



# Fuerste Vaccination Services Risk Assessment Procedure

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## 1.0 Purpose

This document provides a standard process for conducting safety and environmental risk assessments at Fuerste Vaccination Services.

## 2.0 Scope

A risk assessment shall be conducted for the following reasons:

1. Requests or refusals to work due to unsafe working conditions from any employee. Employees are encouraged to discuss any safety concerns with their Crew Leader/Supervisor or Manager. If the employee remains concerned after discussion with their Supervisor, a risk assessment shall be conducted.
2. All chemicals in use will have had their SDS reviewed, have appropriate PPE assigned and environmental concerns addressed. A risk assessment may be deemed necessary, depending on the result of the review.
3. All new equipment or tasks that are under development will require a risk assessment before the equipment or task is put into use. A risk assessment may not be required under the following circumstances:
  - Equipment that is commercially available may not require a risk assessment so long as proper operating instructions are provided with the equipment, all safety concerns from the manufacturer are addressed and training is provided to all operating personnel.
  - Equipment that is commercially available and generally operated by the public at large without instruction does not require a risk assessment (ie: photocopiers, etc).
4. Any changes to existing equipment or tasks will require a risk assessment if it involves the following:
  - Any changes to safeguards, controls, or ergonomics
  - The addition of energy source(s) or increased exposure to existing sources, including but not limited to:
    - ✓ Electrical sources
    - ✓ Gas pressure (air or other)
    - ✓ Loaded springs
    - ✓ Suspended weights
    - ✓ Flammable materials
5. As an assigned action from other audits, inspections, or investigations.

6. As requested by the HR Manager, Hatchery Management, or owners of Fuerste Vaccination Services.

## 3.0 Responsibilities

The Crew Leaders, Crew Supervisor, Site Manager, Technical Services Specialist, HR Manager, and owners are responsible for requesting and/or participating in conducting risk assessments when a risk assessment is required.

The owners of Fuerste Vaccination Services are responsible for reviewing and approving the corrective action plans.

All people in control (PIC) of the corrective actions are responsible for completing the assigned actions in a timely manner and for notifying the PIC of the risk assessment when the actions are complete.

The PIC of the risk assessment is responsible for:

- Scheduling and conducting the risk assessments
- Seeking review and approval of the completed risk assessment
- Informing the PIC of the corrective actions
- Tracking outstanding corrective action completion
- Maintaining the original approved risk assessments
- Maintaining the risk assessment register and files

## 4.0 Reference Documents

- ✓ WorkSafe BC OH&S Regulations
- ✓ MSI Worksheets A & B, available from [www.worksafebc.com](http://www.worksafebc.com)

## 5.0 Procedure

### 5.1 Assessors

5.1.1 Risk assessments are conducted by an ad hoc group consisting of (but not limited to):

- The HR Manager
- The Technical Services Specialist
- A Crew Leader or Supervisor
- The Site Manager

- Crew Members

5.1.2 The HR Manager and the involved employee conduct office and desk risk assessments.

## 5.2 Assessment Requirements

Initial testing that is conducted to determine if assembly or installation is proceeding correctly is **not** a formal risk assessment.

When machines/equipment exists in multiples, it is **not** necessary to conduct a full assessment on each unit – one unit will be assessed and corrective actions, if necessary, will be applied to all.

When equipment is similar but not identical, the identical items may be combined and those that are different will be listed separately for each unit.

The following checklist must be used for all risk assessments:

5.2.1 Appendix A must be used for ALL risk assessments:

- The PIC of the risk assessment, or the HR Manager, enters the risk assessment in the register and selects the next available SERA (safety and environmental risk assessment) number. Numbers start with the last two digits of the year followed by two digits that increase sequentially with each assessment conducted (ie: 2001 is the first assessment in 2020).

5.2.2 Appendix B is used with Appendix A as a guideline for desk assessments:

- Work through the form and record all corrective actions on Appendix A, assigning PIC's and completion dates.

