



# SUPERVISOR SAFETY FAMILIARIZATION COURSE REVIEW

## COURSE LENGTH REQUIREMENT - MINIMUM 2-DAYS

### COURSE CONTENT

Provide a course outline and indicate how much time the trainer plans to spend on each subject within the time frame of the course. Course **must** include the following:

- NWT Legislation
  - Safety Act
  - Occupational Health and Safety Regulations
  - Codes of Practice
- Joint OHS Committees
- Occupational Health and Safety Program
  - Emergency Response Plan
  - PPE
  - WHMIS
- Internal Responsibility System (IRS)
- Worker Rights
- Offences & Punishments
- Employer Responsibilities
- Supervisor Responsibilities
- Worker Responsibilities
- Hazard and Risk Management
  - Hazard Assessment
  - Hazard Identification Methods
  - Hazard Prevention
  - Monitoring and Reporting
- Contractor Safety Management
  - Contractors and Subcontractors
  - Project Safety Planning
- Reporting
  - Injury reporting under the *Compensation Act*
  - Notices to the Chief Safety Officer
  - Incident Reporting
  - Record Keeping
  - Documentation
- Worksite Accident/Incident Investigation
- Work site Inspections
- Safety Leadership
  - Ensure workers understand their role in safety
  - Lead by example
  - Direct and manage workers

Recommended:  Return to Work

# SUPERVISOR SAFETY FAMILIARIZATION COURSE REVIEW

## COURSE MATERIALS

Provide copies of course material:

- |   |   |
|---|---|
| <input type="checkbox"/> Workbook                 | <input type="checkbox"/> Participant Evaluation Sheet         |
| <input type="checkbox"/> Presentations (PPT)      | <input type="checkbox"/> Certificate of Successful Completion |
| <input type="checkbox"/> Handouts                 | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Learning Assessment Tool | <input type="checkbox"/> Other _____                          |

Note that providers must submit any subsequent change to materials to the Chief Safety Officer for further review.

## DELIVERY METHOD

Please indicate how the course is delivered (indicate all that apply and how you divide time for each.):

- |   |            |
|---|------------|
| <input type="checkbox"/> Facilitated group learning           | Time _____ |
| <input type="checkbox"/> Lecture and skills practice in teams | _____      |
| <input type="checkbox"/> Self-directed                        | _____      |
| <input type="checkbox"/> On-line self-directed                | _____      |
| <input type="checkbox"/> Blended: on-line and classroom       | _____      |
| <input type="checkbox"/> Other _____                          | _____      |

## COURSE LENGTH

Please indicate expected course length: (For example: Two full days, three full days, 10 weekly 1.5-hour module sessions)

Maximum number of participants: \_\_\_\_\_

## TRAINER QUALIFICATIONS

What is your trainer selection process and criteria (certifications, experience, training, adult education and other relevant information)? Please provide on a separate sheet.

Note that subcontracting the delivery of the course to another provider must meet the criteria approved in the submitted application. Approved providers must inform the Chief Safety Officer for review of the subcontractor and their course materials.

## LEARNING ASSESSMENT TOOL

How will the trainer assess the learning and competency? What is considered a pass?

- Written assessment
- Oral assessment
- Assignments
- Simulation exercises
- Role playing
- Other \_\_\_\_\_

For a participant to pass, they must:

Please provide a copy of any assessment tools.

Do you provide a certificate of successful completion?  YES. Please provide a copy.  NO

## COURSE EVALUATION

Will participants have the opportunity to evaluate course content and relevance of material and presentation, and whether the course met objectives?  YES  NO

Please provide a copy of the evaluation tool.

**Submit Completed Form & All Relevant Materials to the Chief Safety Officer:**

<mailto:noticetoCSO@wscn.ca>