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Alberta Forest Products Association

**Partnerships in Injury Reduction (PIR)**

## Small Employer Documentation Only Audit Instrument

|  |  |
| --- | --- |
| Company Name: |  |
| Owner / Employer Name: |  |
| Owner / Employer Signature: |  |
| Assessor Name(s)  *(if different from above)*: |  |
| Assessment Date(s): |  |

SECOR Assessor Code of Ethics & Discipline for Code of Ethics Violations

SECOR Assessment Summary Sheet

Description of Activities

Summary Score Sheet

Element 1 - Management Leadership & Organizational Commitment

Element 2 - Hazard Identification, Assessment

Element 3 - Hazard Control

Element 4 - Training of Workers

Element 5 - Regular Inspections and Monitoring

Element 6 - Emergency Response

Element 7 - Investigation of Incidents and Occupational Disease

Element 8 - Process Administration and Review

Appendices (1- 8) with Documentation Checklists

Appendices 9 - Action Plan Template

As an AFPA Certified, SECOR Assessor, I hereby declare that in the process of completing a SECOR Assessment, I will maintain the following standards:

**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 any intellectual property or information obtained from the AFPA or my employer (unless I am the owner of the **company**) for personal gain (including for the gain of my family members or friends).

Accuracy: I will accurately and consistently compile documentation and deliver interviews and site observation results included in my audit report **documents**.

Honesty: I will be honest in the assessment of my workplace health and safety management systems and in my dealings with all persons involved in the audit.

**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 that my notes and documentation are clear, concise, reflective of the audit findings, and written in plain language.

**Relevance**: I will ensure that the action items and suggestions for improvement listed in the SECOR audit report are relevant and are intended to improve the employer’s health and safety management system.

**Timeliness**: I will comply with all required timelines for SECOR completion, submission, and corrections.

**Duty to Report to AFPA**: I will immediately report any situation I encounter where another auditor or SECOR assessor(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.

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| **SECOR Assessor Name** |  | **Signature** |  | **Date** |

#### Discipline for Code of Ethics Violations

* 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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| **SECOR Assessor Name** |  | **Signature** |  | **Date** |

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| **SECOR Assessor Information** | | | | | | | | | | | | | | |
| **SECOR Assessor(s) Name**: | | | | | | | | | | | | | | |
| **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:** | | | | | | |
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| **SECOR Assessment Information** | | | | | | | | | | | | | | |
| **WCB Account(s) #**: | | | | **WCB Industry Code(s) included in Scope:** | | | | | | | | | | |
| **Assessment Date(s):** | | | | **Operating Site(s)  (List site(s) and location(s))** | | | | | | **Included in Scope** | | | | |
| **Yes** | **No** | | | |
| **Total # of operating sites:** | | | |  | | | | | |  |  | | | |
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| **SECOR Assessment Details** | | | | | | | | | | | | | | |
|  | | | | | | | | | **Date** | | | **Yes** | **No** |
| **Notification up upcoming SECOR Assessment sent to AFPA** | | | | | | | | |  | | |  |  |
| **SECOR Assessment forwarded to AFPA** | | | | | | | | |  | | |  |  |
|  | | | | | | | | | | | | | |
| **Employees Breakdown** | | **Total #** | | |  |  | | |  | | |  |  |
|  | Manager(s) |  | | |  |  | | |  | | |  |  |
|  | Supervisor(s) |  | | |  |  | | |  | | |  |  |
|  | Workers |  | | |  |  | | |  | | |  |  |
|  | **Total Staff** |  | | |  |  | | |  | | |  |  |
|  | Contractors (sub) |  | | |  |  | | |  | | |  |  |
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**Checklist:**

*(Include all of the following in your Description of Activities below.)*

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|  | Brief description of assessment process |
|  | Overview of type of operation being assessed |
|  | Breakdown of sampling details, including worksites covered |
|  | Rationale for anything missed in the scope of the SECOR assessment |

**Summary Score Sheet is to be completed by the AFPA Quality Assurance Reviewer   
and Signed by SECOR Assessor ONCE APPROVED.**

Evaluation of: (Organization Name):

Date of SECOR Assessment:

Assessed by: (Print and Sign):

