

SECOR Assessor Audit Protocol

**Small Employer Certificate of Recognition (SECOR) Assessor Audit Protocol**

RELEASE DATE » June 2017 V.2

PROTOCOL INSTRUMENT DATE» 2015



SECOR Assessor Audit Protocol

**Summary of Changes**

This summary shows:

 All changes from the last approved and published document

 The location within the document where the changes have occurred

|  |  |
| --- | --- |
| **Location of Change** | **Summary of Change** |
| Entire Document | This is the first revision of the policy. |
|  |  |
|  |  |
|  |  |

**Summary of Reviewers**

The following people were involved in the review of this policy:

|  |  |
| --- | --- |
| **Name** | **Position** |
| Juliet Goodwin, CRSP | Manager, Safety Audits & Certifications |
| Courtney Christie, CRSP | Audit Advisor, Safety Audits & Certifications |
| Divine Agboadoh | Audit Analyst, Safety Audits & Certifications |
| Stephen Heinpalu | Audit Analyst, Safety Audits & Certifications |
| Kristy McGale | Audit Analyst, Safety Audits & Certifications |
| Melissa Mass, CRSP | Staff Advisor |

**Table of Contents**

**SECOR Summary Sheet ................................................................................................................................................................................................1**

**SECOR Assessor Code of Ethics.................................................................................................................................................................................2**

**SECOR Assessor Code of Ethics Agreement .............................................................................................................................................................3**

**Instructions ....................................................................................................................................................................................................................4**

**Document List ................................................................................................................................................................................................................6**

**Document Submission Numbers ...............................................................................................................................................................................10**

**Definitions ....................................................................................................................................................................................................................11**

**Company Profile ..........................................................................................................................................................................................................13**

**Employee Breakdown and Sampling Details ............................................................................................................................................................14**

**Worksite Breakdown and Sampling Details ..............................................................................................................................................................15**

**Question Scoring .........................................................................................................................................................................................................16**

**Submission Checklist .................................................................................................................................................................................................17**

**Summary Score Sheet.................................................................................................................................................................................................18**

**Small Employer Action Plan Template ......................................................................................................................................................................19**

**Element A – Management Involvement and Commitment ......................................................................................................................................21**

**Element B – Hazard Identification and Risk Assessment........................................................................................................................................26**

**Element C – Hazard Control .......................................................................................................................................................................................39**

**Element D – Training ...................................................................................................................................................................................................48**

**Element E – Emergency Response Procedures .......................................................................................................................................................53**

**Element F – Incident/Accident Reporting and Investigation ...................................................................................................................................59**

**Element G – Communication ......................................................................................................................................................................................67**

**Complete the Summary Sheet:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Energy Safety Canada**  SECOR SUMMARY SHEET | | | | | | |
| Employer Legal Name (as registered with WCB): Click or tap here to enter text. | | | | | | |
| Employer Trade Name (if applicable): Click or tap here to enter text. | | | | | | |
| Address: Click or tap here to enter text. | | | | | | |
| WCB Account(s) in scope: Click or tap here to enter text. | | | Industry Code(s) in scope: Click or tap here to enter text. | | | |
| Facilities/Work Sites in scope: Click or tap here to enter text. | | | | | | |
| Contact Person: Click or tap here to enter text. | | | Phone Number: Click or tap here to enter text. | | | |
| Fax Number: Click or tap here to enter text. | | | Email: Click or tap here to enter text. | | | |
| Contact person’s original  SECOR Training date: Click or tap to enter a date. | Contact person’s last refresher date: Click or tap to enter a date. | | | | Course taken as refresher session:  Click or tap to enter a date. | |
| Assessor Name: Click or tap here to enter text. | | Assessor most recent training  /refresher date: Click or tap to enter a date. | | | | Code of Ethics signed? |
| Assessor Phone Number: Click or tap here to enter text. | | Assessor Email: Click or tap here to enter text. | | | | |
| Audit/Assessment Start Date: Click or tap to enter a date. | | | Audit/Assessment End Date: Click or tap to enter a date. | | | |
| Audit Purpose (certification or maintenance): Click or tap here to enter text. | | | | Number of employees: Click or tap here to enter text. | | |
| Name of the OHS Consultant used to help build the OHS management system (if applicable): Click or tap here to enter text. | | | | | | |
| Employer Sign off: Click or tap here to enter text. | | | | | | |
| Assessor Sign off: Click or tap here to enter text. | | | | | | |

**Energy Safety Canada SECOR Assessor Code of Ethics**

**Professionalism and Integrity**

SECOR assessors are expected to hold themselves to the highest standards of honesty and professionalism in conducting audits. The behavior of a SECOR assessor should not call into question their good faith and integrity. SECOR assessors are prohibited from using the intellectual property or information obtained from either Energy Safety Canada or the employer for personal gain.

**Assessor Conduct**

In conducting SECOR audits, Energy Safety Canada SECOR Assessors are expected:

 To maintain confidentiality

o Assessors should ensure that information provided in confidence in the audit interview process is respected as such and to protect the anonymity of interviewees in audit reporting.

 To be diligent.

o Assessors must act in good faith, with due care and competence, without misrepresenting material facts or allowing their independent judgment to be compromised.

 To be objective

o Assessors must be objective in the assessment of their workplace health and safety management systems and base their evaluations on objective and measurable data, and not subjective opinions or assumptions.

 To be accurate.

o Assessors must strive for accuracy and consistency in compiling documentation, and in the delivery of interview and observation results in their audit report documents.

 To be complete

o Assessors must ensure their evaluations are complete, and avoid any omissions relevant to the scope of the audit.

 To be relevant

o Assessors must ensure their action items and suggestions for improvement in the SECOR audit report are relevant and are intended to improve the health and safety management system.

 To be clear.

o Assessors must ensure their notes and documentation are clear, concise, reflect their findings, and written in plain language.

 To be timely.

o Assessors must comply with the required timelines for audit completion, submission, and correction.

 To report.

o Assessors must report to Energy Safety Canada a situation where an auditor or another assessor may have violated the Code of Ethics or engaged in unethical audit practices.

**Compliance**

Energy Safety Canada SECOR assessors must follow all of the audit quality assurance standards as established by Energy Safety Canada and its provincial partners, and any applicable legislated requirements while conducting and completing the audit.



**Energy Safety Canada SECOR Assessor Code of Ethics**

**STATEMENT OF AGREEMENT**

I, Click or tap here to enter text.(SECOR Assessor) agree to comply with the Small Employer Certificate of Recognition audit protocol currently sanctioned by Energy Safety Canada without additions or deletions thereto, and to conduct myself at all times in a professional manner and in accordance with the **Energy Safety Canada’s SECOR Assessor Code of Ethics**. In addition, I have read the Safety Audits and Certifications Outline of Roles and Responsibilities document (found in the Policy and Procedure Manual). As the SECOR assessor, I also agree to use only current Energy Safety Canada audit materials and to comply with all of the Energy Safety Canada audit standards, policies and procedures.

I further acknowledge that Energy Safety Canada has the authority to suspend my ability as SECOR assessor to conduct further audits pending a full review by Energy Safety Canada.

