



TOWNSHIP OF WELLINGTON NORTH TRAFFIC PROTECTION PLAN POLICY

DEPARTMENT	Public Works	POLICY NUMBER	32.15
EFFECTIVE DATE	September 14, 2015	LEGISLATIVE AUTHORITY	OHSA O. Reg. 213/91
APPROVED BY:	Council resolution # 2015-388		

POLICY

This policy applies to all Township staff.

PURPOSE

- Establish an administrative process to ensure written traffic control plans are created when workers are exposed to traffic hazards;
- Ensure compliance to O. Reg. 213/91 ; and
- Reinforce the importance of health and safety in the workplace.

PRINCIPLES

- Management is responsible for implementing a health and safety program;
- Employers and Supervisors have a legislative responsibility to ensure and demonstrate compliance to the Occupational Health and Safety Act and regulations; and
- Health and safety is a critical component of all work.

PROCEDURES AND PRACTICES:

1. Written traffic control plans are required at all job sites where the worker is exposed to a hazard from vehicular traffic – see template as Schedule A;
2. Traffic control plans shall utilize typical traffic layouts from the current edition of the Ontario Traffic Manual Book 7;
3. Traffic control plans are established prior to starting work within the roadway and a copy kept at the work site;
4. All staff participating in the work are expected to review and initial the traffic control plan;
5. Traffic control plans may be created by workers, foreman or other;
6. Supervisors / Foreman will keep a local file to store traffic control plans;
7. Record of these plans shall be kept for a minimum period of 18 months; and
8. Director of Public Works and/or Roads Superintendent will review local file once per year to ensure compliance to this policy statement.

Schedule A – Traffic Control Plan (Template)

Township of Wellington North Temporary Traffic Control Plan

Purpose: A form to document the Township's traffic control plan per O.Reg. 213/91 S67.	
Date:	Location:
Work Site Team Members (sign):	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____
Description of Work Activity:	
Hazard Identification:	
Weather Hazard – Cold <input type="checkbox"/>	Slip & Trip Hazard – Ice <input type="checkbox"/>
Weather Hazard – Hot <input type="checkbox"/>	Slip & Trip Hazard – Uneven Ground <input type="checkbox"/>
Fall Hazard – Working at Heights <input type="checkbox"/>	Electrical Hazard – Power Lines <input type="checkbox"/>
Vehicle Hazard – Backing Up <input type="checkbox"/>	Construction Site Hazards <input type="checkbox"/>
Vehicle Hazard – Public Traffic <input type="checkbox"/>	Workplace Violence <input type="checkbox"/>
Noise Hazard – Too Loud <input type="checkbox"/>	Workplace Harassment <input type="checkbox"/>
Chemical Hazard – Toxic Substance <input type="checkbox"/>	Pinch Hazard <input type="checkbox"/>
Ergonomic Hazard – Repetitive Motion <input type="checkbox"/>	Ergonomic Hazard – Lifting <input type="checkbox"/>
Ergonomics Hazard – Awkward Position <input type="checkbox"/>	Working Alone Hazards <input type="checkbox"/>
Pressure Hazard – Compressed Gas <input type="checkbox"/>	Eye Injury Hazard – Sand, Dirt, Filings <input type="checkbox"/>
Dig Hazard - Underground Utilities <input type="checkbox"/>	Ear Injury Hazard – Noise <input type="checkbox"/>
Slip & Trip Hazard – Poor Housekeeping <input type="checkbox"/>	Fall Hazard – Ladders and Lifts <input type="checkbox"/>
Confined Space Hazard <input type="checkbox"/>	Equipment Hazard – Crushing Hazard <input type="checkbox"/>
Biological Hazard – Sewage <input type="checkbox"/>	Equipment Hazard – Blind Spot <input type="checkbox"/>
Biological Hazard – Dead Animals <input type="checkbox"/>	Equipment Hazard – Whole Body Vibration <input type="checkbox"/>
Pre-Trip Inspection <input type="checkbox"/>	Sun_ UV Hazard <input type="checkbox"/>

Speed Limit: _____

Low Volume (<2,000 vehicle per day)

Very Short Duration

Short Duration

TL – 18 – Lane Closed or Occupied

Date and Time: _____

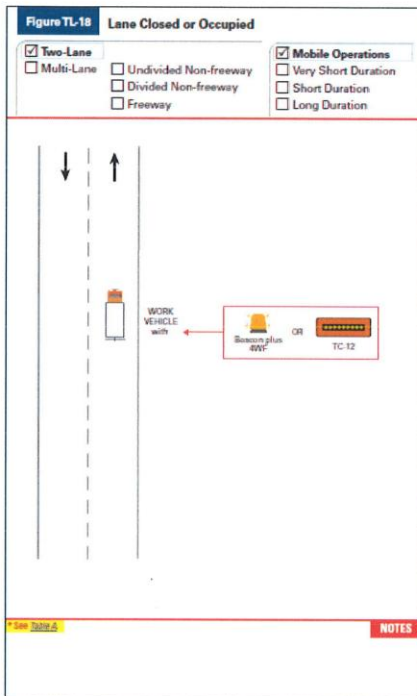
Alternate TL - _____

High Volume (>2,000 vehicles per day)

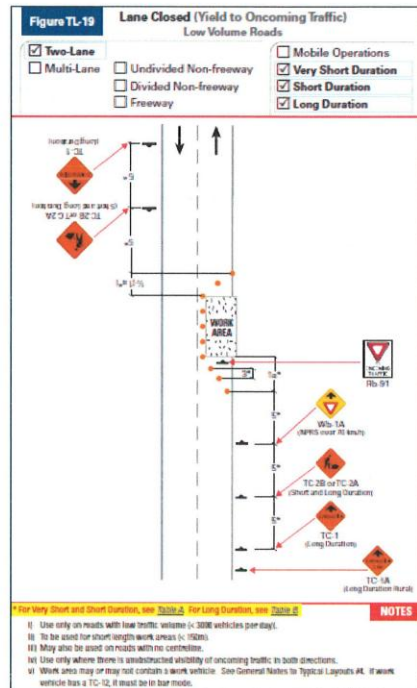
Long Duration

TL-19 – Lane Closed (Yield Oncoming Traffic)

Date and Time: _____



TEMPORARY CONDITIONS BOOK 7



JANUARY 2014 ONTARIO TRAFFIC MANUAL

SECTION 8

209

- Mobile Operation
- 360 Degree Beacon

- Very Short Duration, Short Duration or Long Duration
- Low Volume Traffic Only (<2,000 cars)

Sketch: