

Translational **Research Office** 980 Oliver Road Thunder Bay ON P7B 6V4 Canada **Pre-Clinical Research Office** 290 Munro Street Thunder Bay ON P7A 7T1 Canada

Tel: (807) 684-7223 Fax: (807) 684-5892 www.tbrhri.ca

JOINT HEALTH & SAFETY COMMITTEE MINUTES

March 13th, 2019 2:00 pm - 3:00 pm **Meeting Room 2171**

Present: Shannon Maki **Recording Secretary:** Shannon Maki

Oleksandr (Sasha) Bubon

Robert Jackson

Oleksandr (Sasha) Grynko

Nikka Stoger Mehran Masoom Yuri Shepelytskyi Alanna Wade

Absent: Tanya Niederer Guest: Imran Malik

1. Approval of Agenda: The meeting was called to order at 2:00 pm, chaired by Shannon Maki. Agenda was approved by the committee with no additional items for discussion. Imran Malik, RSO, joined the meeting for further discussion on radiation safety and requirements.

2. Review of Minutes and Action Items:

Shannon did a review of the Minutes and following ACTION items from February 13th as well as UPDATES (dated accordingly): (throughout copy of minutes) - *updates under each section

3. Review of First Aids:

Munro St. – None to report TBRHSC - None to report

4. Review of Incident Reports:

Munro St. - None to report **TBRHSC** – None to report

5. Review of Inspection Reports:

MUNRO LOCATION:

- Clean Room EXIT sign
 - Not staying lit during test procedure Shannon to follow up Submit Maintenance Requisition
- 2nd floor door infront of stairs infront of room 2300
 - Door is not remaining locked







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- Basement - (Doors 26 – 27) Room 0309

 Temperature fluctuates significantly – reading between 10 – 20 C – Shannon has submitted a Maintenance Requisition

Main Floor Lab Area

It was noted that the glass break box is full and requires disposal – new boxes have been provided
for the lab; the sharps container is also extremely full and will need to be disposed of – the
committee inquired as to who is to be contacted to have the sharps container picked up – requires
follow-up

- Cylinder Room in basement

• It was noted by Sasha Bubon that this room is occasionally being left locked or unlocked in which keys are required to be kept by a staff member on site – requires follow-up

TBRHSC LOCATION:

- 3rd Floor office space (inside 3116)
 - All areas good temperature does seem to fluctuate to very cool at times; will continue to monitor –
 March 13/19 temperature continues to fluctuate throughout each day and can be very cool at times
- 3rd Floor Lab All Areas
 - PHYSICAL HAZARDS Section walking surfaces there is equipment that is being stored on the floor infront of Bench #1 could pose a tripping hazard and should be removed
 - CHEMICAL HAZARDS Section compressed gas cylinders JQ has acquired some new tanks and are currently being properly anchored to the wall in the lab
 - SAFETY HAZARDS Section emergency codes and sub-plans this will be revised and updated in April/May
 - FIRE HAZARDS Section the flammable cabinet list as well as all fire hazards list for the lab will require an update and be posted in the lab

1st Floor – room 1640B

- Temperature fluctuates to warmer at times room 1645 extremely warm Shannon to submit Maintenance Requisition
- There is a light burnt out near main entrance <u>ACTION</u>: Shannon to submit a Maintenance Requisition - complete and fixed – March 13/19
- 2nd Floor Room 2167 Temperature still fluctuates to cooler at times ONGOING
- 2nd Floor Physics Lab Area Area inspected, all good lots of equipment being used eyewash is being inspected regularly







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Business Arising:

Imran Malik, RSO, joined the meeting and updated the group on the upcoming Annual Radiation Safety Training session and advised the group that attendance was encouraged if you are using radioactive material. Sasha Bubon inquired about having more master keys available for the 'hot lab' other than the main key that is kept in the lock box. **ACTION: Imran to follow-up and advise the users.** Discussion also included the past issue of personal dosimeters and if they are required to be worn at ICR while working in the hot lab. Sasha will forward the link to Shannon and Imran to follow up and find pricing for both personal dosimeters as well as a handheld monitor. It was also noted that there is a handheld monitor that is on loan from the Cyclotron facility that is temporarily being used.