By signing this letter, I acknowledge that this document accurately defines the relationship between myself as a SECOR assessor and Energy Safety Canada.

SECOR Assessor Signature Date

( )

Legally Registered Company Name Phone Number



**Small Employer Audit Instrument**

This audit instrument is designed to measure whether or not the small employer has implemented the basics of a health and safety management system. The instrument can be used by a certified external auditor to conduct an external audit OR by the owner, a key employee, or a trained consultant, to submit a SECOR Assessment for review by Energy Safety Canada. SECOR Assessments require submission of notes and adequate documentation to allow Energy Safety Canada to verify the status of the small employer’s health and safety system and score the questions in the audit instrument. A minimum overall score of 80% is required to pass the audit, and each individual element must score at least 50%.

**Anyone conducting a SECOR Assessment must have completed Energy Safety Canada’s Safety Program Development course prior to completing the assessment.**

In addition, if you have already taken the Safety Program Development course, you may also consider taking the online SECOR Refresher course as it will guide you in preparation for the changes in this new SECOR protocol. This course will also count towards your assessor renewal, resetting your status for another three years. Please contact Energy Safety Canada for further information on SECOR training requirements.

**Instructions for completing a SECOR Assessment**

1. Read each question and the instructions. The assessor must check the relevant checkboxes and include additional information (as required) in the “Notes” section. Questions will require both the “Notes” section completed and attached documentation.

2. Where attached documents/record samples are required by the guidelines, attach copies of the requested documentation.

Records submitted must be sufficient to verify health and safety activities over the previous 12-month period. DO NOT ATTACH ORIGINAL DOCUMENTATION.

3. Ensure that documentation is submitted in a logical and orderly manner, and avoid submitting more documentation than required by the question guidelines. Energy Safety Canada may reject submissions that are difficult to assess. In the Notes field, please reference where the document can be found in your binder (i.e. page number or tab).

4. While completing the audit document, you will likely identify deficiencies in your health and safety system. For each deficiency identified, consider what steps you could take to improve this area of your system, and enter an appropriate action item in the attached Action Plan for your next year submission.



**Tips for completing the SECOR Assessment**

 The checkboxes within the “Notes” section **must** be completed. There is also an area for additional comments to provide the reader with details and understanding of documentation being submitted if required. Because the reader does not work with at the company and is not interviewing or observing the work being performed, they may not have a clear understanding of the documentation provided. Additional comments provide clarity to the reader.

 Questions can **only** be marked as “not applicable” (N/A) if the guidelines allow it. If applicable, the Assessor’s answer to the question must justify why the question should be “N/A.”

 Ensure the SECOR Summary Sheet is completed, filled out, and signed off as required.

 Assessors do not award a score for each question or fill out the Summary Score Sheet at the end of the audit. Scoring will be determined by an Energy Safety Canada reviewer.

 SECOR Assessors internal to the operation are not required to conduct worker interviews or conduct site observations. However, they **must** fill out the “Employee Breakdown and Sampling Details” table and the “Work Site Breakdown and Sampling Details” table.

 Unless this is your first SECOR Assessment, a completed Action Plan based on the results of your previous year’s audit must be included as part of the SECOR submission.

**Submission Information**

 Energy Safety Canada welcomes its stakeholders to register and submit their audits through our online system. For more information, please visit our website.

 If stakeholders choose to submit an audit through the mail or courier, they must be:

o Neatly organized in binder(s) and include a table of contents *with tabs*.

o Limited to the company’s safety management system and supporting documentation for the Energy Safety Canada protocol.

o For tracking purposes we require you to indicate the number of binders that will be included in the SECOR submission.

 **Any submissions with loose paperwork and not in binders will be returned to the stakeholder without a review**.

**Number of Binders submitted:** Click or tap here to enter text.



The list below contains examples of documentation that can be attached to the SECOR submission to verify the questions listed.

|  |  |  |
| --- | --- | --- |
| **Question #** | **Question Topic** | **Documents to Submit** |
| **A1** | Health & Safety Policy | Policy |
| **A2** | Employee Awareness of Health & Safety Policy | One document verifying awareness for each applicable level of employee |
| **A3** | Health and Safety Roles and Responsibilities | Policy, procedure or process |
| **A4** | Employee Awareness of Responsibilities | One document verifying awareness for each applicable level of employee |
| **A5** | Applicable Legislation | List of legislation |
| **B1** | Company Positions | List of all positions/disciplines and all formal hazard assessments |
| **B2** | Tasks Identified | Formal hazard assessments |
| **B3** | Health and Safety Hazards | Formal hazard assessments |
| **B4** | Evaluate Risk | Policy, procedure or process |
| **B5** | Hazards Assessed | Formal hazard assessments |
| **B6** | Hazards Prioritized | Formal hazard assessments |
| **B7** | Review of Formal Hazard Assessments | Policy, procedure or process |

|  |  |  |
| --- | --- | --- |
| **Question #** | **Question Topic** | **Documents to Submit** |
| **B8** | Inspection System (Policy) | Policy, procedure or process |
| **B9** | Inspections Completed | A sample of each type of inspection completed. The number of samples to submit is based on Table 1: Document Submission Numbers at the end of this list. |
| **B10** | Inspection Training Records | Inspection training records for ALL current employees that perform inspections. |
| **B11** | Hazard Reporting System | Policy, procedure or process |
| **B12** | Hazard Report Records | A sample of completed hazard reports. The number of  samples to submit is based on Table 1: Document  Submission Numbers at the end of this list. |
| **C1A** | Engineering Controls | Formal hazard assessments |
| **C1B** | Administrative Controls | Formal hazard assessments |
| **C1c** | PPE Controls | Formal hazard assessments |
| **C2** | PPE System (Policy) | Policy, procedure or process |
| **C3** | Training Records PPE | PPE training records for ALL current employees that require the use of PPE. |
| **C4** | Disciplinary System | Policy, procedure or process |
| **C5** | Work Safe Procedures, Rules and/or Code of Practices | List safe work procedures, rules and/or Code of Practices and a completed procedure, a rule or a Code of Practice |
| **C6** | Preventative Maintenance Program | Policy, procedure or process |
| **C7** | Preventative Maintenance Records | A sample of completed maintenance records. The number of  samples to submit is based on Table 1: Document  Submission Numbers at the end of this list. |
| **D1** | Orientation System (Policy) | Policy, procedure or process |

|  |  |  |
| --- | --- | --- |
| **Question #** | **Question Topic** | **Documents to Submit** |
| **D2** | Orientation Records | Orientation records for ALL NEW employees, visitors or contractors hired within the last 12 months. |
| **D3** | Industry Hazard Training | A sample of employee training records. The number of samples to submit is based on Table 2: Training/Employee Document Submission Numbers. |
| **D4** | On-the-Job Training | Policy, procedure or process and training records for employees hired within the last 12 months. |
| **D5** | Right to Refuse | Policy, procedure or process and communication records for employees hired within the last 12 months. |
| **E1** | Emergency Response Plan (ERP) | Emergency response plan. |
| **E2** | Emergency Response Procedures | Procedures. |
| **E3** | Communication of Emergency Response Procedures | Policy, procedure or process and communication records for employees hired within the last 12 months. |
| **E4** | ERP Training | ERP training records for ALL current employees that have specific responsibilities. |
| **E5a** | ERP Form | Process or form. |
| **E5b** | ERP Records | A sample of completed ERP drill(s)/table top drills. The  number of samples to submit is based on Table 1: Document  Submission Numbers at the end of this list. |
| **F1** | Incident Reporting System (Policy) | Policy, procedure or process. |
| **F2** | Incident Reporting | All completed injuries, illness, incidents and near miss  reports. The number of samples to submit is based on Table  1: Document Submission Numbers at the end of this list. |
| **F3** | Investigation System (Policy) | Policy, procedure or process. |
| **F4a** | Investigation Forms | Investigation form. |
| **F4b** | Completed Investigation Forms | All investigations completed within the last 12 months (near miss investigations are accepted). |

