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Alberta Forest Products Association

**Partnerships in Injury Reduction (PIR)**

## Small Employer 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 - Leadership Commitment

Element 2 - Hazard Assessment

Element 3 - Hazard Control

Element 4 - Qualifications, Orientation and Training

Element 5 – Work Site and Other Parties

Element 6 – Regular Inspection and Monitoring

Element 7 – Emergency Response

Element 8 – Incident Investigation

Element 9 - Health and Safety Representative

Element 10 - System Review

Action Plan

Appendices (1- 10) with Documentation Checklists

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:** | | | | | | | |  | | | | | | |
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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) |  | | |  |  | | |  | | |  |  |
|  | Worker(s) |  | | |  |  | | |  | | |  |  |
|  | **Total Staff** |  | | |  |  | | |  | | |  |  |
|  | Contracted employers/ workers (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. Leadership Commitment | **45** |  |  | % |
| 1. Hazard Assessment | **60** |  |  | % |
| 1. Hazard Control | **45** |  |  | % |
| 1. Qualifications, Orientation and Training | **30** |  |  | % |
| 1. Work Site and Other Parties  (at or in the Vicinity of the Work Site) | **25** |  |  | % |
| 1. Regular Inspections and Monitoring | **25** |  |  | % |
| 1. Emergency Response | **35** |  |  | % |
| 1. Incident Investigation | **30** |  |  | % |
| 1. Health and Safety Representative | **35** |  |  | % |
| 1. System Review | **25** |  |  | % |
| **Totals** | **355** |  |  | % |

