be to support and promote accident prevention in the workplace and to provide feedback about the current accident prevention program.

1.6 Orientation

New employees (or employees new to a supervisory role) will be oriented as to their roles and responsibilities prior to commencing work. This is to ensure that they fully understand what is expected of them in accordance with the health and safety regulations and as representatives of the GRRB. The GRRB Orientation Checklist (Appendix A) will be provided to ensure that new workers review the appropriate material. Workers will also receive a tour of the office and will be asked to review the GRRB Emergency Response Plan (Appendix B).

Supervisors will lead workers in a site-specific orientation prior to commencing work outside of the office (e.g. fieldwork: related hazards, location of first aid kit, etc.).

1.7 First Aid Requirements

A first aid attendant will be available to workers during work hours. The attendant will have access to an appropriate first aid kit, which will be kept clean and dry at all times. Signage indicating who the first aid attendant is and where the first aid supplies are will be posted in an obvious location (along with a copy of the attendant’s first aid certificate). Signage will also include a reminder to workers about the importance of reporting workplace injuries and seeking first aid.

In the event that a worker is injured on the job, an incident report will be completed and signed off by the employer and the first aid attendant. This report will be submitted to the Chief Safety Officer within one
month of the incident. A permanent record of these reports will be kept by the organization. If the worker requires immediate medical attention, the supervisor will ensure that the worker is transported to a medical facility.

Technical and field staff and their supervisors (anyone who will be working in the field) will have Wilderness First Aid or will acquire it within the first year of employment. All other staff will have standard first aid or will acquire it in the same time frame. At least one Northwest Territories & Nunavut No. 1 first aid kit will be located at the worksite (office or field site).

1.8 Reporting

Under the Northwest Territories Safety Act, the GRRB is obligated to report incidents resulting in a medical visit and accidents of a serious nature to the Workers' Safety & Compensation Commission (WSCC). The Board could face legal consequences if the necessary reporting is not completed. As such, all employees must report all incidents to their direct supervisor. See Appendix C for instructions regarding the reporting of incidents to the WSCC. A GRRB Accident/Incident Report (Appendix D) must also be completed and filed.

Incidents that must be reported to the supervisor include:

1.8.1 Near Miss
A near miss is an accident that did not happen. It is an incident that, under slightly different circumstances, could have resulted in injury, damage, or loss.

1.8.2 Incident with No Injury
An incident where damage to equipment, buildings, or other property occurred, but no harm came to any person (e.g. a ‘fender bender’ in the company pick-up truck).

1.8.3 Incident Involving Non-Serious Injury
An incident where injury to one or more persons occurred and first aid was administered.

1.8.4 Incident Involving Serious Injury or an Incident of a Serious Nature
An incident where injury to one or more persons occurred and emergency services were required. Also an "incident of a serious nature." Includes:
   a) a major structural failure or collapse, such as that of a building, bridge, crane, etc.;
   b) an uncontrolled spill, or escape of a toxic or hazardous substance;
   c) an accidental contact with an energized electrical conductor;
   d) a premature or accidental detonation of explosives;
   e) a concussion, major blood loss, serious fracture, unconsciousness, or amputation; and
   f) an incident involving heavy equipment.

1.8.5 Incident Resulting in Death
An incident resulting in the death of a worker or other person at the worksite.

1.9 Right to Refuse

Workers have the right to refuse unsafe work conditions. Where a worker perceives that a task presents an undue risk to them or to others, they may refuse to do the task and must immediately report their refusal to their supervisor. The supervisor will promptly investigate the report and, where possible, take steps to eliminate the hazard in the presence of the worker and a selected peer. If the hazard is not eliminated to the worker’s satisfaction, the matter will be taken to the Health and Safety Committee, after which, if a solution cannot be determined, it will be reported to the Chief Safety Officer. No worker may continue the work until steps have been taken to remove the hazard and the committee is satisfied that the hazard no longer exists.
1.10 Return to Work

The GRRB is supportive of Return To Work programs. These programs help injured workers recover from workplace injuries and safely return to the workforce. They allow workers to safely perform productive work during recovery and may include modified work or gradual return. Employees must obtain medical confirmation for ability to return to work.

In the event that a worker is injured while working for the GRRB, all reasonable effort will be made to have them return to work in cooperation with the worker, their supervisor, the health care provider, and the WSCC.