Print Name Sign Name

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| Element | **Total Possible** | | **Possible – N/A** | | **Score Awarded** | | **Percentage** |
| 1. Management Leadership & Organizational Commitment | **12** | |  | |  | | % |
| 1. Hazard Identification, Assessment | **13** | |  | |  | | % |
| 1. Hazard Control | **16** | |  | |  | | % |
| 1. Training of Workers | **10** | |  | |  | | % |
| 1. Regular Inspections and Monitoring | **9** | |  | |  | | % |
| 1. Emergency Response | **7** | |  | |  | | % |
| 1. Investigation of Incidents and Occupational Disease | **9** | |  | |  | | % |
| 1. Process Administration and Review | **6** | |  | |  | | % |
| **Totals** | **82** | |  | |  | | % |
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| **1.1** | Is there a current, written Health and Safety Policy signed and dated by the owner? | Attach the policy document.  The policy must state:   * current management’s commitment to health and safety (HS) * overall goals and objectives * general HS responsibilities of employees & contractors * requirement to comply with relevant legislation & company HS standards | If any policy requirement(s) is missed – NO POINT. | **/1** |
|  | Notes:    Additional Requirements:  Policy attached – Appendix 1 |
| **1.2** | Do employees know what the Workplace Health and Safety Policy states? | Explain how employees are made aware of the policy’s content.  This question is not applicable (n/a) for owner/operators. | Notes respond directly to the intent of the question and provide enough detail to verify that employees understand what is in the H&S Policy. | **/1** |
|  | Notes: |
| **1.3** | Have specific health and safety responsibilities been written for Managers, Supervisors, Workers, Sub-contractors, Others? | Attach copies of responsibility documents other than the policy (e.g. contracts, job descriptions, program manual).  Depending on the size or nature of the company, one or more of these categories may not be applicable. Where the company has no workers, the owner will be considered the Manager. | Deduct 1 POINT for any category, applicable to the employer’s operation that is missed.  Note: One or more categories may not be applicable (n/a). | **/3** |
|  | Notes:    Additional Requirements:  Responsibility documents attached – Appendix 1 |
| **1.4** | Are Managers, Supervisors and Workers knowledgeable about their health and safety responsibilities? | Explain how employees are made aware of their health and safety responsibilities.  Depending on the size or nature of the company, one or more of these categories may not be applicable. Where the company has no workers, the owner will be considered the Manager. | Notes should clearly explain how each category is made aware of their responsibilities. Deduct 1 POINT for any category, applicable to the employer’s operation that is missed. | **/3** |
|  | Notes: |
| **1.5** | Does the company have a current copy of the OH&S Act, Regulation, Code and amendments? | Indicate where workers can access the legislation and list specific sections of the legislation that are applicable to your company. | If any applicable (key) sections of the legislation are missed – NO POINT. | **/1** |
|  | Notes:    Additional Requirements:  List of applicable sections of the legislation attached – Appendix 1 |
| **1.6** | Do key employees have a working knowledge of OH&S legislation applicable to their work sites? | Explain how employees are made aware of their legislated rights and responsibilities.  This question is not applicable (n/a) for owner/operators. | Notes respond directly to the intent of the question and provide enough detail to verify that employees are made aware of the OHS legislation governing their workplace. | **/3** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 1** | | | | | | | | | |
| Element Score Possible: | 12 | Points not applicable (N/A): |  | Total points possible: |  | Points scored in this element: |  | Percentage: | % |