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| **1.1** | Is there a written Health and Safety Policy signed and dated by the employer? | Attach the policy document.  The policy must be signed and dated by the employer and include:   * management’s commitment to health and safety that addresses the physical, psychological and social well-being of employees * overall goals and objectives * general health and safety responsibilities of employees and contracted workers * a requirement to comply with relevant legislation and company health and safety standards.   Owner/operators are required to have a signed and dated policy. The sub-bullets noted above may not apply. | If any policy requirement(s) is missed – NO POINTS. | **/5** |
|  | Notes:    Additional Requirements:  Policy attached – Appendix 1 |
| **1.2\*** | Is the health and safety policy communicated to all employees? | Interview employees or explain how employees are made aware of the policy’s content.  This question is not applicable (n/a) to owner/operators. | Notes respond directly to the intent of the question and provide enough detail to verify that employees understand what is in the health and safety policy.  Partial points may be awarded. | **/5** |
|  | Notes: |
| **1.3** | Have specific health and safety roles and responsibilities been written for Managers, Supervisors, and Workers? | 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/operator will be considered the Manager. | Deduct 5 POINTS for any category, applicable to the employer’s operation that is missed.  Note: One or more of the categories may not be applicable (n/a). | **/15** |
|  | Notes:    Additional Requirements:  Responsibility documents attached – Appendix 1 |
| **1.4\*** | Are employees knowledgeable about their health and safety responsibilities   1. under applicable legislation? | Interview employees or explain how employees are made aware of their health and safety roles and responsibilities under applicable legislation. Examples of applicable legislation must be provided.  Where the company has no workers, the owner/operator must list specific sections of the legislation that are applicable to the company. | Notes respond directly to the intent of the question and provide enough detail to verify that employees are made aware of their roles and responsibilities.  For owner/operators, a complete list of applicable legislation must also be noted/attached.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements (for owner/operators only):  List of applicable sections of the legislation attached – Appendix 1 |
|  | 1. under company policies? | Interview employees or explain how employees are made aware of their health and safety roles and responsibilities under company policies.  This question is not applicable (n/a) to owner/operators. |  | **/5** |
|  | Notes: |
| **1.5** | Do employees understand their occupational health and safety rights? | Explain how employees are made aware of their OHS rights (right to know, right to participate, and the right to refuse dangerous work) and attach supporting documentation (e.g. orientation/training records, or meeting minutes).  This question is not applicable (n/a) to owner/operators. | Notes respond directly to the intent of the question and provide enough detail to verify that employees are made aware of their OHS rights.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of completed orientation/training records or meeting minutes indicating OHS rights are reviewed with employees – Appendix 1 |
| **1.6** | Does the company have a current copy of the OHS Act, Regulation, Code and amendments? | Identify the type of legislation (e.g. federal and/or provincial) available with the date of publication, and explain how it is made readily available for employee use. | Notes respond directly to the intent of the question. | **/5** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 1** | | | | | | | | | |
| **Element Score Possible:** | **45** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **2.1** | Have formal hazard assessments been conducted to identify both health and safety hazards in the workplace?   1. Has an inventory been taken of jobs? | Attach a list of employee occupations (jobs). | Notes and supporting documentation provide satisfactory evidence that **all** jobs have been inventoried.  Partial points may be awarded. | **/10** | |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment listing jobs attached – Appendix 2 |
|  | 1. Has an inventory been taken of job tasks? | Review the job inventory and attach a list of the various tasks associated with the jobs listed in the job inventory from 2.1a. | Notes and supporting documentation provide satisfactory evidence that **all** tasks have been inventoried.  Partial points may be awarded.  Points awarded in 2.1b must not exceed the points awarded in 2.1a. | **/10** | |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment listing 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 2.1b. Both health and safety hazards should be identified, as applicable. Consider:   * Physical hazards (that can injure with or without contact) * Chemical hazards (toxins that can be inhaled/ingested, etc.), * Biological hazards (exposure to moulds, viruses, or animal droppings, for example) * Psychological hazards (that can affect mental well-being – working alone, shift work, or fatigue) | Notes and supporting documentation identify hazards (health and safety, as applicable) for all tasks listed in the inventory.  Partial points may be awarded.  Points awarded in 2.1c cannot exceed the points awarded in 2.1b. | **/10** | |
|  | 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.  Partial points may be awarded.  Points awarded in 2.1d cannot exceed the points awarded in 2.1c.  . | **/10** | |
|  | Notes:    Additional Requirements:  Copy of the formal hazard assessment showing evaluation and prioritization of identified health and safety hazards attached – Appendix 2 |
| **2.2** | Are employees involved in the formal hazard assessment process? | Attach documentation that supports employee participation in the development, review and/or revision of hazard assessments.  This question is not applicable (n/a) to owner/operators. | Notes and supporting documentation confirm employee involvement in the hazard assessment process. | **/5** | |
|  | Notes:    Additional Requirements:  Documentation to verify employee involvement in the hazard assessment process (e.g. hazard assessment with sign-off, or meeting minutes) attached – Appendix 2 |
| **2.3** | Are site specific (field level) hazard assessments required where work site conditions change or when non-routine work is added? | 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.  To award points, the site-specific hazard assessments must include:   * Identification of any work site hazards * Methods to eliminate or control identified hazards, and * Sign-off by all affected workers | **/5** |
|  | 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 |
| **2.4** | Are the formal hazard assessments reviewed? | Attach a copy of the policy/process that outlines the review frequency for formal hazard assessments and includes:   * On a pre-determined frequency, designed to keep the result up to date, * When a new work process is introduced, * When changes are made to operations or a work-related process, and * When site-specific hazard assessments, inspections, and/or investigations identify a previously unrecognized hazard. | Notes provide sufficient evidence that hazard assessments are reviewed.  Partial points may be awarded. | **/5** | |
|  | Notes:    Additional Requirements:  Copy of policy/process attached – Appendix 2 |
| **2.5\*** | Is there a system in place whereby employees can report unsafe or unhealthy conditions and practices? | Interview employees or provide examples on how employees report hazards (e.g. toolbox meetings, notes, letters, memos, etc.).  This question is not applicable (n/a) to owner/operators. | Notes provide examples of how employees can report identified hazards. | **/5** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 2** | | | | | | | | | |
| **Element Score Possible:** | **60** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **3.1** | Are controls recommended for health and safety hazards identified by the formal hazard assessment? | 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.  Partial points may be awarded. | **/10** |
|  | 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. | **/1** |
|  | Notes: |
| **3.3** | Does the employer ensure hazard control methods are followed? | Describe how this is done.  This question is not applicable (n/a) to owner/operators. | Notes describe how the owner ensures health and safety policies and control methods are followed on site. | **/5** |
|  | Notes: |
| **3.4** | Is a scheduled Preventative Maintenance program for equipment, machinery and vehicles in place and followed? | Attach a copy of the preventative maintenance schedule and 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 and followed.  A sample of preventative maintenance records is attached. Sample should demonstrate that required PM is being completed for the size and type of business.  Award 5 points for the Program.  Award 5 points for scheduled preventative maintenance being followed in accordance with the schedule.  Partial points may be awarded. | **/10** |
|  | Notes:    Additional Requirements:  Copy of the maintenance log / records from the past 12 months attached – Appendix 3 |
| **3.5** | Has the company developed a plan for preventing workplace violence that meets legislated requirements? | Attach a copy of the violence prevention plan.  The plan must address all legislated requirements. | Notes respond directly to the question and the attached plan meets legislative requirements. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the plan attached – Appendix 3 |
| **3.6** | Has the company developed a plan for preventing workplace harassment that meets legislated requirements? | Attach a copy of the harassment prevention plan.  The plan must address all legislated requirements. | Notes respond directly to the question and the attached plan meets legislative requirements.  Violence and harassment plans may be combined. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the plan attached – Appendix 3 |
| **3.7** | Are violence and harassment prevention plans reviewed? | Attach a copy of the policy/process that outlines the review frequency for violence and harassment plans. This may be included in the violence and harassments plans from 3.5 and 3.6. | Notes indicate the review frequency and documentation provided supports the notes.  To award points, the plans must be reviewed:   * every 3 years, * when an incident of violence or harassment occurs, and * when the health and safety representative (or committee) recommends a review. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the review policy/process attached – Appendix 3 |