Meeting adjourned at 2:52 pm

Next meeting: April 17th, 2019







Inspected By: Sasha Grynko, Sasha Bubon

Department (level/room #): Munro St

PHYSICAL HAZARDS	Υ	N	N/A
Are all walking surfaces and/or work surfaces clean and free of hazards?	✓		
Are all areas efficiently lit and suitable for the purpose?	✓		
Are all areas well-ventilated?	✓		
Are ventilation units in good working condition/free of debris?	✓		
Are stairs and grab rails in good condition?	✓		
Are noise levels appropriate?	✓		
CHEMICAL HAZARDS	Y	N	N/A
Are all hazardous substances/chemicals properly labeled?	✓		
Do workers know where to find a Safety Data Sheet for a substance/chemical?	✓		
Is the appropriate PPE available when using a chemical?	✓		
Are all hazardous substances/chemicals stored appropriately?	✓		
Are eye wash stations/showers functioning properly as per policy?	✓		
Are workers respiratory fit-tested (if required)?			✓
Are compressed gas cylinders labeled, transported and stored appropriately?	✓		
BIOLOGICAL HAZARDS	Υ	N	N/A
Are needles safety-engineered?	✓		
Are medical sharps properly disposed of?	✓		
Are medical sharps containers used and maintained properly?	✓		
Is waste disposed of in the proper containers?	✓		
Are employees using the proper infection control PPE (e.g. gloves, gowns, N95 respirators)?	✓		
Are food, beverage and cosmetics stored appropriately, away from the likelihood of exposure?	✓		
ERGONOMIC HAZARDS	Y	N	N/A
Are heavy items stored appropriately?	✓		
Are lifting devices/wheeled equipment in good working order and inspected as required?	✓		
Are computer workstations appropriately laid out?	✓		
Are office chairs functioning properly?	✓		
Are desk and file drawers kept closed when not in use?	✓		
SAFETY HAZARDS	Υ	N	N/A
Are ladders and/or scaffolds maintained in good condition?	✓		
Is leaning material secured?	✓		
Are electrical cords intact? Permanent extension cords are not used?	✓		
Is electrical equipment tagged by maintenance, as required?	✓		
Is all equipment inspected and maintained in good condition?	✓		
Are workers wearing appropriate PPE for the task?	✓		
Are workers wearing proper footwear?	✓		
Are emergency codes/sub plans available and understood by workers?			✓



FIRE HAZARDS	Y	N	N/A
Are all materials and/or equipment stored away from electrical panels? (eg: 1m or greater)	✓		
Are any materials and/or equipment stored in front of fire hose/extinguisher cabinets?		✓	
Are fire exits/stairwells unobstructed?	✓		
Are fire extinguishers inspected monthly and free of damage?	✓		
Are appliances only used in designated kitchenettes (toasters, coffee makers, kettles, etc.)?	✓		
Are appliances in kitchenettes approved for this use?	✓		
Is equipment and stretchers in storage areas or placed on one side of the hallway?			✓
Is there a minimum of 18 inches of clearance from all sprinkler heads in ceilings?			✓
Is there no paper on the walls or excessive decorations (no more than 10% of the space)?	✓		
Are flammable materials stored appropriately? (eg: flammable cabinet)	✓		
Are all ceiling tiles intact?	✓		
OTHER	Y	N	N/A
Are monthly safety inspections completed and available?	✓		
Do workers know how to report a safety concern?	✓		
Do workers know how to report an incident/accident?	✓		
Is staff aware of where exit routes and pull stations are located?	✓		
Has staff reviewed the Code Red policy and related sub-plans in the last year?	✓		
Does staff know the location of the department sub plans?	✓		
Do workers know who their JOHSC representative is?	✓		
Are competency/training checklists up to date? (Reference document SE-01)	✓		
Are workers wearing appropriate name tags?	✓		

Important:

- Any identified hazards must be documented on the form below.
- A worker and/or Manager of the unit/dept can complete the monthly inspection.
- The inspection form must be provided to the unit/dept Manager.
- The Department Manager must review all hazards identified, determine risk level using the Risk Evaluation Matrix and determine corrective actions.
- The Department Manager must document the corrective action or plan of action on the form below.
- A copy of the completed inspection report must be retained in your unit binder.



Item & Location	Hazard(s) Observed	Risk Level		eat m N	Recommended Action By Whom / When	Person Responsible	Action Taken	Action Complete & Date
Basement, Clean room and Grey area. Exit signs	Do not stay lit during the test procedure	1	Y ✓	N	Submit maintenance request			Date
Second floor, Door to the stairs in front of Room 2300	Door is not locking at all times. Fire door	3		√	Submit maintenance request			
Basement area (doors 26-27), especially Room 0309	Temperature fluctuates significantly	2		√	Submit maintenance request			

Corrective Action – Supervisor or Manager to complete. Must be identified and reported to Committee within 21 days as per the OHSA. Action taken should state: (1) Correction of hazard (*or*) (2) Decision pending for correction (*or*) (3) Corrective action identified and a plan in place.