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| **2.1** | Have formal hazard assessments been conducted to identify both health and safety hazards in the work place?   1. Has an inventory been taken of jobs and job tasks? | Attach a list of employee occupations (jobs) and the various tasks within those occupations (jobs).  Both jobs and job tasks must be clearly identified. | Notes and supporting documentation provide satisfactory evidence that **all** jobs and jobs tasks have been inventoried. Deduct 1 POINT for any job, applicable to the employer’s operation not inventoried. | **/3** | |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment listing jobs and job tasks attached – Appendix 2 |
|  | 1. Are health and safety hazards identified for tasks listed in the inventory? | Attach documentation that identifies hazards related to the tasks from 2.1a. Both health and safety hazards should be identified including ergonomic risks, exposure to hazardous chemicals, noise, heat stress, occupation related driving risks, etc., as applicable. | Notes and supporting documentation identify hazards (health and safety, as applicable) for all tasks listed in the inventory. Points here cannot exceed those from 2.1a. | **/3** | |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment identifying health & safety hazards for all job tasks attached – Appendix 2 |
|  | 1. Have the health and safety hazards been evaluated and prioritized according to risk? | Attach documentation that clearly demonstrated identified health and safety hazards have been evaluated and prioritized. | Notes reveal evaluation and prioritization method used and supporting documentation confirms all hazards have been evaluated and prioritized. Points here cannot exceed those from 2.1b. | **/3** | |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment showing evaluation and prioritization of identified health and safety hazards attached – Appendix 2 |
| **2.2** | Is a site specific (field level) hazard assessment process in use at unfamiliar or changing work environments? | Describe when and how this process is used.  Attach a copy of the site specific (field level) hazard assessment policy/process document and provide samples of site specific hazard assessments completed over the past 12 months. | Notes respond directly to the intent of the question. Policy and representative samples provided. | **/2** |
|  | Notes:    Additional Requirements:  Site specific (field level) hazard assessment policy/process attached – Appendix 2  Sample, completed site specific (field level) hazard assessments attached – Appendix 2 |
| **2.3** | Have the formal hazard assessments been reviewed when changes to the operation are implemented and in response to site specific hazard assessment findings, inspections and investigation results? | Attach a copy of the policy/process that outlines how changes to operations and significant findings from site specific hazard assessments, inspections and investigations impact the formal hazard assessment documentation. | Notes provide sufficient evidence that hazard assessments are reviewed. | **/1** | |
|  | Notes:    Additional Requirements:  Copy of policy/process attached – Appendix 2 |
| **2.4** | Is there a system in place whereby employees can report unsafe or unhealthy conditions and practices? | Provide examples on how employees report hazards (e.g. toolbox meetings, notes, letters, memos, etc.). This question is not applicable (n/a) for owner/operators. | Notes provide examples of how employees can report identified hazards. | **/1** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 2** | | | | | | | | | |
| Element Score Possible: | 13 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

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| **3.1** | Have controls (Engineering, Administrative and Personal Protective Equipment) been identified for health and safety hazards? | Attach documentation that shows the recommended hazard control methods for each identified health and safety hazards from 2.1. | Hazard controls are indicated for all identified hazards. | **/1** |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment (or other similar document) listing recommended hazard controls for each identified health and safety hazard attached – Appendix 3 |
| **3.2** | Are Health and Safety Hazards controlled using the following methods and are employees using the identified controls?   1. Engineering | For each type of control, (engineering, administrative, PPE) give examples of controls that have been implemented and are being used by employees at the work site(s). | Examples of engineering controls in use provided. | **/2** |
|  | Notes: |
|  | 1. Administration | Examples of administrative controls in use provided. | **/2** |
|  | Notes: |
|  | 1. Personal Protective Equipment (PPE) | Examples of PPE controls in use provided. | **/2** |
|  | Notes: |
| **3.3** | Does the owner ensure health and safety policies and control methods are followed? | Describe how this is done. | Notes describe how the owner ensures health and safety policies and control methods are followed on site. | **/1** |
|  | Notes: |
| **3.4** | Is a scheduled Preventative Maintenance program for equipment, machinery and vehicles in place? | Attach a copy of the preventative maintenance log(s) or records from the past 12 months.  Note: select a representative sample from the equipment, machinery and vehicles in use. | Notes provide sufficient evidence that a PM program is in place.  A sample of preventative maintenance records is attached. Sample should demonstrate that required PM is being completed for the size and type of business. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the maintenance log / records from the past 12 months attached – Appendix 3 |
| **3.5** | Where personal protective equipment is required, are workers trained in use, care and maintenance of the protective equipment? | Attach PPE policy, training records and any applicable codes of practice. Where the company has no workers, describe how the owner is trained. | Notes respond directly to the intent of the question.  PPE policy and applicable codes of practice are attached.  PPE training records indicate that all employees have received appropriate training relevant to the PPE at the site. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the PPE policy attached – Appendix 3  Copy of Codes of Practice, as required – Appendix 3  Copy of training records for all employees attached – Appendix 3  Copy of applicable codes of practice – Appendix 3 |
| **3.6** | 1. Has a plan been developed, in consultation with the contracting organization(s), for ensuring workplace health and safety? | Describe a meeting with a contracting organization. Notes must address each sub-point (listed below) specifically.  OR  Attach a copy of the plan.  The plan must address:   * Identification of site specific hazards and controls * Ongoing field-level hazard assessment * Reporting of changes to work site conditions * Review of emergency response plans * Process for dealing with worker non-compliance * On-site supervision of contract workers | Notes respond directly to the question and include enough detail to verify that the employer does communicate well with the contracting organization, and is made aware of specific hazards at the work site.  OR  A copy of a plan is attached that addresses each sub-point to left. | **/3** |
|  | Notes:    Additional Requirements:  Copy of the plan attached – Appendix 3 |
|  | 1. Is the plan communicated to all employees? | Explain how the workplace health and safety plan from the contracting organization is communicated to all affected employees. This question is not applicable (n/a) for owner/operators. | Notes provide detail about how employees are made aware of work site hazards and accompanying controls on the contract work site. | **/1** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 3** | | | | | | | | | |
| Element Score Possible: | 16 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