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| **SECOR AUDIT SCORE – Element 3** | | | | | | | | | |
| **Element Score Possible:** | **45** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **4.1** | Do worker orientations cover occupational health and safety rights and critical health and safety information (e.g. emergency evacuation procedures, alarm systems, hazard reporting, etc.)? | 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) to owner/operators. | Notes provide sufficient evidence that worker rights and critical health and safety information is 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.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the orientation checklist attached – Appendix 4  Copy of completed orientations with employee sign-off attached – Appendix 4 |
| **4.2** | Are orientations completed prior to starting regular duties? | Describe how and when orientation is provided.  This question is not applicable (n/a) to owner/operators. | Notes provide sufficient evidence that orientations are provided to all workers prior to starting regular duties. | **/5** |
|  | Notes: |
| **4.3** | Are workers given job-specific health and safety training that includes job responsibilities, job specific hazards and hazard controls? | Describe the training provided and attach training records.  Where the company has no workers, describe the employer’s training. | Notes and supporting documentation provide sufficient evidence that job-specific training is provided.  Partial points may be awarded. | **/10** |
|  | Notes:    Additional Requirements:  Copy of training records – Appendix 4 |
| **4.4** | Is there a process to assess the competency of new and re-assigned workers? | Describe the process used and attach records of completed evaluations from the past 12 months. Competency evaluations should include a practical demonstration to assess worker knowledge and skill.  This question is not applicable (n/a) to owner/operators. | Notes identify how competency is assessed and records show that a practical demonstration is included. | **/5** |
|  | Notes:    Additional Requirements:  Copy of competency evaluation records attached – Appendix 4 |
| **4.5** | Is ongoing training provided at set intervals or when operational changes require it? | 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.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of on-going training records attached – Appendix 4 |