During the time that the worker is unable to attend work as the result of an injury, efforts will be made to include the worker in office events such as Board meetings, staff meetings, staff parties, and birthdays to maintain the worker’s sense of belonging.

1.11 Contractors

Prior to hiring contractors, the WSCC will be contacted with a request for a Letter of Good Standing to determine if the contractor is registered with the WSCC and is in good standing. Upon the contractor’s completion of work, but before payment has been issued, a Final Clearance Letter will be requested from the WSCC. Clearances are not necessary when contracts are for equipment or materials only. They are only necessary when labour is to be completed by the contractor.

1.12 Professional Conduct

Workers will actively participate in the accident prevention program by choosing to behave in a safe and professional manner while working as employees of the GRRB. This includes professional conduct in the office, such as the appropriate treatment and respect of all workers and recognition of each worker’s right to a safe and healthy workspace.

The expectation of appropriate behavior also applies to work outside of the office, including attending conferences or meetings in other communities. When travel and hotel stays are being paid by the GRRB, conduct outside of regular work hours is expected to reflect this policy.

1.12.1 Zero Tolerance – Drugs and Alcohol

The GRRB maintains a drug and alcohol free workplace. Employees must not report for or perform work while under the influence of or impaired by any controlled substance, alcoholic beverage, or other intoxicant. If an employee comes to work under the influence of drugs or alcohol, or uses drugs or alcohol during work time, the employee will face disciplinary action (up to and including termination).

1.12.2 Professional Conduct in the Field

The above standards of professional conduct also apply to workers in the field. Field camps are dry camps. No drugs or alcohol are to be carried or consumed by any worker during remote operations. Violation of this policy will result in the worker being immediately escorted from the field and invoiced for the cost of their flight.

1.12.3 Zero Tolerance – Workplace Harassment

Appendix E outlines the GRRB’s Zero Tolerance Policy for Workplace Harassment. A shorter version of this policy is to be posted in the GRRB offices. This policy applies to all GRRB workplaces, including the office, meetings, field sites, billets and company vehicles. Working and living in close quarters during fieldwork can lead to friction or unwanted attention. Employees should be aware of their right to privacy and personal space. If a coworker or billeting host is harassing an employee, the employee is to ask the harasser to stop and then report the incident(s) to the Executive Director, who will advise the employee how to proceed.
1.13 Personal Protective Equipment

The Executive Director will ensure that Personal Protective Equipment (PPE) is provided and is in good working condition. PPE requirements will be assessed as needed on a project basis and should be planned for in the project budgeting process. Where specific items of PPE are required for project work, it is the responsibility of both the supervisor and the worker to ensure that they are utilized. PPE will be kept sanitary and in good working order. PPE in disrepair or in need of maintenance will be reported to the Executive Director.

For fieldwork project planning, employees must consider what protective equipment will likely be required and advise the Executive Director. The Executive Director will assess what is “required” and “reasonable” PPE.

The Executive Director will ensure clothing worn by workers is appropriate and must not expose the worker to any unnecessary or avoidable hazards. This includes the wearing of loose clothing, necklaces, bracelets, wristwatches, etc. where these items pose a risk to the wearer.

Common forms of PPE include:
- Appropriate footwear
- Hand protection
- Eye protection
- Head protection
- Hearing protection
- Highly visible clothing

The GRRB also has some winter and waterproof gear available for staff to sign out. See the Office Manager for these items.

1.14 Emergency Contact Equipment

Workers operating in or traveling to (or through) remote locations must sign out emergency contact equipment from the Office Manager. It is the worker’s responsibility to know how to read/operate/maintain all of these items. The GRRB has available:
- Maps
- Compasses
- GPS units
- “In Reach” unlimited text messages during field season.
- SPOT GPS satellite messenger
- Satellite phone

The GRRB truck is wired with a trucker’s radio. This item does not require sign-out as it is installed in the truck.

1.15 Working or Traveling Alone

To the extent possible, employees working alone in the field will be avoided. Under circumstances where a worker is working alone or is traveling alone for work, a check-in plan should be put in place. Check-ins should occur at regular intervals to provide adequate protection to the worker. The worker must also complete a Travel Contact Form (Appendix F). See also Section 1.16 Field Safety Plan.