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| **4.1** | Are workers provided with an orientation that covers both general requirements (company policies and procedures, enforcement policy and worker right to know and refuse unsafe work)  and job-specific requirements (responsibilities, job hazards and safety precautions)? | Describe what is covered during orientation and explain how orientation is delivered. Attach orientation checklist(s) and copies of the three most recent orientations. Orientations must be dated and signed-off.  This question is not applicable (n/a) for owner/operators. | Notes provide sufficient evidence that general and job-specific requirements are addressed during orientation.  A sample orientation checklist is attached.  Copies of three (3) most current (preferably within the previous 12 months) orientations (dated and signed by the employee) are attached. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the orientation checklist attached – Appendix 4  Copy of completed orientations with employee sign-off attached – Appendix 4 |
| **4.2** | Does the orientation take place within the first week of employment? | Describe how and when orientation is provided.  This question is not applicable (n/a) for owner/operators. | Notes provide sufficient evidence that orientations are provided to all workers within the first week of employment. | **/1** |
|  | Notes: |
| **4.3** | Are critical health and safety issues (e.g. emergency evacuation procedures, alarm systems, hazard / incident reporting, etc.) addressed on the first day of employment? | Describe how and when critical health and safety issues are discussed with new employees.  This question is not applicable (n/a) for owner/operators. | Notes provide sufficient evidence that critical health and safety issues are addressed on the first day of employment. | **/2** |
|  | Notes: |
| **4.4** | Is job-specific training conducted to help ensure workers perform all tasks competently and with no adverse affect to their health? | Describe how job specific training is conducted and attach training records.  Where the company has no workers, describe the owner’s training. | Notes identify what training is provided and whether training is delivered internally / externally, etc.  Copies of job-specific training records are attached. | **/3** |
|  | Notes:    Additional Requirements:  Copy of job-specific training records attached – Appendix 4 |
| **4.5** | Is ongoing training provided as required? | Describe types ongoing training, refresher and recertification in job specific skills, such as skills upgrading, WHMIS, first aid, defensive driving, TDG, etc. provided. Attach training records from the past 12 months.  This question may not be applicable (n/a) for new operations. | Notes identify which types of refresher training are provided.  Copies of on-going training records are attached. | **/2** |
|  | Notes:    Additional Requirements:  Copy of on-going training records attached – Appendix 4 |

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| **SECOR AUDIT SCORE – Element 4** | | | | | | | | | |
| Element Score Possible: | 10 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

