

Small Employer Certificate of Recognition (SECOR) Documentation Only Audit

### Report

Prepared for:

Prepared by:

Audit Date(s):

**Table of Contents**

Executive Summary

Description of Activities

SECOR Audit Summary Sheet

Summary Score Sheet

1. Owner Commitment and Program Administration

2. Hazard Identification and Assessment

3. Hazard Control

4. Training of Workers

5. Regular Inspection and Monitoring

6. Emergency Response

7. Investigation of Incidents and Occupational Disease

8. Process Administration and Review

Worksite Observations

Action Plan

#### Executive Summary

This report reflects the findings from a documentation-only audit. Interviews and observations were excluded from the audit process to protect auditors and employees from COVID-19 related concerns.

#### Description of Activities

#### SECOR Audit Summary Sheet

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Auditor Information** | | | | | | | | | | | |
| **Auditor**: | | | | | | **Auditor Certified** | | | | | |
| **Company**: | | | | | | | | | | | |
| **Address**: | | | | | | | | | | | |
| **City**: | | **Province**: | | | | **P/C**: | | | | | |
| **Phone**: | | **Fax**: | | | | **E-mail**: | | | | | |
|  | | | | | | | | | | | |
| **Company Information** | | | | | | | | | | | |
| **Legal** **Name**: | | | | | | | | | | | |
| **Address**: | | | | | | | | | | | |
| **City**: | | | | **Province**: | | | **P/C**: | | | | |
| **Key** **Contact**: | | | | | | | **Telephone**: | | | | |
| **E-mail:** | | | | | | | **Total # of workers**: | | | | |
|  | | | | | | | | | | | |
| **SECOR Audit Information** | | | | | | | | | | | |
| **WCB Account(s) #**: | | | | **WCB Industry Code(s) included in Scope:** | | | | | | | |
| **Audit Date(s):** | | | | **Operating Site(s)  (List site(s) and location(s))** | | | | **Included in Scope** | | | |
| **Yes** | | **No** | |
| **Total # of operating sites:** | | | |  | | | |  | |  | |
|  | | | |  | |  | |
|  | | | |  | | | |  | |  | |
|  | | | | | | | | | | | |
| **SECOR Assessment Details** | | | | | | | | | | | |
|  | | | | | **Date** | | | | **Yes** | | **No** |
| **Pre-Audit Letter** | | | | |  | | | |  | |  |
| **Pre-Audit Meeting** | | | | |  | | | |  | |  |
| **Documentation Review** | | | | |  | | | |  | |  |
| **Employee Breakdown** | | | **Total #** | |  | | | |  | |  |
|  | Senior Manager(s) | |  | |  | | | |  | |  |
|  | Manager(s) | |  | |  | | | |  | |  |
|  | Supervisor(s) | |  | |  | | | |  | |  |
|  | Workers | |  | |  | | | |  | |  |
|  | **Total Staff Interviews** | |  | |  | | | |  | |  |
|  | Contractors (sub) | |  | |  | | | |  | |  |
|  | Visitors | |  | |  | | | |  | |  |
| **Post Audit Meeting (online only)** | | | | |  | | | |  | |  |
| **Draft Audit Report and Protocol forwarded to AFPA** | | | | |  | | | |  | |  |

#### Summary Score Sheet

Evaluation of: (Organization Name):

Date of SECOR Audit:

Audit by: (Print and Sign):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Element | **Total Possible** | | **Possible – N/A** | | **Score Awarded** | | **Percentage** |
| 1. Owner Commitment and Program Administration | **12** | |  | |  | | % |
| 1. Hazard Identification and Assessment | **14** | |  | |  | | % |
| 1. Hazard Control | **16** | |  | |  | | % |
| 1. Training of Workers | **10** | |  | |  | | % |
| 1. Regular Inspection and Monitoring | **9** | |  | |  | | % |
| 1. Emergency Response | **7** | |  | |  | | % |
| 1. Investigation of Incidents and Occupational Disease | **9** | |  | |  | | % |
| 1. Process Administration and Review | **6** | |  | |  | | % |
| **Totals** | **83** | |  | |  | | % |
|  | |  | |  | |  | |

#### NOTE: For certification purposes, an overall minimum score of 80% is required. For SECOR maintenance purposes, an overall minimum score of 60% is required.

#### Element 1 - Owner Commitment and Program Administration

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 2 - Hazard Identification and Assessment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 3 – Hazard Control

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 4 – Training of Workers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 5 – Regular Inspection and Monitoring

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 6 – Emergency Response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 7 – Investigation of Incidents and Occupational Disease

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### Element 8 – Process Administration and Review

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Element Score | % | Points Possible |  | Points Awarded |  |

Element Strengths:

Suggestions for Improvement

#### SECOR Action Plan

|  |  |  |
| --- | --- | --- |
| **Company Name:** |  |  |
| **SECOR Auditor Name:** |  |  |
| **Audit Date(s):** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Suggestions for Improvement** *(Include action items for all questions marked below standard)* | **Start Date** | **Person Accountable for Action** | **Action Taken** | **Target Completion Date** | **Actual Completion Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. Manager Signature:** |  |  | **Date:** |  |