1.16 Field Safety Plan

All employees engaged in fieldwork must complete a GRRB Field Safety Plan (Appendix G) prior to entering the field. A fillable (Word) version of the Field Safety Plan can be found on the GRRB server.
1.17 Vehicle and Equipment Use

The Executive Director will ensure that all equipment and tools are provided and are in good working condition. Employees are required to notify the Executive Director if there are problems with the equipment. Directions will be given for the safe use of any tool or equipment that workers are required to use.

1.17.1 Vehicle Use

See Sections 5.4.4 and 5.4.5 of the GRRB Operating Procedures Manual for vehicle operating procedures. Vehicle operation is subject to legislation under the Motor Vehicle Act of the Northwest Territories. While operating a vehicle in the service of the GRRB, workers will follow the laws governing the operation of a vehicle in the Northwest Territories and Canada, including any local by-laws. These include, but are not limited to, the use of seatbelts, obeying posted speed limits, obeying applicable signage, and driving free from distraction.

Pre- and Post-operation checklists will be provided in GRRB vehicles to assist workers in remembering the various tasks involved in utilizing the vehicle. These checklists will include items such as: completing a vehicle walk-around, checking the oil, refueling, etc. (see Appendix H).

1.17.2 Snowmobile Use

Workers who do not have experience using snowmobiles will be trained in their safe use and operation. All workers should remember that snowmobiling poses certain inherent risks. Conditions are often unpredictable and uncontrollable, so it is important to be prepared and to avoid any unnecessary risks. Some things to keep in mind when taking a snowmobile out into the field include:

- Dress appropriately and wear a helmet;
- Plan for breakdowns and bad weather;
- Stay alert for other vehicles, wildlife and weather changes;
- Watch out for thin ice, open water, and slush;
- Ride at a safe speed according to conditions and circumstances.

1.17.3 Boat Use

Workers operating a boat in service to the GRRB must provide proof of competency, such as a Pleasure Craft Operator Card. When operating or riding in a boat, workers must wear a Personal Flotation Device (PFD) at all times. The PFD must be capable of maintaining the worker’s head above water and must not be dependent on manual manipulation to do so. Some things to keep in mind when heading out on the water:

- Check and monitor the weather;
- Inspect your boat and motor;
- Ensure that you have enough fuel for the trip;
- Carry appropriate gear, including clothing, extra food and water;
- Carry emergency supplies, including:
  - One lifejacket for each person on board
  - An extra paddle
  - A bailing bucket
  - Rope for retrieval or anchoring
  - A whistle or other noise maker
  - A water-tight flashlight

1.17.4 Helicopter Use

Workers chartering helicopters should speak to the pilot in person to obtain any specific details relating to the safety of their helicopter. Workers who have not flown in helicopters before should request a safety briefing before doing so. Some things to keep in mind when using a helicopter:
• Approach and leave a helicopter on the downslope side to avoid the main rotor. Crouch while approaching and leaving.
• Never walk behind a helicopter on the downslope side. Always approach and leave within the pilot's field of vision to avoid the tail rotor.
• Loose items should be secured or removed from the landing area. No fires should be made in the landing area.
• Unload equipment to a safe area in view of the pilot.
• When the helicopter approaches for a pick-up, wait in a safe area visible from the landing area.
• Do not slam helicopter doors. Double-check baggage compartment and passenger doors after loading and unloading. Keep seatbelts fastened continuously when in flight.

1.17.5 Fixed-Wing Aircraft Use
Workers chartering fixed-wing aircraft should speak to the pilot in person to obtain any specific details relating to the safety of their aircraft. Workers who have not flown in small planes before should request a safety briefing before doing so.
Some things to keep in mind when using a fixed-wing aircraft for fieldwork are:
• When on the ground, stay away from the propeller. When in flight, keep seatbelts fastened.
• Exchange any radio instructions with the pilot before the landing process begins. While landing, the pilot may be too busy to transmit instructions.

1.17.6 Chainsaw Use
In accordance with the Safety Act, any worker who is operating a chainsaw will:
• Stop the chain when not in use;
• Hold the chainsaw firmly with both hands;
• Not operate the chainsaw above the shoulder; and
• Maintain the chainsaw cutting chain and safeguards so that the chainsaw is safe to operate and the chain stops when the engine is idling.
Operation of a chainsaw will also include the use of appropriate PPE, including (but not limited to) eye protection, earmuffs, and chaps.