(**Note**: If corrections will take longer than 21 days to complete, send a copy of this report to OH&S stating what is happening and then the original when actions are completed. Original report to be filed in Occupational Health and Safety Department; photocopy to inspected department)

WORKER SIGNATURE:	DEPARTMENT MANAGER (print & sign):	



Inspected By: Shannon & Mehran

Department (level/room #): 3rd Floor Lab and areas

PHYSICAL HAZARDS	Y	N	N/A
Are all walking surfaces and/or work surfaces clean and free of hazards? – equipment on floor		~	
Are all areas efficiently lit and suitable for the purpose?	~		
Are all areas well-ventilated?	~		
Are ventilation units in good working condition/free of debris?	/		
Are stairs and grab rails in good condition?			/
Are noise levels appropriate?	/		
CHEMICAL HAZARDS	Y	N	N/A
Are all hazardous substances/chemicals properly labeled?	/		
Do workers know where to find a Safety Data Sheet for a substance/chemical?	/		
Is the appropriate PPE available when using a chemical?	/		
Are all hazardous substances/chemicals stored appropriately?	/		
Are eye wash stations/showers functioning properly as per policy?	/		
Are workers respiratory fit-tested (if required)?			/
Are compressed gas cylinders labeled, transported and stored appropriately? $-$ 2 cylinders waiting to be strapped to the wall		/	
BIOLOGICAL HAZARDS	Υ	N	N/A
Are needles safety-engineered?	~		
Are medical sharps properly disposed of?	/		
Are medical sharps containers used and maintained properly?	/		
Is waste disposed of in the proper containers?	/		
Are employees using the proper infection control PPE (e.g. gloves, gowns, N95 respirators)?	/		
Are food, beverage and cosmetics stored appropriately, away from the likelihood of exposure?	~		
ERGONOMIC HAZARDS		N	N/A
Are heavy items stored appropriately?	~		
Are lifting devices/wheeled equipment in good working order and inspected as required?			'
Are computer workstations appropriately laid out?	~		
Are office chairs functioning properly?	~		
Are desk and file drawers kept closed when not in use?	~		
SAFETY HAZARDS	Y	N	N/A
Are ladders and/or scaffolds maintained in good condition?			'
Is leaning material secured?			'
Are electrical cords intact? Permanent extension cords are not used?	~		
Is electrical equipment tagged by maintenance, as required?	~		
Is all equipment inspected and maintained in good condition?	~		
Are workers wearing appropriate PPE for the task?	'		
Are workers wearing proper footwear?	/		
Are emergency codes/sub plans available and understood by workers? – Revisions April/May	~		



FIRE HAZARDS	Υ	N	N/A
Are all materials and/or equipment stored away from electrical panels? (eg: 1m or greater)	/		
Are any materials and/or equipment stored in front of fire hose/extinguisher cabinets?		~	
Are fire exits/stairwells unobstructed?	~		
Are fire extinguishers inspected monthly and free of damage?	'		
Are appliances only used in designated kitchenettes (toasters, coffee makers, kettles, etc.)?	<u> </u>		
Are appliances in kitchenettes approved for this use?	~		
Is equipment and stretchers in storage areas or placed on one side of the hallway?			/
Is there a minimum of 18 inches of clearance from all sprinkler heads in ceilings?	V		
Is there no paper on the walls or excessive decorations (no more than 10% of the space)?	V		
Are flammable materials stored appropriately? (eg: flammable cabinet)	~		
Are all ceiling tiles intact?	~		
OTHER	Υ	N	N/A
Are monthly safety inspections completed and available?	V		
Do workers know how to report a safety concern?	~		
Do workers know how to report an incident/accident?	'		
Is staff aware of where exit routes and pull stations are located?	V		
Has staff reviewed the Code Red policy and related sub-plans in the last year?	V		
Does staff know the location of the department sub plans?	V		
Do workers know who their JOHSC representative is?	'		
Are competency/training checklists up to date? (Reference document SE-01)			~
Are workers wearing appropriate name tags?	~		

Important:

- Any identified hazards must be documented on the form below.
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- The inspection form must be provided to the unit/dept Manager.
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Item & Location	Hazard(s) Observed	Risk Level		eat m N	Recommended Action By Whom / When	Person Responsible	Action Taken	Action Complete & Date
Fire extinguisher blocked, Services Hallway	Fire extinguisher blocked by boxes	6	Х		Remove boxes and remind staff of importance of keeping materials away from fire extinguisher.	Manager	Yes	October 10, 2018
Equipment – Bench #2	Equipment is sitting on the floor infront of the bench				Have the researcher move the equipment out of the bench area walkway	Shannon	No	N/A
	Cylinders have been delivered and are up against the wall unsecured				Carmen to order straps and have Maintenance install to keep cylinders secure	Carmen	Yes	Yes
Corrective A	ction – Supervisor or Mana ald state: (1) Correction of ha	ager to com	plete.	Must	be identified and reported to	Committee with	nin 21 days as per t	he OHSA.