|  |  |  |
| --- | --- | --- |
| **Question #** | **Question Topic** | **Documents to Submit** |
| **F5** | Investigation Training Records | Investigation training records for ALL current employees that conduct investigations. |
| **F6** | Near Miss Reports | All near miss reports completed within the last 12 months |
| **F7** | Statistics | Completed statistics for previous 12 months. |
| **G1** | Safety Meeting System (Policy) | Policy, procedure or process. |
| **G2** | Safety Meeting Records | A sample of completed safety communications. The number  of samples to submit is based on Table 1: Document  Submission Numbers at the end of this list. |
| **G3a** | Site-specific Orientations | A sample of completed site-specific orientations. The number of samples to submit is based on Table 1: Document  Submission Numbers at the end of this list. |
| **G3b** | Plan or Site-specific Hazard Assessment | A completed plan or site-specific hazard assessment. |
| **G3c** | Plan or Site-specific Hazard Assessment Communication | A completed plan or site-specific hazard assessment. |
| **G4** | Action Plan Developed | Previous year’s action plan. |
| **G5** | Action Plan Implemented | Previous year’s action plan. |



**Table 1: Document Submission Numbers**

|  |
| --- |
| **Frequency of Document Used/ Number of Documents to Submit**  **Number of Documents Available** |
| Daily 6-10  >52 |
| Weekly 5-9  25-52 |
| Semimonthly 3-8  13-24 |
| Monthly 2-4  5-12 |
| Quarterly 2  2-4 |
| Yearly 1  1 |

**Table 2: Training/Employee Document Submission Numbers**

|  |
| --- |
| **Total Number of Employees Minimum Number of Documents to as per WCB Account Submit\*** |
| 8 - 10 6 |
| 5 - 7 4 |
| 3 – 4 3 |
| 2 2 |
| 1 (Owner/Operator) 1 |

**\***unless otherwise instructed by the audit question



**Definitions**

*The following terms are used throughout the SECOR protocol:*

**Contractor** An individual or employer that is not covered under the hiring employer’s WCB account number, who is contracted to provide materials or services.

**Directive Documents** Documents that provide direction to the organization, such as policies, procedures, and safety manuals. Directive documents tell the auditors how the organization intends to manage their health and safety system.

**Employee** Anyone who works for an organization and has coverage by the company’s WCB account (i.e., managers, supervisors, and workers).

**Formal Hazard Assessment** Involves a step-by-step ongoing process to identify hazards, evaluate risks, and determine and assess control measures for an organization’s overall operations.

**Hazard** A situation, condition, or behavior from a physical, chemical, biological or psychological exposure that has the potential to cause harm.

**Health Hazards:** Hazards that could result in an illness, such as pneumonia or cancer.

**Safety Hazards:** Hazards that could result in an injury, such as trauma or burns.

**Hazard Assessment** A written process to recognize existing and potential hazards at work before they cause harm to people or property.

**Formal Hazard Assessment:** Involves a step-by-step ongoing process to identify hazards, evaluate risks, and determine and assess control measures for an organization’s overall operations.

**Site-Specific Hazard Assessment:** A process to check for the introduction of any unexpected hazards or hazards for which additional controls may be needed. Used when work is conducted at temporary worksites or when workers are conducting activities at a worksite not owned by their employer, and a new activity has been temporarily introduced.

**Hazard Control** Method used to eliminate or control loss.

**Administrative Control:** Any method that relies on human behaviour to manage hazards (ex. safe work practices, safe operating procedures, rules, worker training, signs, etc.)

**Engineering Control:** Provides an inherent, automatic physical restraint on the hazard (ex. example barricades, ventilation, guarding)

**Personal Protective Equipment (PPE):** PPE includes equipment or clothing used for protection from health or safety hazards (ex. hard hats, safety glasses, steel toed boots)

**Hazard Reporting** An immediate process that allows employees to report hazardous conditions or practices as they notice them. Allows for prompt reporting and subsequent corrective action without waiting for a planned inspection, a field-level hazard assessment, or a near miss to occur.

**Incidents** An undesired, unplanned, unexpected event that results, or has the potential to result, in physical harm to a person or damage to property (loss or no loss).

**Manager** A person who directs and/or supervises the affairs of a business, office, or organization.

**Operational Records** Health and safety system records that provide written proof as to whether the organization is following their policies and procedures (ex. meeting minutes, memos, bulletins, inspection reports, preventive maintenance records, hazard reports, hazard analyses, emergency response drills, training records, accident reports).

**Owner/Operator (O/O)** Companies with only one person covered under their Worker’s Compensation Board (WCB) account.

**Preventative Maintenance Program** Program that includes the care and servicing of equipment and machinery with the purpose of maintaining safe and satisfactory operating conditions.

**Supervisor** A person in charge of, or directing, the activities of workers.

**Worker** Any person engaged in a job who is not a manager or supervisor.

**Work Site** A location where a worker is, or is likely to be, engaged in any occupation. Includes any vehicle or mobile equipment used by a worker in an occupation.



**Company Profile**

*The company profile provides a context for the audit by outlining the nature of the employer’s work, demographics, geography, facilities, vehicle fleet and offices.*

*Please provide your company profile in the space below or indicate if you will attach a separate company profile. In addition, a Company*

*Organizational Chart needs to be included within the submission.*

Click or tap here to enter text.

**Employee Breakdown and Sampling Details**

***Complete the following:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Levels** | **Total Number (only put a person in one level and describe in comments dual roles)** | **Total Employees** | | | | **Comments**  **(Include any dual roles and if there is shift work or department types)** | |
| **Full – Time** | | **Part – Time** | **Casual** |
| **Managers**/**Owners/ Directors** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Supervisors** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Workers** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Total Employees**  **(On WCB Account)** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Contractors** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Visitors** | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **List of Employees/Contractors** | | | | | | | |
| **Names of Employees (including Owner or Director) and**  **Contractors** | | | **Years with Company OR Hire Date if**  **Hired within 12 Last Months** | | | | **Position/Type of Work Performed/Level** |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. |

**Worksite Breakdown and Sampling Details**

***Complete the following:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Work Sites Under WCB Accounts being audited** | **Type of work in action**  **(Tasks, equipment, etc.)** | **Province Where Work Site is Located** | **Records Included for this Work Site in Submission (Yes/No)** | **Number of**  **Employees** |
| **Example: Head Office** | **Administrative duties** | **AB** | **Yes** | **4** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |



**Question Scoring**

Scoring is assessed and calculated by the Energy Safety Canada Audit Reviewer. Scoring for each question is based on the instructions in the question and % of positive indicators based on documentation samples required to be submitted that meet the criteria in the question.