5.2.3 Appendix C is used as a guideline when one or more ergonomic categories are highlighted on Appendix A:

- Follow the instructions in the portions of the form that correspond with the highlighted ergonomic categories.
- In general, a preliminary analysis is performed and a detailed analysis is conducted if the risk is determined to be moderate or high. Transfer corrective actions to Appendix A, assigning PIC's and completion dates.

## 5.3 Conducting the Assessment

5.3.1 The top portion of Appendix A is completed and the attending assessors names printed beside the position they are representing.

5.3.2 The assessment team works through the checklist and determines if each item applies. If applicable, an "X" is placed in the corresponding check box. This step determines the content of the review, not control or adequacy.

5.3.3 Once the checklist is complete, each highlighted item is recorded in the table on the subsequent pages and reviewed to determine and record the following:

**Existing Controls:** What measures have been taken and are in place to address safety and environmental requirements?

**Risk Level:** With all existing controls in place, does the item have potential to cause harm? Risk is identified as high, moderate, or low. Both the probability of occurrence and the degree of harm should be considered:

	HIGH HARM	MODERATE HARM	LOW HARM
HIGH PROBABILITY	HIGH RISK	HIGH RISK	LOW RISK
MODERATE PROBABILITY	HIGH RISK	MODERATE RISK	LOW RISK
LOW PROBABILITY	MODERATE RISK	LOW RISK	LOW RISK

**Corrective Action Required:** What additional controls are needed to remove or reduce the risk? Corrective actions need to be assigned as follows:

RISK LEVEL	ACTIONS TO BE TAKEN
<i>High</i>	<u>Do not</u> allow work to proceed until corrective actions remove or reduce the risk
<i>Moderate</i>	Work may proceed but cost-effective measures should be identified to remove or reduce the risk
<i>Low</i>	Work may proceed. There is no known risk, or the risk is at the lowest level that is reasonably practical to achieve. Corrective actions are not necessary

Corrective actions plans need to be considered in the following order:

1. **Removal.** Remove the problem by substituting materials, redesign or automation.
2. **Reduction.** Reduce the hazard through engineered controls.
3. **Reduction of exposure.** Administrative controls limiting use and/or durations of use.
4. **Protect.** Use of personal protective equipment or containment devices.

**PIC/Date:** Who is responsible for completing the corrective action and by what date should it be implemented?

## 5.4 Assessment Approval

Following the review, the person conducting the review will have the assessors sign that they agree with the assessment and corrective actions. They will then send the assessment to the owners for approval.

## 5.5 Record Keeping

Once approved, the PIC of the risk assessment notifies each PIC of the actions required and the expected completion dates. The HR Manager updates the register and reports results in next OH&S meeting.

The register contains:

- The sequential SERA number
- Assessment date
- Description of the equipment, chemical, process, or task
- Assigned corrective actions
- PIC's and proposed completion dates for each corrective action
- Actual completion date and evidence of completion for each corrective action
- Date the corrective actions were communicated to Crew via OH&S meeting
- Final completion date (all actions completed and assessment closed)

A hard copy and supporting evidence for each assessment will be maintained in the HR Manager's files.

## 5.6 Corrective Action Follow Up

PIC's of Corrective actions are responsible for notifying the PIC of the risk assessment when a corrective action is complete. Notification should include the details of the action and the implementation date.

If the corrective action is acceptable, the completion date is entered in the register and on the assessment form, and the "item" is closed.

Follow up of the action may be necessary. Follow up may include a documentation review, visual confirmation, or another risk assessment. If follow up activities occur, a brief description and date is recorded in the register and the completion date is assigned to the item **only** when there are no further issues to address.

## 5.7 Corrective Action Review

The HR Manager tracks the progress of outstanding risk assessments monthly and reviewed completed assessments to determine if the corrective actions were acceptable. The date of the review and authorizations of acceptance are recorded on the risk assessment form. The register

is updated to indicate the review date and any additional actions assigned. Depending on the outcome, there may be new corrective actions or the assessment is closed.

## Appendix A: Safety & Environmental Risk Assessment Form

SAFETY AND ENVIRONMENTAL RISK ASSESSMENT FORM						
					SERA#	Page 1 of:
Review Date:	Equipment/Chemical/Process/Task Description:				Supporting Documentation:	
Prepared By: (PIC of risk assessment)						
Assessors Positions:	Assessors Names:				Signatures (agreement of assessment & corrective actions listed on 2nd page):	

Identify ALL potential hazards related to the equipment process or task.