(**Note**: If corrections will take longer than 21 days to complete, send a copy of this report to OH&S stating what is happening and then the original when actions are completed. Original report to be filed in Occupational Health and Safety Department; photocopy to inspected department)

WORKER SIGNATURE:	DEPARTMENT MANAGER (print & sign):	



Date: March 11, 2019 Inspected By: Nikka M. Stoger

Department (level/room #): 1st floor offices (Rm 1640B)

PHYSICAL HAZARDS	Υ	N	N/A
Are all walking surfaces and/or work surfaces clean and free of hazards? Reeds vacuum Though.	/		
Are all areas efficiently lit and suitable for the purpose? Light fixed near door	V		
Are all areas well-ventilated? Temp. good (a) this time	/		
Are ventilation units in good working condition/free of debris?	/		
Are stairs and grab rails in good condition?			V
Are noise levels appropriate?	V		
CHEMICAL HAZARDS	Υ	N	N/A
Are all hazardous substances/chemicals properly labeled?	/		
Do workers know where to find a Safety Data Sheet for a substance/chemical?			
Is the appropriate PPE available when using a chemical?	\checkmark		
Are all hazardous substances/chemicals stored appropriately?	\bigvee		
Are eye wash stations/showers regularly inspected as per policy?			
Are workers respiratory fit-tested (if required)?			
Are compressed gas cylinders labeled, transported and stored appropriately?	/		
BIOLOGICAL HAZARDS	Υ	N	N/A
Are needles safety-engineered?			V
Are medical sharps properly disposed of?			
Are medical sharps containers used and maintained properly?			$\sqrt{}$
Is waste disposed of in the proper containers?	/		
Are employees using the proper infection control PPE (e.g. gloves, gowns, N95 respirators)?			
Are food, beverage and cosmetics stored appropriately, away from the likelihood of exposure?	/		
ERGONOMIC HAZARDS	Υ	N	N/A
Are heavy items stored appropriately?	V		
Are lifting devices/wheeled equipment in good working order and inspected as required?			V
Are computer workstations appropriately laid out?	\vee		
Are office chairs functioning properly?			
Are desk and file drawers kept closed when not in use?			
SAFETY HAZARDS	Υ	N	N/A
Are ladders and/or scaffolds maintained in good condition?			/
Is leaning material secured?			V
Are electrical cords intact? Permanent extension cords are not used?			
Is electrical equipment tagged by maintenance, as required?			
Is all equipment inspected and maintained in good condition?	$\sqrt{}$		
Are workers wearing appropriate PPE for the task?	\vee		
Are workers wearing proper footwear?			
Are emergency codes/sub plans available and understood by workers?			



FIRE HAZARDS	Υ	N	N/A
Are all materials and/or equipment stored away from electrical panels? (eg: 1m or greater)	V		
Are any materials and/or equipment stored in front of fire hose/extinguisher cabinets?		\checkmark	
Are fire exits/stairwells unobstructed?	/		
Are fire extinguishers inspected monthly and free of damage?	\checkmark		
Are appliances only used in designated kitchenettes (toasters, coffee makers, kettles, etc.)?	\checkmark		
Are appliances in kitchenettes approved for this use?			/
Is equipment and stretchers in storage areas or placed on one side of the hallway?			/
Is there a minimum of 18 inches of clearance from all sprinkler heads in ceilings?			
Is there no paper on the walls or excessive decorations (no more than 10% of the space)?			
Are flammable materials stored appropriately? (eg: flammable cabinet)			
Are all ceiling tiles intact?	\checkmark		
OTHER	Υ	N	N/A
Are monthly safety inspections completed and available?	\checkmark		
Do workers know how to report a safety concern?	/		
Do workers know how to report an incident/accident?	V		
Is staff aware of where exit routes and pull stations are located?	\checkmark		
Has staff reviewed the Code Red policy and related sub-plans in the last year?	/		
Does staff know the location of the department sub plans?	/		
Do workers know who their JOHSC representative is?	V		
Are competency/training checklists up to date? (Reference document SE-01)	\vee		
			Г

Any identified hazards must be documented on the form below.

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Item & Location	Hazard(s) Observed	Risk Level	Repeat Item Y N		Recommended Action By Whom / When	Person Responsible	Action Taken	Action Complete & Date
Free defings cover Indoord, Salves S Hattary	End own promer planted by liques	6	A		minguish bed sel record select improcessors begins minguish with lead be- sunctions	Manage	Ken	Drizzer 10. 80 %
Main office floor	ditty	g		X	Staff to locate	1640B staff		
,								

Action taken should state: (1) Correction of hazard (*or*) (2) Decision pending for correction (*or*) (3) Corrective action identified and a plan in place.

(Note: If corrections will take longer than 21 days to complete, send a copy of this report to OH&S stating what is happening and then the original when actions are completed. Original report to be filed in Occupational Health and Safety Department; photocopy to inspected department)

WORKER SIGNATURE:	DEPARTMENT MANAGER (print & sign):	