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| **5.1** | Is there a written inspection policy or procedure that states the frequency of formal inspections of the company by manager(s), supervisor(s) and worker(s)? | Attach a copy of the policy. The employer should consider the risk level of the workplace when determining the frequency of inspections.  Note: Frequency must be stated for all applicable levels.  Depending on the size or nature of the company, one or more of these categories may not be applicable. Where the company has no workers, the owner will be considered the Manager. | The frequency of formal inspections at each level is identified,  A copy of the inspection policy is attached. | **/3** | |
|  | Notes:    Additional Requirements:  Copy of the inspection policy attached – Appendix 5 |
| **5.2** | Is a standard format used for the inspections? | Attach a copy of the inspection checklist in use. | Sample checklist provided. | **/1** | |
|  | Notes:    Additional Requirements:  Copy of the inspection checklist attached – Appendix 5 |
| **5.3** | Are formal, written inspections carried out at the worksite (frequency as per process) by Manager(s), Supervisors, and Workers? | Attach sample inspection records from the past 12 months.  Depending on the size or nature of the company, one or more of these categories may not be applicable. Where the company has no workers, the owner will be considered the Manager. | Notes provide sufficient evidence that frequency of formal inspections outlined in policy, is followed at all levels.  Copies pf inspection records from past 12 months attached. | **/3** | |
|  | Notes:    Additional Requirements:  Copy of the inspection records attached – Appendix 5 |
| **5.4** | Is there a system in place to ensure timely correction of substandard conditions and practices identified in inspection reports? | Inspection records from 5.3 must show what was looked for, found and corrective action taken. | Completed inspection records show corrective action was initiated/taken. | **/2** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 5** | | | | | | | | | |
| Element Score Possible: | 9 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

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| **6.1** | Is there a written emergency response plan at each work site appropriate to the potential emergencies at the site and is it communicated to all employees? | Attach a copy of the written emergency response plan (ERP) and explain how it is communicated to all employees.  The plan(s) must be specific to the worksite(s) and include:   * Communication procedures * Emergency phone numbers * List of emergency response personnel * Evacuation procedures   Working under the ERP of the contracting organization is acceptable. In this case, attach a copy of the contracting organization ERP or provide documentation that clearly shows that the plan was communicated to the employer AND their workers. | Notes provide sufficient evidence that a complete ERP, specific to each worksite, is in place.  Notes indicate method used to communicate ERP to employees.  Copy of applicable ERP(s) attached. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the emergency response plan(s) attached – Appendix 6 **OR**  Copy of the emergency response plan from the contracting organization attached – Appendix 6 |
| **6.2** | Are employees given emergency response training appropriate to their individual responsibilities? | Attach emergency response related training records from the past 12 months. Where the company has no workers, the owner’s emergency response training will be considered. | Notes indicate type of ERP training provided to employees.  Copies of training records attached. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the emergency response related training records attached – Appendix 6 |
| **6.3** | Are periodic emergency response drills conducted to test the response of all employees? | Provide the date and details from the last drill. Explain how often drills are scheduled and the types of drills held. Participation in drills held by the contracting organization may be appropriate to the needs of the small employer. | Notes provide the date of the last emergency drill.  Notes indicate what part of the ERP was tested. | **/1** |
|  | Notes: |
| **6.4** | 1. Are records kept of all emergency responses, including drills? | Attach a copy of the policy (requiring emergency response records to be kept) and attach sample records from the past 12 months.  Note: Black out employee names from any first aid/medical aid records. | Copies of policy and ER records (from previous 12 months) attached as evidence of records retention. | **/1** |
|  | Notes:    Additional Requirements:  Copy of the policy attached – Appendix 6  Copy of emergency response records, if available attached – Appendix 6 |
|  | 1. Are these records reviewed to correct deficiencies? | Explain process for reviewing records and correcting deficiencies. | Notes provide sufficient evidence that records are reviewed to correct deficiencies. | **/1** |
| D | Notes: |

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| **SECOR AUDIT SCORE – Element 6** | | | | | | | | | |
| Element Score Possible: | 7 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