Example One:

 Question A1 is 0-7 points - the question and guideline asks the assessor to answer the question and submit a policy that includes the criteria in the question and guideline

 The reviewer will assess the submitted policy to determine if it meets the criteria in the question and guideline. 1 point for the signed/dated policy and 2 points for each of the other bullets are possible points available for a total of 7 points for this question. If one or more of the criteria in the question/guideline are missing from the content of the policy then points would be deducted accordingly

Example Two:

 Question E5a is 0,2 points – this is an all or nothing question. This means the employer would need to answer the audit question and submit a document that meets all the criteria in the question to receive full points. If the document exists but does not meet one of the criteria then a 0 would be awarded. There are only a few all or nothing questions.

Example Three:

 Question D3 is 0-8 points - the question and guideline asks the assessor to answer the question and submit employee training records (i.e. H2S, first aid, forklift, PPE, job specific)

 The reviewer will assess the submitted training records and compare against other submitted documents to ensure employees have received appropriate training. The reviewer would then calculate a % of those results to reach the score

(i.e. 4 types of training certificates required and 4 training records were submitted = 100% or 8 out of 8 points awarded). If during the review of the audit it is found that an employee who should have training did not have training submitted, points

would be deducted (i.e. 3 of 4 types of training certificates = 75% or 6 out of 8 points awarded for this question).

**Important** - The assessor’s notes are also reviewed to determine if the assessor’s use of the checkboxes and additional comments to the question would support or explain what has been submitted. This will help support the score that the reviewer will be awarding.

The scoring in the Energy Safety Canada SECOR Audit Protocol was developed by performing a gap analysis on the governing body audit standards to ensure it met all provincial SECOR standards.

**SUBMISSION CHECKLIST**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Registration | | | | | | | |
| Employer has required training prior to audit registration/submission (i.e. Safety Program Development or related refresher training which is required 3 years from initial training date) | | | | | | | |
| Payment of applicable fees at time of submission | | | | | | | |
| Report Components and Submission | | | | | | | |
| Sign the Code of Ethics | | | | | | | |
| Company Profile | | | | | | | |
| Company Organizational Chart | | | | | | | |
| Complete the Employee Breakdown and Sampling Details table | | | | | | | |
| Complete the Work Site Breakdown and Sampling Details table | | | | | | | |
| Documentation is attached for all provinces seeking SECOR (see below Document Sampling area) | | | | | | | |
| Completed the Assessor Notes section of the Audit Protocol including Additional Comments as required. | | | | | | | |
| Submit package by mail: Energy Safety Canada, Attn: SA&C Department, 5055 – 11 Street NE, Calgary, AB, T2E 8N4 | | | | | | | |
| Multi-Province Document Sampling | | | | | | | |
| For employers seeking SECOR certification in multi-provinces, confirmation that documentation to support safety program activities in all applicable provinces is required. \*\* This information should match the information provided within the Work Site Breakdown and Sampling Details table. | | | | | | | |
|  | AB | BC | SK | MB | NWT | Other | N/A |
| List of relevant Legislation |  |  |  |  |  |  |  |
| Meeting Minutes |  |  |  |  |  |  |  |
| CVIP’s |  |  |  |  |  |  |  |
| Inspections |  |  |  |  |  |  |  |
| Hazard Reports |  |  |  |  |  |  |  |
| ERP Drills |  |  |  |  |  |  |  |
| Safe Work Permits |  |  |  |  |  |  |  |
| Prime Contractor Info forms |  |  |  |  |  |  |  |
| Incident/near miss |  |  |  |  |  |  |  |
| Field Level Hazard assessments |  |  |  |  |  |  |  |

*Complete the Submission Checklist for reference and to ensure completion of your Submission Package.*



**SUMMARY SCORE SHEET**

*For use only by Energy Safety Canada reviewers*

**Employer Name**: Click or tap here to enter text.

**Audit Dates**: Click or tap to enter a date.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element** | **Total**  **Points**  **Possible** | **Points**  **N/A** | **Total**  **Points** | **Total Points**  **Scored** | **Percentage** |
| **A. Management Involvement and Commitment** | **48** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **B. Hazard Identification and Risk Control** | **89** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **C. Hazard Control** | **54** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **D. Training** | **39** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **E. Emergency Response Procedures** | **32** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **F. Incident/Accident Reporting and Investigation** | **53** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **G. Communications** | **53** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Audit Points** | **368** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |



**SMALL EMPLOYER ACTION PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified**  **Deficiency** | **Action Proposed** | **Person(s)**  **Responsible** | **Target**  **Date** | **Action Taken** | **Date**  **Completed** |
| Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |

Use the above template to develop an action plan from the audit results. Deficiencies identified by the assessor, external auditor and/or the Certifying Partner reviewer should be itemized in this plan, and completed before your next audit.

DATE: Click or tap to enter a date.

SIGNATURE: Click or tap here to enter text.

**This page is intentionally left blank.**

Page | 20

**Question A1. Management Involvement and Commitment**

|  |
| --- |
| Question A1 |
| Is there a written health and safety policy that includes;   Key safety responsibilities for each level (i.e. manager, supervisor, workers, contractors and visitors).   A reference to the company's goals, aims, responsibilities and commitment to health and safety.   Requirement to comply with applicable government regulations and the companies health and safety standards.   Signature of the current owner, including date. |
| Assessor Instructions |
| **GUIDANCE:**  Attach a copy of the health and safety policy that shows that the criteria of the question are included. The signature must be of the current owner. |
| Sampling Requirement |
| Directive Document: Provide Health and Safety Policy  Operational Record: n/a |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 7 |

**: 0 - 7**

**Question A2. Management Involvement and Commitment**

|  |
| --- |
| Question A2 |
| Are employees made aware of the content within the health and safety policy? |
| Assessor Instructions |
| **GUIDANCE:**  Attach documentation showing how employees at each level are made aware of the health and safety policy. Possible documentation to attach:   signed orientation forms   signed safety meeting minutes   signed copies of the health and safety policy  Submit one document for each applicable level.  *This question is not applicable (n/a) to Owner/Operators (O/O). O/O are companies with only one person covered under their Workers Compensation Board (WCB) account.* |
| Sampling Requirement |
| Directive Document: N/A  Operational Record: One document verifying awareness for each level of employee. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question A3. Management Involvement and Commitment**

|  |
| --- |
| Question A3 |
| Have health and safety roles and responsibilities been written for:   Manager(s)   Supervisor(s)   Worker(s) |
| Assessor Instructions |
| **GUIDANCE:**  Attach copies of the health and safety roles and responsibilities for the workers, supervisors and managers.  This information is a more detailed explanation of the safety roles and responsibilities than what is included in the policy.  *Depending on size or nature of the organization, one or more of these categories may not be applicable (n/a). If this is an Owner/Operator (O/O) company, then they are considered the Manager for this question.* |
| Sampling Requirement |
| Directive Document: Policy, Procedure, or Process  Operational Record: N/A |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 12 |

