

Forms for Agency Submissions

The following checklist must be included with any submission.

Please sign & send this report to:

Executive Director
Workplace Safety and Health
Department of Labour and Immigration
200-401 York Avenue, Winnipeg, MB R3C OP8

Email: edwsh@gov.mb.ca

Company contact person's signature ______ Date _____

Flagperson Training Program Checklist

| Agency Name: | _ |
|--|---|
| Note: All of these requirements are prerequisite to the Flagperson Training Program. | |

| Information to Submit | Reference to Course Materials | For Office Use Only -Comments- |
|--|-------------------------------|--------------------------------|
| (A) Course Content | | |
| (i) flagperson definition; | | |
| (ii) City of Winnipeg Flagperson Training Program, <i>or</i> the Flagger Training Manual issued by Manitoba Infrastructure and Transportation; | | |
| (iii) impacts of heat, cold, sun and hours of darkness; | | |
| (iv) PPE requirements, including importance of PPE and equipment; | | |
| (v) working around heavy equipment; | | |
| (vi) hand signal communication; | | |
| (vii) communication with public, aggressive drivers, violence prevention; | | |
| (viii) positioning, signage, barrier usage; | | |
| (ix) identifying an escape route; | | |
| (x) reporting near misses and incidents; | | |
| (xi) emergency procedures; | | |
| (xii) prohibited use of electronic devices; | | |
| (xiii) vehicle stopping distances; | | |
| (xiv) supervisor's responsibilities; | | |
| (B) Instructors | | |
| (i) provide evidence of instructor's knowledge, competency and attendance of the MIT product; | | |
| (ii) copy of flagger certification from an approved agency; | | |
| (iii) overview of practical training; | | |
| (iv) method of student evaluation; | | |
| (C) Employers (If applicable) | | |
| (i) safe work procedures; | | |
| (ii) method of evaluating worker competency | | |