

Small Employer Certificate of Recognition (SECOR) Documentation Only Audit

### Report

Prepared for:

Prepared by:

Audit Date(s):

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