**Sample Visitor Health and Safety Requirements**

**Visitor Health & Safety Requirements**

We take the safety of our customers, visitors and employees very seriously.

We ask that you take a moment to review the following environmental, health and safety information to protect yourself and others from harm while visiting our facilities.

You are expected to follow all Company policies, rules and regulations. Please ask your Company Contact Person, a Supervisor or Manager if you have any questions or concerns regarding your health and safety.

### ENVIRONMENTAL, HEALTH & SAFETY Security

Visitors must report to the main reception area before entering company premises. You will be asked to sign-in. You will be issued a visitor's pass which you must wear and display at all times while on the premises.

You must be accompanied by a Supervisor, Manager or an authorized Company employee while in safety sensitive areas.

### Personal Protective Equipment (PPE)

You are required to wear PPE in safety sensitive areas. CSA approved safety glasses are mandatory in all shop, warehouse, and active work areas. Grade 1 CSA approved safety footwear is mandatory in all shop, warehouse and active work areas. Hearing protection is required in high noise areas. Safety glasses and hearing protection are available to visitors.

### Visitor Vehicles on Company Premises

Please obey posted speed limits and exercise caution while driving on Company property. Be aware of trucks, forklifts and heavy equipment in operation in our yard or shop facilities. Backing up should be done with a ground guide at all times while on the premises.

Please park personal or company vehicles in the designated Visitor Parking stalls.

### Hazardous Materials

No Controlled Products or hazardous materials are to be bought on-site without prior notification and approval. Material Safety Data Sheets and Supplier or Workplace Labels must accompany any hazardous materials approved for use on Company premises.

### Smoking

Smoking is permitted only in designated smoking areas. Please contact a Supervisor or Manager concerning the designated smoking areas.

### Incident Reporting

All environmental, health and safety related incidents including ***near-misses, or no-loss incidents,*** must be ***immediately*** reported and investigated. Please report any unsafe act or unsafe condition you observe to a Company Supervisor, Manager or an employee.

**Emergency Preparedness**

In the event of emergency evacuation report immediately to your Company contact person.

Your contact or another Company employee will direct you to the emergency muster point.

**Please take a moment to inquire about the location of the emergency muster point at this location.**

**First Aid Treatment**

The Company has numerous employees certified in Standard First Aid, as well as adequate first aid supplies in accordance with OHS legislation.

If you need first aid treatment contact any Supervisor, Manager or Company employee for assistance.

**Drug & Alcohol Policy**

*No person shall report to work under the influence of alcohol, illegal drugs, or other non- prescription drugs, or prescription drugs that cause impairment and no person shall possess, sell or distribute such substances at work. Anyone doing so will be refused entry to or removed from company property.*

**General Safety Rules**

The following company general safety rules will be enforced as necessary and leave no room for discretion or argument.

Visitors will conduct themselves in a safe and orderly manner at all times.

Firearms, knives and dangerous weapons are strictly prohibited on Company property.

Only competent Company employees shall operate machinery and equipment.

The following conduct is prohibited on Company premises:

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| --- | --- |
| * Fighting | * Gambling |
| * Horseplay | * Theft |
| * Violence | * Harassment |
| * Profanity | * Running |

I hereby release this company, its officers, and employees from any claim or action whatsoever for damages, loss or injury suffered by me or any claim brought against me while I am on the worksite, unless such damages, loss or injury are due to a negligent act or omission of this company, its officers or employees.

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| --- | --- | --- |
|  |  |  |
| Printed Name and Signature |  | Date |