**Question A4. Management Involvement and Commitment**

|  |
| --- |
| Question A4 |
| Are employees at all levels aware of their health and safety roles and responsibilities?   Manager(s)   Supervisor(s)   Worker(s) |
| Assessor Instructions |
| **GUIDANCE:**  Attach documentation showing how employees at each level are made aware of their health and safety roles and responsibilities.  If there were employees hired within the last 12 months, attach completed records showing that they were made aware.  Possible documentation to attach:   signed orientation forms   signed copies of health and safety roles and responsibilities  Submit one document for each applicable level.  *Depending on size or nature of the organization, one or more of these categories may not be applicable (n/a). If this is an Owner/Operator (O/O) company, then they are considered the Manager for this question.* |
| Sampling Requirement |
| Directive Document: N/A  Operational Record: One document verifying awareness for each applicable level of employee. This can include  Safety Meeting Minutes, Orientations, etc.) |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 15 |

**Question A5. Management Involvement and Commitment**

|  |
| --- |
| Question A5 |
| Are key employees familiar with legislation that is applicable to the scope of their work? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a list of occupational health and safety legislation that apply to the company’s operations and how employees access it. The accessibility can be explained within the additional comments.  This may include federal, provincial and/or municipal legislation if it is applicable to your operation. If company works in multiple provinces the list should identify legislation from multiple provinces.  This may also include references to other safety related legislation, in addition to the health and safety legislation, such as: motor vehicle or explosives legislation.  Do not send in the actual legislation book.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: List of Legislation  Operational Record: N/A |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 4 |

**Question B1. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B1 |
| Have all company positions or disciplines been inventoried for formal hazard assessment purposes? |
| Assessor Instructions |
| **DEFINITION: Formal Hazard Assessment System**  A formal hazard assessment takes a close look at the overall operations of an organization to identify hazards, measure risk (to help prioritize hazards), and develop, implement and monitor related controls. Worker jobs or types of work are broken down into separate tasks. Formal hazard assessments are detailed, can involve many people, and will require time to complete.  The system used by a company may be known by a number of different terms, but it is ***not to be confused with a field level or site specific hazard or risk assessment***.  The steps in the process are:   List all company positions/disciplines for assessment (B1)   Identify the specific tasks/activities associated with all positions/disciplines (B2)   Identify the health and safety hazards involved in performing each task/activity (B3)   Apply some type of risk assessment for each hazard identified (B4 and B5)   Rank the hazards to guide and prioritize the implementation of controls (B6)  **GUIDANCE:**  Attach a list of all positions/disciplines in the company. Possible documentation to attach:   organizational chart   job description inventories   employee lists  For example:  A list of all positions within the company: administration staff, field technician, truck driver, etc.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: List of all positions/disciplines and all formal hazard assessments.  Operational Record: N/A  ***Continued on next page…*** |
| **Question B1 (continued)** |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 4 |

**Question B2. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B2 |
| Do all positions/disciplines have tasks identified within the formal hazard assessments? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a list of tasks for each position/discipline in the company.  The reviewer cannot award a higher percentage of points than what was awarded in question B1.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question B3. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B3 |
| Have both health and safety hazards for each task been identified in question B2, including (as appropriate) hazards presented by:   Operations   Equipment   Vehicles   Materials or products   Working conditions /environment |
| Assessor Instructions |
| **DEFINITION:**  **Health Hazards** – include hazards that could result in an illness, such as pneumonia or cancer.  **Safety Hazards** – include hazards that could result in an injury, such as trauma or burns.  **GUIDANCE:**  Attach all the formal hazard assessments for the tasks identified in question B2.  The reviewer cannot award a higher percentage of points than what was awarded in question B1.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 7 |

**Question B4. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B4 |
| Is there a system to evaluate risk for the identified hazards to determine an order of importance to apply controls? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a policy, procedure or process that shows how the company evaluates the hazards to determine the order of importance to apply controls.  For example:   Potential consequences of exposure to the hazard (severity)   Likelihood of an incident occurring (probability)   Degree of exposure to the hazard (frequency)   This evaluation may be qualitative (high, medium, low; A, B, C) or quantitative (3, 2, 1) or a combination  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, Procedures, or Process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question B5. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B5 |
| Have both health and safety hazards for each task been assessed using any combination of severity, probability, frequency or similar measurement to determine risk? |
| Assessor Instructions |
| **GUIDANCE:**  Will be assessed based on the formal hazard assessments attached for question B3 by verifying that they include the criteria found in this question.  Each hazard should be risk rated individually. Hazards should not grouped to assign overall risk for just the associated task.  The reviewer cannot award a higher percentage of points than what was awarded in question B1.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 15 |

**Question B6. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B6 |
| Have all health and safety hazards been prioritized according to risk to determine the order of importance when implementing controls? |
| Assessor Instructions |
| **GUIDANCE:**  The formal hazard assessments need to have all health and safety hazards prioritized according to risk. Each hazard should be assigned a priority. Hazards should not grouped to assign overall priority for just the associated task.  For example:  Improper lifting: Severity 3 x Frequency 4 x Probability 1 = Priority 12  Will be assessed based on the formal hazard assessments attached for question B3 by verifying that they include the criteria found in this question.  The reviewer cannot award a higher percentage of points than what was awarded in question B1.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 15 |

**Question B7. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B7 |
| Is there a system or documented process to create or review/revise formal hazard assessments:   When new operations, equipment, materials or products are introduced,   When operations or equipment are modified,   On an ongoing scheduled basis? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a policy, procedure or process that shows the system for ongoing review of formal hazard assessments. In order to support an ongoing scheduled basis the company should outline the frequency of reviews, i.e. annually.  If there is no formal policy, procedure or process to attach, then attach documentation that verifies ongoing review or changes that were made.  Possible documentation to attach:   Policy, procedure or process   Meeting minutes   Assessment documents   Formal hazard assessments with review dates  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0,2 |

**Question B8. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B8 |
| Is there an inspection policy which outlines:   Types of inspections   Frequency of each type   Who is responsible for conducting each type of inspection?   A checklist to follow, and   A means of tracking corrective actions |
| Assessor Instructions |
| **GUIDANCE:**  Attach a copy of the policy, procedure or process that outlines the criteria within the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 6 |

**Question B8.**

**Question B9. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B9 |
| Have inspections been completed and any deficiencies corrected as outlined by the company's written policy? |
| Assessor Instructions |
| **GUIDANCE:**  Attach completed inspection forms/records for each type of inspection.  Do not attach preventative maintenance and 3rd party inspections or regulated CVIPs/ pre/post trip log books for this question. Those records will need to be supplied for question C.7.  Corrective measures need to be implemented in a timely manner pertaining to the deficiencies identified.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A sample of each type of inspection completed. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question B9.**