1.17.7 Firearms Use
Firearms are sometimes used during fieldwork to safeguard workers against potential encounters with wildlife, such as grizzly bears. Workers who are going to be handling and operating firearms and ammunition must be qualified to do so and must provide the GRRB with a copy of their Possession and Acquisition License. They may also have to provide some proof of their experience and capacity to safely operate a firearm (e.g., provide a reference). Section 6.2.1 of the GRRB Operating Procedures Manual (Staffing Procedures) discusses the need for a criminal records check as a requirement of employment.

1.17.8 Ice Auger Use
Any worker who is operating an ice auger will:
• Read, understand, and follow the manufacturer’s operating manual and safety decals on the equipment before operating the equipment.
• Keep the blade covered when not in use.
• Secure the auger properly for transport.

1.18 Hygiene
Workers are reminded that we work in close quarters and are responsible for taking care of themselves and their co-workers. In the pursuit of good health, we encourage workers to practice good personal hygiene in the workplace. To this end, workers are asked to: wash their hands regularly with hot soapy water, use hand sanitizer, cover their nose and mouth with a tissue when sneezing or coughing, thoroughly wash any shared cutlery or cups, and keep workstations clean and clear of dishes, food and other debris. When
feeling sick or unwell, workers should stay or return home to allow themselves time to recover, and to decrease the likelihood that they will pass their illness on to others.
Appendix A – GRRB Orientation Checklist

The following is a list of orientation procedures for new staff members. This orientation is usually provided by the Executive Director.

(a) Have the new employee fill out employee information forms (NWT tax, Federal tax, mailing address, emergency contacts, copy of drivers license and void cheque for payroll)

(b) If relevant, have the employee fill out Great West Life and Sunlife forms for health, dental and RRSPs

(c) Inform the employee of the fire evacuation policy and exits and where the fire extinguishers are located

(d) Inform the employee of where the safety material is, including access to the Safety Act and other safety legislation

(e) Provide the employee with a copy of the GRRB’s Operating Procedures Manual, do a quick overview of it with them and then ask them to read the personnel section. If any questions arise, employee is directed to ask the Executive Director

(f) Provide the employee with a copy of the GCLCA, show them section 12, and any sections pertinent to their position

(g) Provide the employee with a copy of the GRRB’s consultation policy

(h) Provide the employee with copies of our “Gwich’in Words About the Land” books

(i) Set the employee up with a computer, username/password, and email address

(j) Show the employee how to access remote email and remote access to their computers

(k) Allow the employee 1-2 days to orient themselves with the above materials
Appendix B – GRRB Emergency Response Plan

Company name: Gwich’in Renewable Resources Board
Location: 2nd Floor, Alex Moses Greenland Building, Inuvik, NT
Date completed: August 8, 2016
Signed: Amy Amos

Emergency Operations Coordinator
The emergency operations coordinator (EOC) is the person who serves as the main contact person for the GRRB in an emergency. The EOC is responsible for making decisions and following the steps described in this emergency response plan. In the event of an emergency occurring within or affecting the office, the primary contact will serve as the EOC. If the primary contact is unable to fulfill the EOC duties, the secondary contact will take on this role.

Primary contact
Name: Amy Amos, Executive Director
Telephone number: (867) 777-6602 (work)
Other phone number: (867) 678-0019 (cell)
E-mail: aamos@grrb.nt.ca

Secondary contact
Name: Cheryl Greenland
Telephone number: (867) 777-6600 (work)
Other phone number: (867) 678-5185 (cell) / (867) 777-5434
E-mail: office@grrb.nt.ca

Emergency Contact Numbers
Fire station: (867) 777-2222
Ambulance: (867) 777-4444
Police: (867) 777-1111
Hospital: (867) 777-8000
Potential Emergencies - Procedures

Fire

- As soon as you hear the fire alarm, stop what you are doing.
- Grab clothing essentials for outdoors. Leave unnecessary belongings.
- Ensure that your office door is closed, but unlocked.
- Proceed to the quickest (or agreed-upon) exit*.
  - If you encounter an exit door, check it for warmth prior to opening. First, check the door with the back of your hand. Then, check the doorknob using the back of your hand. If either are hot, do not open the door. Proceed to an alternate exit.
  - You do not need to call the fire department. The alarm will automatically notify them.
- Meet at the muster point (west side of the building, by NTPC tanks).
- The fire department should arrive within five minutes.
- The Manager for each organization is responsible for doing a head count and reporting it to the designated reporting person (DRP).
- The DRP will be in the following order (depending on who is in the office):
  - GRRB Executive Director
  - GRRB Office Manager
  - Nihtat Gwich'in Council President
  - Beaufort Delta Health and Social Services Authority Manager
- The DRP is responsible for the following:
  - Reporting what happened to the first fire truck that arrives.
  - If there is a fire, the DRP will also contact the landlord.
- Do not re-enter the building until authorized to do so by the fire department.