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| **SECOR AUDIT SCORE – Element 4** | | | | | | | | | |
| **Element Score Possible:** | **30** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **5.1** | Has a plan been implemented to protect individuals in the vicinity of the employer’s work site? | Indicate the process in place to protect workers, visitors and persons not under the employer’s direction, but in the vicinity of the employer’s work site.  Attach a copy of the plan. | Notes respond directly to the intent of the question,  A copy of the plan is attached. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the plan attached – Appendix 5 |
| **5.2** | Is a pre-qualification process in place to ensure contracted employers are qualified for the requirements of the job? | Attach a copy of the process in place for evaluating and selecting candidates.  If the employer does not contract other employers, this question can be marked not applicable (n/a). | Notes respond directly to the intent of the question,  A copy of the process is attached. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the process used to evaluate and select candidates attached – Appendix 5 |
| **5.3** | Is key health and safety information communicated to affected external work site parties regarding work site hazards and controls? | Indicate how hazards and control methods are communicated to external work site parties, where applicable.  External work site parties may include: the contracting employer, other employers, suppliers, service providers, the prime contractor, if applicable, etc.  Attach supporting documentation (e.g. emails, meeting minutes, orientations, or contracts, etc.) to demonstrate communication is happening. | Notes respond directly to the intent of the question and documentation clearly supports communication is happening, | **/5** |
|  | Notes:    Additional Requirements:  Copy of supporting documentation attached – Appendix 5 |
| **5.4** | Where there are contracted employers involved on the work site, is there:   1. a requirement to regularly monitor their activities to ensure applicable policies and procedures are followed? | Attach documentation that indicates how the health and safety performance of other employers is monitored.  If the employer does not contract other employers, this question can be marked not applicable (n/a). | Notes respond directly to the intent of the question and supporting documentation is provided. | **/5** |
|  | Notes:    Additional Requirements:  Copy of supporting documentation attached – Appendix 5 |
|  | 1. a process for dealing with non-compliance? | Indicate the process used to address non-compliance.  If the employer does not contract other employers, this question can be marked not applicable (n/a). | Notes respond directly to the intent of the question. | **/5** |
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| **SECOR AUDIT SCORE – Element 5** | | | | | | | | | |
| **Element Score Possible:** | **25** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **6.1** | Is there a written inspection process in place that states the frequency and location of formal inspections of the company? | Attach a copy of the inspection process. The employer should consider the risk level of workplace locations when determining the frequency of inspections.  Note: Frequency and responsibilities must be stated. | The frequency of formal inspections and responsibilities are identified,  A copy of the inspection process is attached. | **/5** | |
|  | Notes:    Additional Requirements:  Copy of the inspection process attached – Appendix 5 |
| **6.2** | Is a standard format used for documenting inspections? | Attach a copy of all inspection forms/checklists in use. | Sample form(s)/checklist(s) provided. | **/5** | |
|  | Notes:    Additional Requirements:  Copy of the inspection checklist attached – Appendix 5 |
| **6.3** | Are written inspections completed as required? | Attach sample inspection records from the past 12 months. | Notes provide sufficient evidence that frequency of formal inspections outlined in policy, is followed.  Copies pf inspection records from past 12 months attached.  Partial points may be awarded. | **/10** | |
|  | Notes:    Additional Requirements:  Copy of the inspection records attached – Appendix 5 |
| **6.4** | Is there a system in place to ensure timely correction of substandard conditions and practices identified in inspection reports? | Inspection records from 6.3 must show what was looked for, found and corrective action taken. | Completed inspection records show corrective action was initiated/taken.  Partial points may be awarded | **/5** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 6** | | | | | | | | | |
| **Element Score Possible:** | **25** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **7.1** | Is there a written emergency response plan at each work site appropriate to the potential emergencies at the site? | Attach a copy of the written emergency response plan (ERP). The plan(s) must be specific to the worksite(s) and include:   * identification of potential emergencies. Consider: * *site/location-based (e.g. fire, explosion, wildlife),* * *biological/chemical/ medical (e.g. chemical exposure, heart attack, etc.)* * *workplace violence (e.g. aggressive conduct, assault)* * *extreme weather/natural disasters (e.g. storms, etc.)* * procedures for dealing with identified emergencies * identification, location and operating procedures for any required emergency equipment and PPE *(e.g. eye wash stations, PPE designated for emergency response, etc.)* * emergency response training requirements * location and use of emergency facilities, as applicable *(e.g. fire station, hospital, police, etc.)* * fire protection requirements * alarm and emergency communication requirements * first aid services required * procedures for rescue and evacuation, as applicable * designated rescue and evacuation workers, as applicable.   Working under the ERP of the contracting employer is acceptable. In this case, attach a copy of the contracting employer’s ERP. | Notes provide sufficient evidence that a complete ERP, specific to each worksite, is in place.  Copy of applicable ERP(s) attached.  Partial points may be awarded | **/5** |
|  | 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 |
| **7.2** | Are all employees at the work site knowledgeable about the plan? | Explain how the ERP is communicated to all employees.  This question is not applicable (n/a) to owner/operators. | Notes indicate method used to communicate ERP to employees. | **/5** |
|  | Notes: |
| **7.3** | 1. Does the number of employees trained in first aid meet legislated requirements? | Indicate the number of employees trained in first aid. Attach first aid training records.  This question is not applicable (n/a) to owner/operators. | The number of employees trained in first aid meets legislative requirements.  Copies of first aid training records attached. | **/5** |
|  | Notes:    Additional Requirements:  Copy of first aid training records attached – Appendix 7 |
|  | 1. Do first aid equipment, supplies and facilities meet legislated requirements? | Indicate the first aid equipment, supplies and facilities available for use. | The first aid supplies and facilities available meet legislative requirements. | **/5** |
|  | Notes: |