Equipment & Safeguards	Energy	Task/Process	People & Environment
Electrical safety	Lockout by maintenance	Compressed gas/flammable	Personal Protective Equipment
Moving part guarding	Lockout by operators	Confined space	Noise
Solid, liquid, gas ejection guarding	Lockout points equipped/identified	Working alone	Temperature
Machinery location	Lockout instructions/documentation	Laceration hazard	Lighting
Maintenance access	Possibility of lockout failure	Sharps hazard	Air/Ventilation/Exhaust
Marking of physical hazards	Energy isolation	Cranes & hoists, rigging	Falling, tripping, slipping hazards
Marking of piping	Equipment de-energization	Transport (forklift, etc)	Radiation
Restraining devices	Energy failure	Storage (racks, cabinets, etc)	Waste Management
Moving equipment if mobile		Office Equipment (use App B)	Spill hazard
Operating Controls	Training & Documentation	Chemical	Ergonomics (use App C)
Access to start/stop/other controls	Operating instructions	Chemical control	Contact stress
Two-handed controls required	Operator training	Air containment control	Repetition
Identification of controls	Maintenance training	Exposure control	Grip force
Inadvertent activation		WHMIS/SDS	Lifting force
Interlocks		New substance notification	Posture
Emergency stops			Education

Managerial Approval/Acceptance of Corrective Action Plan.

Owner	Heidi Fuerste	Signature:	Date:
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Hazard Description	Exisitng Control(s)	Risk Level			Corrective Action Required
		High	Moderate	Low	
					PIC: _____ Due Date: _____ Date Completed: _____ Occurs elsewhere? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where? _____
					PIC: _____ Due Date: _____ Date Completed: _____ Occurs elsewhere? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where? _____
					PIC: _____ Due Date: _____ Date Completed: _____ Occurs elsewhere? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where? _____
					PIC: _____ Due Date: _____ Date Completed: _____ Occurs elsewhere? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, where? _____




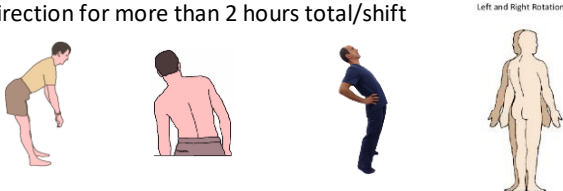

Final Review:	Names:	Signatures:	Final Date of Closure:
HR Manager			
Owner			
Site Manager			