*Goal is to depart the building in less than 2 minutes
2. Power Failure

- In the event of a power failure, backup devices should kick in.
- Save your data immediately and wait for the power to be restored.
- If the power fails to come back on, read quietly until you are advised to leave the office.

3. Severe Weather

- In the event that it is too cold (at the discretion of the Executive Director or project supervisor) to begin/continue working, or the weather becomes otherwise severe (wind, rain, electrical or snow storms), the office will be closed and employees will be sent home.

5. All Other Emergencies/Issues (eg. strong odours, mould)

- Identify the problem
- Find the source of the problem.
- If it is safe to do so, make efforts to fix/remove the problem.
  - If the problem is fixed/removed, return to work.
  - If the problem cannot be fixed/removed, find out when it can be fixed.
    - ED/AED to close the office (AED to inform ED)
- Inform employees when it is safe for them to return to work.

Location of Emergency Equipment

Fire alarm: Downstairs, near front entrance

Fire extinguisher: Near emergency exits and entrance (2nd floor)

Fire hose: N/A (call fire department at 777-2222)

Personal protective equipment (PPE): Cold storage (Navy Road)

Emergency communication equipment: Wildlife Biologist office

Training Requirements for Emergency Response

Type of training: Wilderness First Aid

How often: 3 years

Employees Trained in the use of Emergency Equipment

The following employees have received emergency equipment training:

1. Janet Boxwell (instructor)
2. Amy Amos (2016)
First Aid

Type of first aid kit: NWT #1

Location of first aid kit: Women’s bathroom

Other supplies: N/A

Transportation for ill or injured employees: GRRB truck

First Aid Attendant (Employee Trained in First Aid)

Name: Janet Boxwell

Location: RRM Office

Hours of work: Monday to Friday, 8:30 AM to 5:00 PM

Communications

We will communicate our emergency plans to employees in the following way:

In the event of a disaster, we will communicate with employees in the following way:

Procedures for Rescue and Evacuation

Evacuation plan for GRRB office, 2nd floor Alex Moses Greenland building:

☐ We have developed these plans in collaboration with neighbouring businesses and building owners to avoid confusion or gridlock.
☐ We have located, copied, and posted building and site maps.
☐ We have ensured that exits are clearly marked.
☐ We will practice evacuation procedures ____ times a year.

If we must leave the workplace quickly, we will follow this evacuation procedure:

Warning system:

The warning system will be tested 1 time a year.

Assembly site: Alex Moses Greenland Building

Person responsible for issuing all-clear: Fire Chief
Employee Emergency Contact Information

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Contact Person and Phone Number:</th>
<th>Alternate Contact Person and Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Annual Review

We will review and update this emergency response plan in July each year.
Appendix C – Reporting an Injury to the Workers’ Safety & Compensation Commission (WSCC)

If you suffer a workplace injury that requires medical aid, you must report the injury to your supervisor and to the WSCC.

Injury Reporting Process for Workers

Step 1: Obtain first aid assistance if you need it.

Step 2: Report the injury to your supervisor immediately.

Step 3: Go to a health care provider; your employer must provide transportation if you require it. Tell the health care provider that you were hurt at work.

Step 4: Complete and submit a Worker’s Report of Injury form as soon as possible.

Step 5: Document (write down) everything that happens.

Step 6: Keep all of your injury-related receipts to qualify for reimbursement from the WSCC.

Step 7: Remind your employer to send their completed WSCC Claim: Employer’s Report of Injury form to the WSCC within three days of your incident.

If you need help filling out the Report of Injury form, please call WSCC at 1-800-661-0792.