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| **7.1** | Is there a written incident investigation process which requires reporting and investigation of all incidents, occupational health occurrences and incidents involving no losses (near misses)? | Attach reporting procedure. It should include legal requirements for incident reporting (e.g. WHS, WCB). | Notes provide sufficient evidence that reporting and investigation of all incidents including near misses is required.  Copy of investigation process / procedure attached. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the incident investigation reporting process/procedure attached – Appendix 7 |
| **7.2** | Are employees knowledgeable about the Incident Reporting Process? | Explain how employees are made aware of their responsibility to report incidents, illnesses and near misses. | Notes explain how employees are made aware of reporting process. | **/2** |
|  | Notes: |
| **7.3** | Is there an incident report form which requires documenting incident details, cause (direct, indirect and root), corrective action planned and taken and includes management sign-off? | Attach incident form.  If the contracting organization requires the use of their form, attach a copy of their form. | Copy of incident report form which requires identification of cause, corrective action planned /taken and sign-off attached. | **/1** |
|  | Notes:    Additional Requirements:  Copy of the incident report form attached – Appendix 7 |
| **7.4** | 1. Do investigations focus on gathering evidence and identifying root causes? | Attach copies of completed investigations from the previous 12 months. Note: If root causes are not correctly identified then corrective action is not likely to be effective. . If no incidents have occurred in previous 12 months, this must be noted and the question becomes not applicable (n/a). | A recent investigation report is attached.  The report indicates that appropriate causes were identified. | **/2** |
|  | Notes:    Additional Requirements:  Copy of the completed investigations from the previous 12 months attached – Appendix 7 |
|  | 1. Are corrective actions taken to prevent recurrence? | Describe how action is taken as a result of incident investigations and give examples where possible. Completed investigations should show corrective action taken. If no incidents have occurred in previous 12 months, attach documentation that verifies corrective action is required according to company policy. | The incident report from 7.4 a) indicates that corrective action was taken OR if no recent investigation available, policy requiring corrective action attached. | **/2** |
|  | Notes:    Additional Requirements:  Documentation to verify Incident Investigations require Corrective Action attached – Appendix 7 |

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| **SECOR AUDIT SCORE – Element 7** | | | | | | | | | |
| Element Score Possible: | 9 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

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| **8.1** | Is there a system in place to ensure:  a) health and safety issues, including improvements, are communicated to employees? | Describe how employees are advised of health and safety issues and improvements. Attach sample documentation from the previous 12 months (e.g. records of safety meetings/toolbox meetings, bulletins, etc.) to demonstrate this is happening.  This question is not applicable (n/a) for owner/operators. | Notes provide sufficient evidence that communication is happening.  Copies of appropriate documents (meeting minutes, bulletins, etc.) attached. | **/1** | |
|  | Notes:    Additional Requirements:  Documentation (     ) attached – Appendix 8 |
|  | b) feedback on health and safety issues is sought from employees? | Describe the system used for employees to offer feedback on health and safety issues, AND how employees are made aware of the system.  This question is not applicable (n/a) for owner/operators. | Notes outline how employees can offer feedback and provide sufficient evidence that 2 way communication is happening. | **/1** | |
|  | Notes: |
|  | 1. follow-up of significant items identified during health and safety meetings? | Describe the process used to ensure follow‐up is done, and explain how employees are made aware of any follow‐up completed.  This question is not applicable (n/a) for owner/operators. | Notes provide sufficient evidence that follow-up on identified items is done and communicated to employees. | **/1** | |
|  | Notes: |
| **8.2** | Are safety and loss control statistics maintained and analyzed to identify trends and needs? | Attach samples of statistics maintained (e.g. first aids, medical aids, claim rates, number of inspections / orientations / safety meetings, etc.).  Describe any trends that were identified. | Notes provide sufficient evidence that records are maintained, injury frequency monitored, and trends & needs reviewed, if applicable.  Copies of records attached. | **/1** |
|  | Notes:    Additional Requirements:  Copies of safety and loss control records attached – Appendix 8 |
| **8.3** | Have health and safety processes been evaluated through the use of an audit process within the last 12 months? | Provide the date of the last audit/assessment.  If this is the employer's first health and safety audit/assessment, this question is not applicable (n/a). | Notes correctly identify the date of the last audit/assessment. | **/1** | |
|  | Notes: |
| **8.4** | Was an action plan developed and have previous action items been implemented, or initiated? | Attach the action plan from the previous year. The plan should include:   * Target and actual completion dates * Person responsible   Note: The action plan must include any additional deficiencies identified as a result of the quality assurance review.  If this is the employer's first health and safety audit/assessment, this question is not applicable (n/a). | A completed Action Plan from the previous year is attached, and includes a description of the changes that were enacted and actual completion dates. Any additional action items identified by the reviewer in the previous year must be included. | **/1** |
|  | Notes:    Additional Requirements:  Copies of completed action plan from previous year attached – Appendix 8 |