## Appendix B: Desk Ergonomic Risk Assessment

Equipment & Area Layout	Yes/No	Standard Action if "No"	Alternate Action/Comments, etc
Desk Functional & free from sharp/rough spots		Repair or replace	
Desk is free of unnecessary items		Remove items	
Sufficient work surface area		Rearrange furniture for maximum area	
Sufficient accessible storage		Remove infrequently accessed items	
User moves easily between multiple stations		Clear a path. Move work stations	
Reasonable access to door/hall/walkway. User not boxed in (>1 m clearance)		Rearrange furniture	
No tripping hazards in walkway		Remove, reroute, tape wires	
Chair	Yes/No	Standard Action if "No"	Alternate Action/Comments, etc
Chair is adjustable and functional		Repair or replace	
Chair fits users size		Obtain special chair	
Adjust chair to have forearms level for keyboard use	N/A	Educate on desired position	
Adjust chair back to have curve in chair complement curve in user's spine	N/A	Educate on desired position	
Feet reach floor with thighs horizontal		Obtain standard adjustable footrest. Adjust so thighs are horizontal when feet on footrest	
Is user's back and neck pain free (now and historically)?		Educate on back care tips	
Monitor	Yes/No	Standard Action if "No"	Alternate Action/Comments, etc
Adjust monitor to be directly in front of user and have eye level in top 1/3 of screen area		Educate on desired position. Obtain/adjust standard or HD monitor stand	
No overhead light or window reflections in monitor for user		Adjust monitor tilt/pan/height. Obtain anti-glare screen	
Is user free from eyestrain (now & historically)?		Adjust contrast and brightness. Prescription glasses specific for computer use.	
Keyboard	Yes/No	Standard Action if "No"	Alternate Action/Comments, etc
Query user re: wrist pain and previous keyboard use	N/A	No pain or no use: Educate on good wrist posture and tendonitis symptoms Educate on or obtain wrist rest. If severe pain, educate and or obtain a curved ergo keyboard	
High wrist lateral deviation or keyboard-body to inter elbow distance > 1:1		Increase level to "moderate" above	
More than 30 hours desk use per week		Increase education and inform user is a higher risk case	
User types >25 wpm or touch types		Increase level to "moderate" and inform user is a higher risk case	
Sufficient space on desk for monitor, keyboard, hands, desired papers in a straight line		Reorganize work surface - move desk away from wall to allow rear monitor overhang. Obtain keyboard tray. Obtain document holder.	
Mouse	Yes/No	Standard Action if "No"	Alternate Action/Comments, etc
Query user re: wrist pain and previous mouse or trackball use	N/A	No pain or no use: educate on good wrist posture and tendonitis symptoms. If mild pain or previous wrist rest used, educate and obtain wrist rest. If severe pain or previous track ball use, educate and obtain finger trackball	
Mouse located close to keyboard on same level		Adjust as required Obtain combo keyboard tray and mouse tray	
Elbow on mousing arm is close to body		Adjust as required Educate user on this being desired position	
User is free from shoulder pain (now & historically)		Educate user on best practices - ergonomics	
Work Layout	Yes/No	Standard Action if "No"	Alternate Action/Comments, etc
CPU located appropriately for amount of use		Move close for frequent USB/CD access Move away for weekly shutdowns only	
Telephone close enough to desired hand for amount of use		Move to appropriate reach Obtain telephone extension cord	
Lots of paper-to-screen data transfer		Possible screen-side document holder	
Lighting an adequate level		Possible desk lamp	
Heating or A/C or air flow at aqequate level		No standard solution	



Appendix C: Preliminary/Detailed MSI Risk Factor Identification –  
 Courtesy of WorkSafe BC

Preliminary Assessment		
<b>CONTACT STRESS</b>	IF ANY ONE OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	PERFORM CONTACT STRESS ASSESSMENT <input type="checkbox"/>
1	Worker uses one of the following as a hammer more than 10 times per hour and for more than 2 hours total/shift: - Hand (heel/base of palm) or - Knee *Extremely severe contact stress usually resulting in a traumatic injury such as bruising is not considered an MSI risk factor	Notes:
<b>REPETITION</b>	IF ANY ONE OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	PERFORM REPETITION ASSESSMENT <input type="checkbox"/>
1	Worker repeats the same motion with the neck, shoulders, elbows, wrists, or hands every few seconds with little/no variation for more than 2 hours/shift (exclude keyboard activities)	Notes:
2	Worker performs intensive keyboarding more than 4 hours total/shift	
<b>GRIP FORCE</b>	IF ANY ONE OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	PERFORM GRIP FORCE ASSESSMENT <input type="checkbox"/>
PINCH GRIP 	* Pinch gripping an unsupported object(s) weighing 1kg (2lbs) or more per hand for more than 2 hours total/shift OR * Pinch gripping with a force of 2kg (4lbs) or more per hand for more than 2 hours total/shift	Notes:
POWER GRIP 	*Power gripping an unsupported object(s) weighing 5kg (10lbs) or more per hand for more than 2 hours total/shift OR * Power gripping with a force of 5kg (10lbs) or more for more than 2 hours total/shift	