**Question B10. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B10 |
| Have employees conducting inspections received training that is appropriate to what is being inspected? |
| Assessor Instructions |
| **GUIDANCE:**  Attach training records to confirm that employees conducting inspections are trained to an appropriate level. Possible documentation to attach:   on-the-job training records   orientations   safety meetings that provided instruction on inspections   third party training records  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: Inspection training records for **ALL** current employees that perform inspections. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question B11. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B11 |
| Is there a system that allows employees a means of reporting existing or new hazards which includes:   What is reportable   How to report it   Who is responsible for investigating and correcting reported concerns |
| Assessor Instructions |
| **DEFINITION:**  **Hazard Reporting** – an immediate process that allows employees to report hazardous conditions or practices as they notice them. This allows for prompt reporting and subsequent corrective action without waiting for next round  of inspections, a field level hazard assessment to be completed or for a near miss to occur.  **GUIDANCE:**  Attach a hazard reporting policy, procedure or process that meets the criteria of the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 4 |

**Question B11.**

**Question B12. Hazard Identification and Risk Assessment**

|  |
| --- |
| Question B12 |
| Is a hazard reporting process in use and do the reports include:   A description of the hazard and its location   An assessment of the risk it represents   Control measures needed   Interim actions taken   Follow-up or sign-off |
| Assessor Instructions |
| **GUIDANCE:**  Attach examples of completed hazard reports that address the criteria outlined in the question. If none have been completed, attach a blank form to receive partial points.  See Table 1: Document Submission Numbers in the pre-face information for a minimum number of records to submit.  A near miss report is not the same as a hazard report. The same template or form can be used to report, but should clearly identify whether the completed form is a hazard report or a near miss.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A sample of completed hazard reports. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question C1.a. Hazard Control**

|  |
| --- |
| Question C1.a. |
| Are hazards controlled with the use of engineering controls whenever feasible or required based on risk or legislation? |
| Assessor Instructions |
| **DEFINITION: Engineering Controls**  An engineering control provides an inherent, automatic physical restraint on the hazard. For example barricades, ventilation or guarding.  When considering opportunities for applying engineering controls consider hazards that represent:   The highest risk activities.   Those subject to legislative controls.   Those with industry standard engineering controls.  **GUIDANCE:**  Scoring will be assessed based on the formal hazard assessments attached for question B3 by verifying that they include the criteria found in this question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 9 |

**Question C1.a.**

**Question C1.b. Hazard Control**

|  |
| --- |
| Question C1.b. |
| For hazards not eliminated by engineering controls, have administrative controls been identified where applicable and required based on risk or legislation? |
| Assessor Instructions |
| **DEFINITION: Administrative Controls**  Administrative controls include any method that relies on human behaviour to manage hazards. For example safe work practices, safe operating procedures, rules, worker training and signs.  When considering opportunities for applying administrative controls consider hazards that represent:   Those that could be effectively addressed with an administrative control.   Those that require an administrative control by legislation.  **GUIDANCE:**  Scoring will be assessed based on the formal hazard assessments attached for question B3 by verifying that they include the criteria found in this question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 7 |

**Question C1.c. Hazard Control**

**Question C1.c.**

|  |
| --- |
| Question C1.c. |
| Are health and safety hazards controlled by using industry standard personal protective equipment (PPE) where engineering and administrative controls do not sufficiently control the hazard? |
| Assessor Instructions |
| **DEFINITION: Personal Protective Equipment (PPE)**  PPE includes equipment or clothing used for protection from health or safety hazards. For example hard hats, safety glasses, and steel toed boots.  When considering opportunities for applying PPE controls consider hazards that represent:   Those that could be effectively controlled with industry standard PPE.   Those that require PPE by legislation.  **GUIDANCE:**  Scoring will be assessed based on the formal hazard assessments attached for question B3 by verifying that they include the criteria found in the question.  PPE identified in the formal hazard assessment documents should be specific to the hazard identified. “Proper / Appropriate PPE” is not specific enough.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Formal Hazard Assessments  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question C2. Hazard Control**

**Question C2.**

|  |
| --- |
| Question C2 |
| Is there a Personal Protective Equipment (PPE) Policy developed that is appropriate to the nature of the tasks performed by the company, which includes;   A list of PPE used by the company   Description of how staff will be trained in the use, care and maintenance of relevant PPE   Description of how staff will be trained in the fitting of relevant PPE   Under what circumstances is the PPE required   Codes of Practice for legislated activities where appropriate. (Confined Space Entry, Working at Heights) |
| Assessor Instructions |
| **GUIDANCE:**  Attach PPE policy, procedure or process that contains the criteria outlined in the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 6 |

**Question C3. Hazard Control**

|  |
| --- |
| Question C3 |
| Does the company provide training on PPE that includes the care, use, maintenance, and limitations of any required PPE? |
| Assessor Instructions |
| **GUIDANCE:**  Attach signed training records to show that employees hired within that last 12 months were trained in the care, use, maintenance, and limitations of any required PPE.  If no employees were hired within the last 12 months that require PPE, attach blank training record forms that verify that an employee will be trained on the question criteria.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: PPE training records for ALL current employees that require the use of PPE |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question C4. Hazard Control**

|  |
| --- |
| Question C4 |
| Is there a disciplinary system for enforcing Health and Safety policies, rules and procedures? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a copy of the discipline policy, procedure or process that contains:   The steps taken when violations are identified; and   How violations will be corrected.   A form for recording these infractions and the subsequent actions taken.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 4 |

**Question C4.**

**Element C5. Hazard Control**

|  |
| --- |
| Question C5 |
| Have work safe procedures, rules and/or Code of Practice been developed where specifically required, inclusive of legislation? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a list of developed safe work procedures, rules and/or Code of Practices for hazardous tasks performed by employees.  Also, attach a sample of a completed procedure, a rule or a Code of Practice. Examples of documentation required by legislation include:   confined space entry;   fall protection;   respiratory equipment; and   working alone  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: List of safe work procedures, Code of Practices, a completed procedure, or rules.  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question C5.**

**Question C6. Hazard Control**

|  |
| --- |
| Question C6 |
| Is there a preventive maintenance program for equipment and machinery? |
| Assessor Instructions |
| **DEFINITION: Preventative Maintenance Program**  Preventative maintenance programs includes the care and servicing of equipment and machinery. With the purpose of maintaining safe, satisfactory operating condition.  **GUIDANCE:**  Attach a preventative maintenance policy, procedure or process that contains:   vehicle/equipment inventory and maintenance schedule   reference to manufacturers’ requirements, where applicable   reference to legislated standards, where applicable  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question C6.**

**Question C7. Hazard Control**

|  |
| --- |
| Question C7 |
| Is the preventive maintenance program being implemented as outlined? |
| Assessor Instructions |
| Attach completed preventative maintenance documentation/records for each type of maintenance conducted. Possible documentation to attach:   third party inspections of equipment   service records/invoices   maintenance logs   fire extinguisher annual inspections  See Table 1: Document Submission Numbers in the pre-face information for a minimum number of records to submit for each type of maintenance.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: preventative maintenance documentation/records for each type of maintenance conducted. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question C7.**