For further information, visit the WSCC website.
# Appendix D – GRRB Accident/Incident Report

## GRRB Accident / Incident Report

<table>
<thead>
<tr>
<th>Category</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near Miss Accident</td>
<td>□</td>
</tr>
<tr>
<td>Injury Accident</td>
<td>□</td>
</tr>
<tr>
<td>Vehicle Accident</td>
<td>□</td>
</tr>
<tr>
<td>Environment Accident</td>
<td>□</td>
</tr>
<tr>
<td>Property Damage Accident</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Date of Occurrence / Time:</td>
<td></td>
</tr>
<tr>
<td>AM/PM</td>
<td></td>
</tr>
<tr>
<td>YY/MM/DD</td>
<td></td>
</tr>
<tr>
<td>Date Reported:</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Accident No.</td>
<td>(Sketch)</td>
</tr>
</tbody>
</table>

(Provide a clear description of the incident/accident (for motor vehicle accident, include sketch).

For injury accident (attach copies of applicable WCB forms).

- □ First Aid
- □ Medical Aid
- □ Lost Time
- □ Fatality
- □ Other Specify

Injured part of body:

Was injured transported to medical aid? □ YES □ NO

Where to?

Vehicle Accident / Property Damage Accident / Environmental Accident:

- □ Property Including Vehicles
- □ Contractors property
- □ Public property

Name / Address / Phone:

Provide a complete description of the property affected:
For Vehicle Accidents Involving the Public
Drivers Name/Address/Phone: License#

Insurance company/Agent/Phone: Policy#

Witness Name/Address/Phone:

ESTIMATED REPAIR/REPLACEMENT COSTS:

ESTIMATED CLEAN_UP COSTS:

What training, instruction, Cautions, Were given before the accident/incident?

What can be done to prevent a similar incident in the future?

Prepared by / / YY/MM/DD
Prepared by / / YY/MM/DD

Comments and/or Recommended Action

AGENCIES NOTIFIED

OH & S: NAME POLICE

OTHER: NAME OTHER: NAME

Report Copies to

• GRRB Safety Officer
• GRRBH E.D.
• GRRB Board of Directors

FOOTNOTES:

Any work related injury requiring medical aid must be reported to WCB on forms 7/0194 & 6C/0293 (attach copies of this form and send completed forms to the Safety Section).

Any serious employee accident as per the GNWT Safety Act and General Safety Regulations shall be reported to OH & S immediately.

Any employee work related injury must be recorded to management immediately.

Any Public Injury Accident must be reported to management immediately.
ZERO TOLERANCE POLICY

ANY PERSON UNDER THE INFLUENCE, CAUSING A DISTURBANCE, VERBALLY AND OR PHYSICALLY ABUSING ANY MEMBER OF OUR STAFF BY THREATENING, SWEARING, SHOUTING OR OTHERWISE WILL BE ASKED TO LEAVE THE OFFICE.

FAILURE TO COMPLY WILL RESULT IN THE R.C.M.P BEING SUMMONED AS PER THE CRIMINAL CODE OF CANADA.

THE STAFF HAVE THE RIGHT AND RESPONSIBILITY TO ENFORCE OUR ZERO TOLERANCE POLICY WHENEVER IN THEIR JUDGMENT THEY FEEL IT NECESSARY TO DO SO.

MANAGEMENT:

GWICH’IN RENEWABLE RESOURCES BOARD
GWICH’IN LAND AND WATER BOARD
GWICH’IN LAND USE PLANNING BOARD
Appendix F – GRRB Travel Contact Form

GRRB TRAVEL CONTACT FORM

Primary Contact Information
Traveller Name: __________________________________________
Phone (cell): _____________________________________________
Phone (home): ___________________________________________

Travel Details
Destination: ______________________________________________
Estimated Time and Date of Arrival: __________________________
Estimated Time and Date of Return: __________________________

GRRB Contact (to be contacted upon departure and arrival, and in case of emergency)
Contact Name: ___________________________________________
Position: _________________________________________________
Phone: ___________________________________________________

Emergency Contact
Contact Name: ___________________________________________
Relationship: _____________________________________________
Phone: ___________________________________________________
Phone: (alternate) ________________________________________

Safety Equipment Checklist

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Signed Out? ( )</th>
<th>Comments/Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area map(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Reach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPOT GPS Satellite Messenger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix G – GRRB Field Safety Plan

GRRB REMOTE FIELD WORK TRAVELLER INFORMATION AND CHECKLIST

Primary Contact Information:
Traveller Name: 
Home Address: 
Phone (cell): 
Phone (home): 

GRRB Office Contacts: (People who are aware of your itinerary)
<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Contact Information:
Supervisor: 
Next of Kin: 