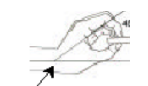
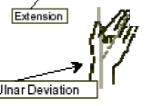
<b>LIFT FORCE</b>	IF ANY ONE OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	PERFORM LIFTING ASSESSMENT <input type="checkbox"/>
1	Lifting objects weighing more than 34kg (75lbs) once per shift	Notes: Lifting includes lowering of objects
2	Lifting objects weighing more than 25kg (55lbs) more than 10 times per shift	
3	Lifting objects weighing >5kg (11lbs) if more than twice per minute for more than 2 hours total/shift	
4	Lifting objects weighing more than 11kg (25lbs) more than 25 times /shift AND * Above the shoulders or * Below the knees or * At arm's length from the body	
<b>LIFT FORCE</b>	IF ANY ONE OF THE FOLLOWING CRITERIA ARE PRESENT, MARK THE ASSESSMENT BOX 	PERFORM POSTURE ASSESSMENT <input type="checkbox"/>
NECK	Working with the neck bent more than 10 degrees in any direction for more than 2 hours total/shift   Sideways <input type="checkbox"/> Backwards <input type="checkbox"/> Forward <input type="checkbox"/>	Notes:
SHOULDER & BACK	* Working with the hand(s) above the head more than 2 hours total/shift * Working with the elbow(s) above the shoulder more than 2 hours total/shift * Working with the back bent more than 30 degrees in any direction for more than 2 hours total/shift   Forwards <input type="checkbox"/> Sideways <input type="checkbox"/> Backwards <input type="checkbox"/> Twisted <input type="checkbox"/>	
KNEES	Squats or kneels for more than 2 hours total/shift   Squats <input type="checkbox"/> Kneels <input type="checkbox"/>	



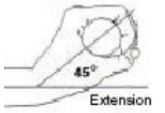


This is the end of the preliminary assessment. If **ANY** of the 5 assessment boxes were marked, the risk of MSI is at least moderate. Perform a detailed assessment of the marked criteria to determine if the risk is high.

**Detailed Assessment**

<b>CONTACT STRESS</b>					MARK BOX TO INDICATE	<b>HIGH RISK OF MSI</b>
Body Part	Physical Risk Factor	Duration	Visual Aid			
Hands	Using the hand (heel/base of palm) as a hammer more than once per minute	More than 2 hours total per shift		<input type="checkbox"/>		
Knees	Using the knee as a hammer more than once per minute	More than 2 hours total per shift		<input type="checkbox"/>		

<b>REPETITION</b>					MARK BOX TO INDICATE	<b>HIGH RISK OF MSI</b>
Body Part	Physical Risk Factor	Combined with	Duration			
Neck Shoulders Elbows Wrists Hands	Using the same motion with little or no variation every few seconds (exclude keyboard activities)	No other risk factors	More than 6 hours total/shift	<input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Elbows <input type="checkbox"/> Wrists <input type="checkbox"/> Fingers		
Wrists Hands	Using the same motion with little or no variation every few seconds (exclude keyboard activities)	Wrist bent in: >30 degree flexion or >45 degree extension or >30 degree ulnar deviation AND High force hand exertions (see grip force for visual aid)	More than 2 hours total/shift	<input type="checkbox"/>		
	Intensive keyboarding (keying with the hands or fingers in a rapid steady motion with little opportunity for temporary work pauses)	Wrist bent in: >30 degree flexion or >45 degree extension or >30 degree ulnar deviation (see grip force for visual aid)	More than 4 hours total/shift	<input type="checkbox"/>		
		No other risk factors	More than 7 hours total/shift	<input type="checkbox"/>		

<b>GRIP FORCE</b>					MARK BOX TO INDICATE	<b>HIGH RISK OF MSI</b>
Body Part	Physical Risk Factor	Combined with	Duration	Visual Aid		
Arms Wrists Hands	Pinch gripping and unsupported object(s) weighing 1kg (2lbs) or more per hand OR Pinch gripping with a force of 2kg (4lbs) or more per hand (comparable to gripping a half package of copy paper)	Highly repetitive motion	>3 hours total/shift		<input type="checkbox"/>	
		Wrist bent in: >30 degree flexion or >45 degree extension or >30 degree ulnar deviation	>3 hours total/shift		<input type="checkbox"/>	
		No other risk factors	>4 hours total/shift	 	<input type="checkbox"/>	

Arms Wrists Hands	Power gripping an unsupported object(s) weighing 5kg (11lbs) or more per hand OR Power gripping with a force of 5kg or more per hand (comparable to clamping a light duty jumper cable to a battery)	Highly repetitive motion	>3 hours total/shift		<input type="checkbox"/>
		Wrist bent in: >30 degree flexion or >45 degree extension or >30 degree ulnar deviation	>3 hours total/shift	 	<input type="checkbox"/>
		No other risk factors	>4 hours total/shift	 	<input type="checkbox"/>

**Lift/Lower Force Risk Assessment - To Determine High Risk**

This page can be used to assess forceful exertion due to lifting/lowering force. Weight limits resulting from this process represent "high" risks that require controls without undue delay.