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| **SECOR AUDIT SCORE – Element 8** | | | | | | | | | |
| Element Score Possible: | 6 | Points not applicable (N/A): |  | Total points possible: |  | Points scored on this element: |  | Percentage: | % |

**Appendix 1 - Management Leadership and Organizational Commitment**

**Checklist:**

*(Are all of the following from Element 1 attached?)*

Health and Safety Policy

Employee Responsibility documents (other than health and safety policy)

Contracts

Job descriptions

Program manuals

Other (identify which other document is attached)

List of Applicable Legislation

**Appendix 2 – Hazard Identification and Assessment**

**Checklist:**

*(Are all of the following from Element 2 attached?)*

Copy of the Formal Hazard Assessment

For full points, the hazard assessment must list all jobs and job tasks, identify health and safety hazards  
 for all job tasks and evaluate & prioritize identified health and safety hazards.

Copy of the Site Specific (Field Level) Hazard Assessment Policy or Process

Sample of completed Site Specific (Field Level) Hazard Assessments   
 (Note: Sample must be from previous 12 months to be considered)

Copy of the Hazard Assessment Review Policy or Process

**Appendix 3 – Hazard Control**

**Checklist:**

*(Are all of the following from Element 3 attached?)*

Copy of the Formal Hazard Assessment from 2.1 (or other similar document) listing recommended hazard  
 controls for identified hazards

Copy of maintenance log / records for equipment / machinery and vehicles, as applicable  
 (Note: Sample must be from previous 12 months to be considered)

Copy of PPE Policy

Copy of Code of Practice, as applicable

Copy of PPE Training Records for all Employees

Copy of Health and Safety Plan (developed in consultation with Contracting Organization)

**Appendix 4 – Training of Workers**

**Checklist:**

*(Are all of the following from Element 4 attached?)*

Copy of Orientation Checklist

Copy of Completed Employee Orientations with Sign-Off (3 most current – as available)

Copy of Job-Specific Training Records

Copy of On-Going Training Records

**Appendix 5 – Regular Inspection and Monitoring**

**Checklist:**

*(Are all of the following from Element 5 attached?)*

Copy of Formal Inspection Policy

Copy of Worksite Inspection Checklist(s)

Copy of Completed Inspections   
 (Note: Sample must be from previous 12 months to be considered)

**Appendix 6 – Emergency Response**

**Checklist:**

*(Are all of the following from Element 6 attached?)*

Copy of Emergency Response Plan(s) OR

Copy of Emergency Response Plan from Contracting Organization

Copy of Employee Emergency Response Training Records

Copy of Emergency Response Records Retention Policy

Copy of Emergency Response Records  
 (Note: Sample must be from previous 12 months to be considered)

**Appendix 7 – Investigation of Incidents and Occupational Diseases**

**Checklist:**

*(Are all of the following from Element 7 attached?)*

Copy of Incident Investigation Process

Copy of Incident Report Form

Copy of Completed Investigations  
 (Note: Sample must be from previous 12 months to be considered)

Documentation to verify Incident Investigations require Corrective Action

**Appendix 8 – Program Administration and Review**

**Checklist:**

*(Are all of the following from Element 8 attached?)*

Documents that shows changes (improvements / issues) are communicated to employees

Meeting Minutes

Bulletins

Other (identify which other document is attached)

Copies of Safety and Loss Control Records (records must be from previous 12 months to be considered)

First Aid

Medical Aid

WCB Claim Rates

Number of Inspections

Number of Orientations

Number of Safety Meetings

Copy of Completed Action Plan from Previous Year

**Appendix 9 – Action Plan Template**

Note: A completed action plan from the previous year must be included with this year’s submission and must include any additional deficiencies   
 identified as a result of last year’s quality assurance review.

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| **Company Name:** |  |  |
| **SECOR Assessor Name:** |  |  |
| **Assessment Date(s):** |  |  |

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| **Suggestion 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 Name:** |  |  | **Date:** |  |
| **Sr. Manager Signature:** |  |  |  |  |