| **7.4** | Are employees given emergency response training appropriate to their individual responsibilities? | Attach emergency response training records from the past 12 months.  This question is not applicable (n/a) to owner/operators. | Notes indicate the type of emergency response training provided to employees.  Copies of emergency response training records provided.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of emergency response related training records attached – Appendix 7 |
| **7.5** | Are emergency response drills conducted at least annually 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 employer may be appropriate to the needs of the small employer.  This question is not applicable (n/a) to owner/operators. | Notes provide the date of the last emergency drill.  Notes indicate what part of the ERP was tested. | **/5** |
|  | Notes: |
| **7.6** | Are revisions to the emergency response plan made when deficiencies are identified through a drill or an actual emergency response? | Indicate changes made to the ERP in response to an actual emergency or drill. If there were no deficiencies noted, this question is not applicable (n/a).  This question is also not applicable (n/a) to owner/operators. | Notes respond directly to the intent of the question.  Where no deficiencies were noted from a response/drill, this question can be marked n/a.  If no response/drill occurred, this question should be scored “0”. | **/5** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 7** | | | | | | | | | |
| **Element Score Possible:** | **35** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **8.1** | Is there a written process in place that requires reporting of all workplace incidents, occupational illnesses, near misses and work refusals? | Attach reporting procedure/process. It must include both internal and external legal requirements for incident reporting (e.g. OHS and WCB). | Notes provide sufficient evidence that reporting of all incidents is required.  Copy of incident reporting process/procedure attached.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the incident reporting process/procedure attached – Appendix 8 |
| **8.2** | Are employees knowledgeable about the incident reporting process? | Explain how employees are made aware of their responsibility to report incidents, illnesses, near misses and work refusals. | Notes explain how employees are made aware of the reporting process. | **/5** |
|  | Notes: |
| **8.3** | Is there a written process in place that requires the investigation of all workplace incidents, occupational illnesses, near misses and work refusals? | Attach documentation outlining investigation requirements. To be complete, investigation requirements must include:   * gathering evidence, * identifying underlying causes, and * identifying corrective action. | Notes provide sufficient evidence that investigation of all incidents is required.  Copy of incident investigation process/procedure attached.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the incident investigation requirements attached – Appendix 8 |
| **8.4** | Do investigations focus on gathering evidence and identifying underlying causes? | Attach copies of completed investigations from the previous 12 months. Note: If underlying 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.  Completed investigation report(s) indicates that appropriate causes were identified.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the completed investigations from the previous 12 months attached – Appendix 8 |
| **8.5** | 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 8.4 a) indicates that corrective action was taken OR if no recent investigation available, policy requiring corrective action attached.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Documentation to verify Incident Investigations require Corrective Action attached – Appendix 7 |
| **8.6** | Are employees involved in incident investigations? | Indicate how employees are involved in incident investigation.  This question is not applicable (n/a) to owner/operators. | Notes respond directly to the intent of the question and provide enough detail to confirm employees are involved in incident investigation. | **/5** |
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| **SECOR AUDIT SCORE – Element 8** | | | | | | | | | |
| **Element Score Possible:** | **30** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **9.1** | Has a health and safety representative been designated in accordance with legislation? | Explain the process for selecting a health and safety representative.  This question is not applicable (n/a) to employers with less than 5 employees in total. | Notes provide sufficient evidence that a health and safety representative was designated in accordance with legislation. | **/5** |
|  | Notes: |
| **9.2** | 1. Have duties been assigned to guide the activities of the health and safety representative? | Attach documentation outlining the duties of the health and safety representative.  If 9.1 is marked not applicable (n/a), this question is also not applicable (n/a). | The health and safety representative duties attached, are in accordance with legislative requirements. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the health and safety representative duties (in accordance with   legislation) attached – Appendix 9 |
|  | 1. Are assigned duties followed? | Attach documentation that demonstrates duties of the health and safety representative are followed.  If 9.1 is marked not applicable (n/a), this question is also not applicable (n/a). | Documentation shows duties are being followed. | **/5** |
|  | Notes:    Additional Requirements:  Records demonstrating duties, as outlined in 9.2 a), are followed   attached – Appendix 9 |
| **9.3** | Has the health and safety representative been trained in accordance with legislation? | Attach training records. Training must include:   * roles and responsibilities of the health and safety representative * obligations of work site parties, and * rights of workers.   If 9.1 is marked not applicable (n/a), this question is also not applicable (n/a). | Training records provided, confirm training includes required components as noted left. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the training records attached – Appendix 9 |
| **9.4** | Is the contact information of the health and safety representative readily available to employees? | Indicate where the contact information is posted or how it is accessible to employees on site.  If 9.1 is marked not applicable (n/a), this question is also not applicable (n/a). | Notes indicate contact information is readily available to employees. | **/5** |
|  | Notes: |
| **9.5** | Is there a system in place for the health and safety representative to address health and safety concerns and complaints? | Attach documentation to confirm that a system is in place for the health and safety representative to address health and safety concerns/complaints and provide recommendations to the employer.  If 9.1 is marked not applicable (n/a), this question is also not applicable (n/a). | Notes respond directly to the intent of the question and supporting documentation is provided. | **/5** |
|  | Notes:    Additional Requirements:  Documentation to verify a system is in place to address health and safety concerns/complaint and provide recommendation to the employer attached – Appendix 9 |
| **9.6** | Are health and safety concerns and/or complaints resolved in a timely manner? | Explain how health and safety concerns are resolved in a timely manner  If 9.1 is marked not applicable (n/a), this question is also not applicable (n/a). | Notes respond directly to the intent of the question and provide enough detail to confirm concerns/complaints are resolved in a timely manner. | **/5** |
|  | Notes: |