**Question D1. Training**

**Question D1.**

|  |
| --- |
| Question D1 |
| Is there an Orientation Policy which includes;   Who is responsible for conducting them   Requirement to be completed on the first day   Health and Safety Policies and responsibilities   Hazard Reporting procedures   Emergency Response Procedures   Incident, Injury, Illness, and Near Miss reporting   Sign off requirement by new hire |
| Assessor Instructions |
| **GUIDANCE:**  Attach an orientation policy, procedure or process that contains the criteria outlined in the question.  *Not applicable (n/a) cannot be applied to this question* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question D2. Training**

|  |
| --- |
| Question D2 |
| Are new employees (including any rehired or transferred employees), contractors and visitors provided with an orientation that covered the critical topics identified in the Policy on or before the first day of work? |
| Assessor Instructions |
| **GUIDANCE:**  Attach completed orientation records that show orientations are completed on the first day of employment. Attached documents must cover topics listed in the orientation policy, procedure or process, the signature of orientated employee and hire date.  *This question is not applicable (n/a) to O/O or if no new employees or contractors have been hired or had visitors in the past 12 months.*  *O/O are companies with only one person covered under their WCB account.* |
| Sampling Requirement |
| Directive Document:  Operational Record: Orientation records for ALL NEW employees, visitors or contractors hired within the last 12 months. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 7 |

**Question D2.**

**Question D3. Training**

|  |
| --- |
| Question D3 |
| Is training provided to employees which includes:   Specific industry hazards   Hazards and their control methods (e.g. safe work practices and procedures) |
| Assessor Instructions |
| **GUIDANCE:**  Attach training records to confirm that their current employees are trained on specific industry hazards and their control methods.  Possible documentation to attach:   Training on safe work procedures (in-house)   Training on PPE (in-house or third party)   Training on ergonomics (in-house or third party)   Training on the use of equipment (in-house or third party)   Employee training certificates (i.e. H2S Alive, First Aid, Forklift Operator, Crane Operator Certificate, etc.)  See Table 2: Training/Employee Document Submission Numbers in the pre-face information for a minimum number of records to submit for verification.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A sample of employee training records. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question D4. Training**

|  |
| --- |
| Question D4 |
| Is on-the-job training provided? |
| Assessor Instructions |
| **GUIDANCE:**  Attach the on-the-job training policy, procedure or process, including blank training forms for the critical tasks identified for the position. If any employees were hired, transferred or promoted within the last 12 months attach samples of their training records.  On-the-job training policy, procedure or process includes:   specific competencies required for each position that covers job specific hazards   the required training to ensure competency   the trainer’s competency requirements  *This question is not applicable (n/a) to O/O. O/O are companies with only one person covered under their WCB*  *account.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: Training records for employees hired within the last 12 months. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question D4.**

**Question D5. Training**

|  |
| --- |
| Question D5 |
| Are workers made aware of their right to refuse unsafe work? |
| Assessor Instructions |
| **GUIDANCE:**  Attach documentation that shows how workers are made aware of the right to refuse unsafe work. If any workers were hired within the last 12 months attach samples to verify this communication. Possible documentation to attach:   orientation forms   policy sign-off   safety meeting minutes  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: Communication records for employees hired within the last 12 months. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 6 |

**Question E1. Emergency Response Procedures**

|  |
| --- |
| Question E1 |
| Does the Emergency Response Plan outline:   Communication procedures,   Emergency contacts,   Evacuation plans,   Rescue plans,   Responsibilities of employees / workers |
| Assessor Instructions |
| **GUIDANCE:**  Attach the Emergency Response Plan that contains the criteria outlined in the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Emergency Response Plan  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 6 |

**Question E1.**

**Question E2. Emergency Response Procedures**

|  |
| --- |
| Question E2 |
| Does the Emergency Response Plan sufficiently identify the potential emergency procedures applicable to the company’s operations and legislative requirements; at minimum;   Fatality   Injury (First Aid)   Fire and explosion   Natural Disasters   Spills (Chemical and Biological) |
| Assessor Instructions |
| **GUIDANCE:**  Attach procedures developed for emergency scenarios that are appropriate to the company’s activities. Include at a minimum the emergencies outlined in the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Procedures  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question E2.**

**Question E3. Emergency Response Procedures**

|  |
| --- |
| Question E3 |
| Does the employer communicate to employees the company's emergency response procedures? |
| Assessor Instructions |
| **GUIDANCE:**  Attach documentation that shows how the company’s emergency response procedure is communicated. If any employees were hired within the last 12 months attach samples to verify this communication. Possible documentation to attach:   orientation forms   safety meeting minutes  *This question is not applicable (n/a) to O/O.*  *O/O are companies with only one person covered under their WCB account.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: Communication records for employees hired within the last 12 months. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question E3.**

**Question E4. Emergency Response Procedures**

|  |
| --- |
| Question E4 |
| Has training been provided to employees given specific responsibilities in the Emergency Response Plan? |
| Assessor Instructions |
| **GUIDANCE:**  Attach documentation that confirms that appropriate training has been conducted with current employees as pertains to their duties within the Emergency Response plan.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: ERP training records for ALL current employees that have specific responsibilities. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 6 |

**Question E4.**

**Question E5.a. Emergency Response Procedures**

|  |
| --- |
| Question E5.a |
| Is there a process/form to evaluate the Emergency Response Plan for effectiveness, including:   The emergency scenario being tested   Signatures of attendees   Date and location of drill   Identifying deficiencies and a means of correcting the deficiencies |
| Assessor Instructions |
| **GUIDANCE:**  Attach the process/form used to evaluate the Emergency Response Plan for effectiveness that meets the criteria outlined in the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Process or Form  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0,2 |

**Question E5.b. Emergency Response Procedures**

|  |
| --- |
| Question E5.b |
| Is the process and schedule for testing the ERP being met annually? |
| Assessor Instructions |
| **GUIDANCE:**  Attach samples of completed records of emergency response drill(s)/table top drills completed within the last 12 months.  See Table 1: Document Submission Numbers in the pre-face information for a minimum number of records to submit for each type of emergency response drill(s)/table top drill.  **Fire drills are mandatory for Saskatchewan.**  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A sample of completed ERP drill(s)/Table top drills. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question E5.b.**

**Question F1. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F1 |
| Is there an Incident Reporting Policy which includes the reporting of injuries, illness, incidents and near-misses and what to report to applicable governing bodies? |
| Assessor Instructions |
| **GUIDANCE:**  Attach a policy, procedure or process that includes the criteria outlined in the question.  *Not applicable (n/a) cannot be applied to this question* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question F1**

**Question F2. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F2 |
| Are incidents being reported as required by the policy? |
| Assessor Instructions |
| **GUIDANCE:**  Attach samples of completed injuries, illness, incidents and near miss reports within the past 12 months including date, time, location and nature of event.  See Table 1: Document Submission Numbers in the pre-face information for a minimum number of records to submit for each type.  If no reports submitted, than 0 points awarded for question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: All completed injuries, illness, incidents and near miss reports. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question F2.**

**Question F3. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F3 |
| Is there an Investigation Policy which includes:   Requirement that injuries, illnesses, incidents and near-misses will be investigated   Responsibilities of key people   How to investigate an incident   How to preserve and collect evidence   Involvement of workers knowledgeable of the type of work involved |
| Assessor Instructions |
| **GUIDANCE:**  Attach the incident investigation policy, procedure or process that contains the criteria outlined of the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 5 |