Personal Health:
Occupational Health Assessment Report completed: 
Month and year of last assessment
Allergies, disabilities or medical conditions identified:

Remote Travel Destination and Location:
Community or name of field site:
Date of departure: Date of return: 
Geographic co-ordinates of camp/field site: 

*attach map illustrating camp sites and areas of activity*
Names, Organization and Security Clearance for Members of the Field Party:

<table>
<thead>
<tr>
<th>Name &amp; Dates</th>
<th>Organization</th>
<th>Security Check</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you the only GRRB employee on the project? (If so, provide a rationale)

Destination Primary Contact Information:
(A person who will know your activities in the field and/or who you plan to leave daily trip plans with; e.g. Polar Continental Shelf manager, hotel manager, Hunters and Trappers manager, Wildlife Officer, Fisheries officer, RCMP)

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Field Work Schedule and Activities:
Description of work (general description of schedule and activities; identify activities engaged in, methods of transport and range of travel, changes in camp locations, etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identification of Project-Specific Potential Hazards and Risks to Health:
(describe use of motorized equipment and project-specific activities that might be a source of injury, accident or sickness)

Mitigation Plan and Check-In Plan:
(describe the safety measures and approaches to work that you will put in place to mitigate the chances of injury or accident as identified in the section above)

Emergency Contingency Plan:
(describe contingency plan in the event of serious injury, accident, or other safety/health related occurrence)
Local Emergency Contacts:
(list contacts and telephone numbers of persons you would call in the case of emergency)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Safety Equipment Checklist:

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Devices:</td>
<td>Cell phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SBX-11A HF radio</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Marine or CB radio</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other: sat phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Orientation and Emergency Signal</td>
<td>Personal locator beacon (PLB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Devices:</td>
<td>PLB Registered – has a USA registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>number and cannot be registered in</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Map of area</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compass</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearms and other bear deterrent:</td>
<td>Shotgun or Rifle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shotgun or Rifle</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recently serviced</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perimeter fence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid, Safety and Emergency Equipment:</td>
<td>First aid kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(general description of type and quantity,</td>
<td>Survival kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>as appropriate for type of work)</td>
<td>Floaters (good condition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boat safety equipment as required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training: (check those for which you are</td>
<td>Firearms training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>currently certified)</td>
<td>Firearms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Possession/Acquisition Licence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHMIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation of Dangerous Goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med 3a, SVOP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motorized Vehicles or Specialized Equipment (Identify and Indicate Level of Training or Experience)</td>
<td>Car/Truck (valid drivers licence?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ATV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Snowmobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boats</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electro-fishing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permits, Licences, certificates (Scientific permit, animal care permit)</td>
<td>DFO Scientific Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Animal Care Permit(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Justice Canada Permit to Carry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix H – GRRB Pre- and Post-Operation Vehicle Checklists

### GRRB Pre-Trip Inspection Checklist

<table>
<thead>
<tr>
<th>Engine/Fluid Levels</th>
<th>Interior Checks</th>
<th>Exterior Checks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuel Level</td>
<td>Mirrors</td>
<td>_Headlights (hi/low)</td>
</tr>
<tr>
<td>Oil Level/Pressure</td>
<td>Windshield Wipers</td>
<td>Fog lamps/hazard lamps</td>
</tr>
<tr>
<td>Transmission Fluid Level</td>
<td>Horn</td>
<td>Windshield condition</td>
</tr>
<tr>
<td>Power Steering Fluid Level</td>
<td>Parking Brake</td>
<td>Directional Signals ft/rear</td>
</tr>
<tr>
<td>Brake Fluid Level</td>
<td>Fans/Defroster</td>
<td>Tail lights/running lights</td>
</tr>
<tr>
<td>Battery Charge</td>
<td>Heater/Air Conditioning</td>
<td>Brake lights/Back-Up Lights</td>
</tr>
<tr>
<td>Windshield Wiper Fluid</td>
<td>Radio Equipment/Cellphone</td>
<td>Tire condition/air pressure</td>
</tr>
<tr>
<td>Radiator Fluid Level</td>
<td>Passenger Door Operation</td>
<td>Lug nuts tight?</td>
</tr>
<tr>
<td>Fluids Leaking Under Bus</td>
<td>Interior Lights</td>
<td>Emergency Windows</td>
</tr>
<tr>
<td>Engine Warning Lights</td>
<td>Driver Seat &amp; Belts</td>
<td>sealed tight</td>
</tr>
<tr>
<td>Other</td>
<td>Passenger Seats</td>
<td>_Luggage storage doors &amp; engine compartment panels</td>
</tr>
<tr>
<td></td>
<td>Wheelchair Lift/Interlock</td>
<td>_Exterior clean?</td>
</tr>
<tr>
<td></td>
<td>WC Securing Ties/Devices</td>
<td>_Body condition/scratches/dings/dents</td>
</tr>
<tr>
<td></td>
<td>First Aid Kit</td>
<td>_Other</td>
</tr>
<tr>
<td></td>
<td>Fire Extinguisher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Emergency Gear</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Destination Signbox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Farebox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Windows Clean?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interior Clean?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waste receptacle emptied?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Does any problem circled require the vehicle to be taken out of service?  YES / NO