**Step 1: Object Weight**

Record the weight of the object lifted for the weight of the heaviest object lifted for the task

W= \_\_\_\_\_ lbs

**Step 2: Unadjusted Weight Limit (UWL)**

Determine the most awkward hand position used in the lift or series of lifts. From the height and reach chart below, record the unadjusted weight limit.

UWL= \_\_\_\_\_ lbs

**Step 3: Frequency Limit Reduction Modifier (FLRM)**

Use the following table to determine the FLRM

Maximum Lifts/Minute	Hours Per Shift of Total Lifting		
	<1 Hour	1-2 Hours	>2 Hours
1 lift every 2-5 minutes (or less frequent)	1.00	0.95	0.85
1 lift every minute	0.95	0.9	0.75
2-3 lifts every minute	0.90	0.85	0.65
4-5 lifts every minute	0.85	0.70	0.45
6-7 lifts every minute	0.75	0.50	0.25
8-9 lifts every minute	0.60	0.35	0.15
10 or more lifts/minute	0.30	0.20	0.00

FLRM= \_\_\_\_\_

**Twisting:** If the employee twists more than 45 degrees while lifting, the twisting modifier is 0.85. Otherwise, 1.00.

**Step 4: Weight Limit**

The weight limit (WL) is UWL X FLRM X TM

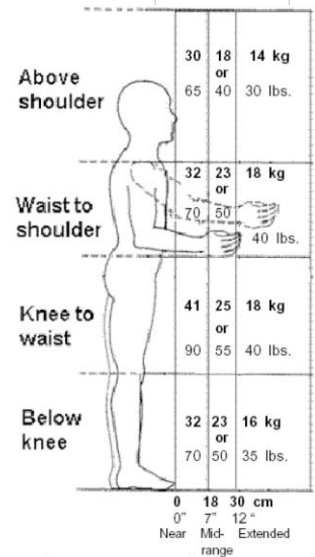
\_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ (WL)

**Step 5: Hazard Analysis**


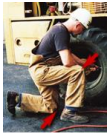

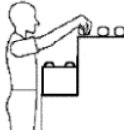



If the actual weight (step 1: W) is greater than the weight limit (step 4: WL), the then lift is "high risk" and requires controls without undue delay, to the degree technologically and economically feasible.

If the actual weight is below the weight limit, then the risk is "moderate" and requires consideration for control.

MARK BOX TO INDICATE A HIGH RISK OF MSI



**Detailed Assessment**

AWKWARD POSTURE	MARK BOX TO INDICATE			HIGH RISK OF MSI
Body Part	Physical Risk Factor	Duration	Visual Aid	
Knees	Squatting	>4 hours total/shift		<input type="checkbox"/>
	Kneeling	>4 hours total/shift		<input type="checkbox"/>
Shoulders	Working with the hand(s) above the head or the elbow(s) above the shoulders(s)	>4 hours total/shift		<input type="checkbox"/>
	Repetitively raising the hand(s) above the head or the elbow(s) above the shoulder(s) more than once per minute	>4 hours total/shift		<input type="checkbox"/>
Neck	Working with the neck bent more than 45 degrees (without support or the ability to vary posture)	>4 hours total/shift		<input type="checkbox"/>
Back	Working with the back bent forward more than 30 degrees (without support, or the ability to vary posture)	>4 hours total/shift		<input type="checkbox"/>
	Working with the back bent forward more than 45 degrees (without support, or the ability to vary posture)	>2 hours total/shift		<input type="checkbox"/>