# **AUDITOR STATEMENT OF ETHICS**

As an AFPA Certified Auditor, I hereby declare that in the process of completing an audit, I will maintain the following standards:

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| **Professional Conduct** | I will behave in such a manner that my good faith and integrity will not be called into question. |
| **Corporate Opportunity** | I will not use either the employer’s or the AFPA’s intellectual property or information for personal gain (including for the gain of my family members or friends). |
| **Accuracy** | I will accurately and consistently evaluate the data obtained through documentation review, interviews, and site observation during the period of the audit. |
| **Honesty** | I will be honest in my dealings with persons involved in the audit, and in my assessment of workplace health and safety process strengths and suggestions for improvement. |
| **Objectivity** | I will attempt to clearly separate fact from opinion and not allow personal feelings or prejudices to affect the evaluation. I will maintain objectivity during the course of the audit by relying on original, specific, quantitative, measurable data to come to my conclusions. |
| **Completeness** | I will, to the best of my ability, attempt to evaluate the health & safety processes of each operation as completely as possible, and avoid any omissions relevant to the scope of the audit. |
| **Confidentiality** | I will treat all information, obtained through the audit process, as confidential and will not disclose the information to parties other than the employer and the AFPA, except where authorized or otherwise legally obligated to do so. I will do my best to maintain the anonymity of interviewees in order to reduce their perception of risk in speaking out, except in cases where anonymity will seriously compromise the integrity of the audit. |
| **Diligence** | I will act in good faith, responsibly with due care and competence, and without misrepresenting material facts or allowing my independent judgment to be compromised. |
| **Clarity** | I will ensure the suggestions for improvement and other notes and observations are clear, concise, reflective of the audit findings, and written in plain language. |
| **Relevance** | I will make recommendations that are relevant to the employers’ operations, meet the standards of the audit instrument and add value to improving the employer’s health and safety management system. |
| **Timeliness** | I will comply with all required timelines for audit completion, submission, and corrections. |
| **Duty to Report to AFPA** | I will immediately report any situation I encounter where another auditor(s) may have violated the Code of Ethics, or engaged in unethical audit practices. |
| **Compliance with Standards** | I will follow all auditing and quality assurance standards as established by the AFPA and Partnerships. |
| **Compliance with Legislation** | I will comply with all applicable laws, rules and regulations of federal, provincial and local governments, and appropriate private and public regulatory agencies. |
| **Conflict of Interest** | I will avoid situations of actual or perceived conflict of interest.  I will not use the audit as an opportunity to further myself with the employer or with other stakeholders.  Neither I nor a member of my corporate group, if applicable (defined as auditor consulting firms or auditor professional corporations working in partnership arrangements) will conduct a certification / recertification audit of an employer:   * whose health and safety processes I helped to build, establish, implement, advise, consult, or maintain at any time during the past 12 months. * that I have been employed by or in a direct contractual relationship with within the past 12 months, except for the following: * delivering AFPA developed training courses, * delivering generic training courses (in either group or individual employer settings), * providing other services not directly evaluated by the audit instrument (e.g. audiometric testing). * with whom I have a personal relationship either directly (e.g. family members, close personal friends) or with any key employees or members of the management group where that relationship may be perceived to influence the results of the audit.   I will not perform “Cross-audits”.  I will not conduct a peer certification / recertification audit of the principal(s) or prime contractor my employer is working for at the time of the audit. |

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| Auditor Name |  | Signature |  | Date |

# **Discipline for Code of Ethics Violations**

* I hereby acknowledge and agree that notification of any disciplinary measures, including, without limitation, suspension or revocation of my AFPA certification, may be given to any or all organizations that have received an audit from me in the twenty-four (24) months prior to the date when the disciplinary measure was imposed.
* I hereby acknowledge that if I am suspended for a period of twelve (12) months or more through disciplinary process, all Certifying Partners will be notified as per the Partnerships requirements.
* I furthermore acknowledge that I will not pursue legal action against any decision maker(s) or their organization(s) as a result of the application of the Auditor Discipline Policy.

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| Auditor Name |  | Signature |  | Date |