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| **SECOR AUDIT SCORE – Element 9** | | | | | | | | | |
| **Element Score Possible:** | **35** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

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| **10.1** | 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) to owner/operators. | Notes provide sufficient evidence that communication is happening.  Copies of appropriate documents (meeting minutes, bulletins, etc.) attached. | **/5** |
|  | 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) to owner/operators. | Notes outline how employees can offer feedback and provide sufficient evidence that 2-way communication is happening. | **/5** |
|  | Notes: |
| **10.2** | Is the occupational health and safety management system evaluated annually through the use of an audit process? | Provide the date of the last audit/assessment.  If this is the employer's first SECOR assessment, this question is not applicable (n/a). | Notes correctly identify the date of the last audit or SECOR assessment.  To award points no more than 15 months should have elapsed since the last audit or SECOR assessment. | **/5** |
|  | Notes: |
| **10.3** | Was an action plan developed to address deficiencies identified in the previous audit/assessment? | Attach the action plan from the previous year. The plan should include:   * Start and target 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 SECOR assessment, this question is not applicable (n/a). | An action plan from the previous year is attached and includes any additional action items identified by the reviewer in the previous year. Award points if start and target completion dates as well as person(s) responsible for action item completion, are noted. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the action plan from the previous year attached – Appendix 10 |
| **10.4** | Have deficiencies, identified in the previous audit/assessment, been initiated or corrected? | Update the action plan from the previous year with a description of the changes that were enacted (i.e. action taken) and actual completion dates.  Note: The action plan must include action taken on any additional deficiencies identified as a result of the quality assurance review.  If this is the employer's first SECOR assessment, this question is not applicable (n/a). | The action plan from the previous year includes a description of the changes that were enacted and actual completion dates.  Partial points may be awarded. | **/5** |
|  | Notes:    Additional Requirements:  Copy of the completed action plan from the previous year with a description of changes that were enacted attached – Appendix 10 |