Has a Supervisor been notified? YES / NO

Name: ____________________________

### Problem Report (Describe all problem areas circled above):

________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Date: _______________ Driver Signature: ________________________________

Maintenance Work Order Issued? YES / NO Work Order No. _________________ Date Opened: _________________

Date Vehicle Returned to Service: _________________ Mechanic Signature: _________________

Remarks: _________________________________________________________________

Vehicle Pre- and Post-Trip Inspection Report  Page 1 of 3
GRRB Post-Trip Inspection Report

Driver: _______________ Vehicle # __________ Ending Mileage: __________ Date: __________

Instructions:
- Place a ✓ on "Vehicle OK" if the status is good and no significant problems occurred.
- Circle the item in the "Post-Trip Problems" section below if a problem with the vehicle occurred.

✓ Vehicle OK – no problems encountered or observed  Drivers Initials: ______

<table>
<thead>
<tr>
<th>Post-Trip Problems</th>
<th>For any problems: X in the space provided, and circle the item; add further description in bottom row.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brakes</td>
<td>_Mushy _Noisy or Squeaky _Grab _Emergency Brake Loose _Pull Left _Pull Right</td>
</tr>
<tr>
<td>Lights</td>
<td>_Headlight _Turn Signal _Interior _Dash _Entrance _Tail Brake</td>
</tr>
<tr>
<td>Noise</td>
<td>_Left Front _Right Front _Left Rear _Right Rear _Engine _Transmission</td>
</tr>
<tr>
<td>Engine &amp; Drive Train</td>
<td>_Engine Overheats _Starts Hard, Won't Turn Over _Misses Stroke or Stalls in Idle _Shifts Hard, Jumpy _No or Delayed Acceleration _Shudders &amp; Diesels When Turned Off</td>
</tr>
<tr>
<td>Steering &amp; Wheel Alignment</td>
<td>_Hard to Turn or Steer _Steering Wheel Shimmies _Too Much Play in Steering Wheel _Wheel Alignment Pulls Right _Wheel Alignment Pulls Left _Ride Feels Too Bumpy</td>
</tr>
<tr>
<td>Exterior (Including Doors)</td>
<td>_Front Damage _Rear Damage _Left Side Damage _Right Side Damage NOTE: If Vehicle is damaged, also complete chart on next page</td>
</tr>
<tr>
<td>Interior</td>
<td>_Heating/AC _Defroster _Doors / Door Opener _Windows _Seats _Floors</td>
</tr>
<tr>
<td>Misc.</td>
<td>_Radio or P.A. System Out _Fumes/Odor Complaints _Fans Not Working _Wheelchair Lift _Smoky Exhaust _Signbox</td>
</tr>
</tbody>
</table>

Describe : ____________________________________________________________________________

Corrective Actions:

Date Entered Shop: __________ Work Order No. __________ Mechanic Assigned: __________

Date Vehicle Returned to Service: __________ Mechanic Signature: __________

Remarks: ____________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Vehicle Exterior Damage Chart  (Required if Exterior Damage is Reported)

Driver: ________________  Vehicle #  ________________  Ending Mileage: ________________  Date: ________________

On the illustrations below, locate and note any body damage or problems using the following code: X dents or scratches; indicate any other damage by circling the area and then describe the damage in the space provided below the chart.

**FRONT/RIGHT**

**FRONT/LEFT**

**REAR/RIGHT**

**REAR/LEFT**

Explanation of damage: __________________________________________

_________________________________________________________________

_________________________________________________________________

Drivers Name: __________________  Verified By: __________________  Date: ________________