**Question F3**

**Question F4.a. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F4.a |
| Do investigation forms include the following;   Names of everyone involved   Location, date, time of incident   Names of victims and injury / illness description   Description of damages   Description of incident   Description of events prior to incident   Preliminary determination of root cause   Identification and implementation of corrective actions |
| Assessor Instructions |
| **GUIDANCE:**  Attach samples of investigation forms that contains the criteria outlined of the question.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document: Investigation Forms  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0,2 |

**Question F.4.a.**

**Question F4.b. Incident/Accident Reporting and Investigation**

**Question F4.b.**

|  |
| --- |
| Question F4.b |
| Are investigations being completed? |
| Assessor Instructions |
| **GUIDANCE:**  Attach investigations completed within the last 12 months confirming that the investigation documentation includes all the criteria outlined in question F4a.  The investigations can also include near misses if no injuries, illness, incidents have occurred in the last 12 months.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: All investigations completed within the last 12 months (near miss investigations are accepted) |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question F5. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F5 |
| Has investigation training been provided to individuals assigned the task of investigation? |
| Assessor Instructions |
| **GUIDANCE:**  Attach training records to confirm that employees conducting investigations are trained to an appropriate level. Possible documentation to attach:   On-the-job training   Orientation records   Safety meetings that provided instruction on investigation   Third party training  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: Investigation training records for ALL current employees that conduct investigations. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question F6. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F6 |
| Are near-miss incidents being reported as per policy? |
| Assessor Instructions |
| **GUIDANCE:**  Attach samples of completed near-miss reports. If no near-miss incidents occurred within the last 12 months attach a blank form for review.  A near miss report is not the same as a hazard report. The same template or form can be used to report, but should clearly identify whether the completed form is a hazard report or a near miss.  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: All near miss reports completed within the last 12 months. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 7 |

**Question F6.**

**Question F7. Incident/Accident Reporting and Investigation**

|  |
| --- |
| Question F7 |
| Are statistics relating to health and safety collected? |
| Assessor Instructions |
| **GUIDANCE:**  Attach report showing workplace safety statistics for the last 12 months to determine incident trends (frequency, severity, type and nature of worker injury).  This could include trending for:  • # of first aids  • # of medical aids  • # of claims rates  • # of inspections  • # of orientations  • # of safety meetings  *Not applicable (n/a) cannot be applied to this question.* |
| Sampling Requirement |
| Directive Document:  Operational Record: Completed statistics for previous 12 months. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0,6 |

**Question G1. Communication**

|  |
| --- |
| Question G1 |
| Is there a Safety Meeting Policy which includes:   Types of meetings required   Frequency of each meeting type |
| Assessor Instructions |
| **GUIDANCE:**  Attach safety meeting policy, procedure or process which includes the criteria outlined in the question.  *This question is not applicable (n/a) to O/O.*  *O/O are companies with only one person covered under their WCB account.* |
| Sampling Requirement |
| Directive Document: Policy, procedure, or process.  Operational Record: |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 3 |

**Question G1.**

**Question G2. Communication**

|  |
| --- |
| Question G2 |
| Are regular two-way communications held with employees at all levels to discuss current safety issues?   Explain how management communicates their commitment towards improving workplace safety culture.   Explain how employees are advised of health and safety issues.   Explain how employees are encouraged to offer feedback on health and safety issues.   Confirm employee awareness of the system.   Explain how follow‐up is done, and confirm that employees are aware of it. |
| Assessor Instructions |
| **GUIDANCE:**  Attach samples of documentation of how health and safety issues are communicated.  See Table 1: Document Submission Numbers in the pre-face information for a minimum number of records to submit.  Possible documentation to attach:   newsletters   records of safety meetings/toolbox meetings   bulletins   hazard identification and assessment records   suggestion boxes  *This question is not applicable (n/a) to O/O.*  *O/O are companies with only one person covered under their WCB account.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A sample of completed safety communications. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 12 |

**Question G3.a. Communication**

|  |
| --- |
| Question G3.a |
| Are site-specific orientations provided prior to starting work on a new site? |
| Assessor Instructions |
| **GUIDANCE:**  Attach samples of completed site-specific orientations which confirm the communication of hazards and controls for a specific site.  See Table 1: Document Submission Numbers in the pre-face information for a minimum number of records to submit.  Possible documentation to attach:   Site orientations   Meeting minutes  *This question is not applicable (n/a) if the operation does not work at field sites.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A sample of completed site-specific orientations. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question G3.a.**

**Question G3.b. Communication**

|  |
| --- |
| Question G3.b |
| Have plans been developed in consultation with the prime contractor /contractor for ensuring workplace health and safety, including:   Identification of site specific hazards and controls   Ongoing site specific hazard assessments   Communication of changes to work site conditions   Review of ERP plans   Process of dealing with noncompliance   On-site supervision of contract employees |
| Assessor Instructions |
| **GUIDANCE:**  Attach a copy of the plan, site-specific hazard assessments or other documents that include all criteria outlined in the question. Ideally it should be signed by the primary contracting organization.  *This question is not applicable (n/a) if the operation does not work at field sites.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A completed plan or site-specific hazard assessment. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0,2 |

**Question G3.b.**

**Question G3.c. Communication**

|  |
| --- |
| Question G3.c |
| Are these completed plan(s) (developed in consultation with the prime contractor for ensuring workplace health and safety) effectively communicated to affected employees? |
| Assessor Instructions |
| **GUIDANCE:**  Will be assessed based on the same documentation attached for question G3b. If there is no verification of communication in the documents attached in question G3b, possible additional documentation to attach includes:   Sign-off page referring to the completed plan   Meeting minutes discussing the completed plan  *This question is not applicable (n/a) if the operation does not work as a contractor or a sub*‐*contractor.* |
| Sampling Requirement |
| Directive Document:  Operational Record: A completed plan or site-specific hazard assessment. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question G3.c.**

**Question G4. Communication**

|  |
| --- |
| Question G4 |
| Has an action plan been developed to address all the deficiencies found in the previous year's audit?  including:   Person responsible   Target completion dates   Actual completion dates (if applicable) |
| Assessor Instructions |
| **GUIDANCE:**  Attach the previous year’s action plan that was developed from the previous audit deficiencies if there were any. For each item on the action plan the following should be included:   person responsible identified   target completion dates   actual completion dates (if applicable)  *This question is not applicable (n/a) if no deficiencies were identified during QA evaluation of the previous year’s audit or if this is the first health and safety audit.* |
| Sampling Requirement |
| Directive Document:  Operational Record: Previous year’s action plan. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 8 |

**Question G5. Communication**

|  |
| --- |
| Question G5 |
| Has the action plan from the previous audit been implemented? |
| Assessor Instructions |
| **GUIDANCE:**  Will be assessed based on the same documentation attached for question G4.  Score is awarded based percentage of items from the action plan that were implemented.  *This question is not applicable (n/a) if no deficiencies were identified during QA evaluation of the previous year’s audit or if this is the first health and safety audit.* |
| Sampling Requirement |
| Directive Document:  Operational Record: Previous year’s action plan. |
| **Assessor Notes:**  Click or tap here to enter text. |
| Total Point Possible: 0 - 10 |

**Question G5.**