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| **SECOR AUDIT SCORE – Element 10** | | | | | | | | | |
| **Element Score Possible:** | **25** | **Points not applicable (N/A):** |  | **Total points possible:** |  | **Points scored on this element:** |  | **Percentage:** | **%** |

**Action Plan**

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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| **Action Plan Project(s)  *(Include action items for all audit 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:** |  |  |  |  |

**Appendix 1 - Leadership Commitment**

**Checklist:**

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

Health and Safety Policy

Employee Responsibility documents (other than health and safety policy). May include:

Contracts

Job descriptions

Program manuals

Other (identify which other document is attached)

List of Applicable Legislation

Copy of completed orientation/training records or meeting minutes indicating OHS rights are reviewed with   
 employees

**Appendix 2 – Hazard Assessment**

**Checklist:**

*(Are 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.

Documentation to verify employee involvement in the hazard assessment process (e.g. hazard assessment with sign-off, or meeting minutes)

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 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 the Violence Prevention Plan

Copy of the Harassment Prevention Plan

Copy of the Violence and Harassment Prevention Plan review policy/process

**Appendix 4 – Qualifications, Orientation and Training**

**Checklist:**

*(Are 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 completed Competency Evaluations from the previous 12 months

Copy of On-Going Training Records

**Appendix 5 – Work Site and Other Parties**

**Checklist:**

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

Copy of the process/plan in place to protect workers, visitors and persons not under the employer’s   
 direction, but in the vicinity of the employer’s work site

Copy of the pre-qualification process used to evaluate and select candidates

Supporting documentation indicating how hazards and control methods are communicated to external work   
 site parties, where applicable

Supporting documentation indicating how the health and safety performance of other employers is   
 monitored

**Appendix 6 – Regular Inspection and Monitoring**

**Checklist:**

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

Copy of Formal Inspection process

Copy of Work Site Inspection Checklist(s)

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

**Appendix 7 – Emergency Response**

**Checklist:**

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

Copy of Emergency Response Plan(s) OR

Copy of Emergency Response Plan from Contracting Organization

Copy of First Aid Training Records

Copy of Employee Emergency Response Training Records

**Appendix 8 – Incident Investigation**

**Checklist:**

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

Copy of Incident Reporting Process/Procedure

Copy of Incident Investigation Requirements

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

Documentation to verify Incident Investigations require Corrective Action

**Appendix 9 – Health and Safety Representative**

**Checklist:**

*(Are the following from Element 9 attached?)*

Copy of the Health and Safety Representative Duties

Copy of the Health and Safety Representative Training Records

Documentation to verify a system is in place to address Health and Safety Concerns/Complaints and  
 Provide Recommendation to the Employer

**Appendix 10 – System Review**

**Checklist:**

*(Are all of the following from Element 10 attached?)*

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

Meeting Minutes

Bulletins

Other (identify which other document is attached)

Copy of the Completed Action Plan from the Previous Year outlining Changes that were Implemented or   
 Initiated