



# Large Employer SAFE Conversion Administrative Audit Submission

## 2018 edition

Designed for large COR employers in their first conversion to SAFE

Employers using this package must have and maintain COR certification with the BC Construction Safety Alliance (BCCSA), Energy Safety Canada, SafetyDriven or AgSafe.

Employers using this package must NOT have a forestry classification unit.

## Instructions

The Administrative Large Employer SAFE Conversion Audit Submission Package is designed to help employers who already have COR through the BC Construction Safety Alliance (BCCSA), Enform or SafetyDriven satisfy the annual submission requirements. Companies with a classification unit (CU) contracted to or naturally aligned with the BC Forest Safety Council must use the regular BASE audit and are not eligible for the conversion process. This submission document is intended for companies having forestry operations with:

1. An average forestry size in its operating\* months for the year of 20 or more.
2. A peak size of forestry operations for any month of the year of 25 or more.

\*An operating month is any month that the company is at least 25% of its peak size. Companies at 19.99 average and 24 peak may still use this package.

If your company has had any changes in ownership, business activities, name, WorkSafeBC account or classification(s), please contact the Council prior to your audit.

## Completing the package

Any company representative may complete this package. Note that this process results in SAFE Certification and does NOT result in COR certification or a COR incentive.

For further assistance contact the Council at 1-877-741-1060 and ask to speak to a Safety Advisor.

## Audit Submission Package

Preferred:

- online submission: <http://app.bcforestsafe.org/upload/>
- email [audit@bcforestsafe.org](mailto:audit@bcforestsafe.org) for files under 10MB

Optional: Paper reports **(No staples, binding, glue or plastic sleeves)**

Registered mail, courier or hand deliver to:

BC Forest Safety Council  
420 Albert Street  
Nanaimo, BC V9R 2V7      1-877-741-1060



# Large Employer SAFE Conversion Administrative Audit Submission

Complete All Information  
DO NOT STAPLE

| Type of Audit (check as needed):               | COR Certifying Partner                        |
|--|---|
| <input type="checkbox"/> Certification Audit   | <input type="checkbox"/> AgSafe               |
| <input type="checkbox"/> Maintenance Audit     | <input type="checkbox"/> BCCSA                |
| <input type="checkbox"/> Recertification Audit | <input type="checkbox"/> Energy Safety Canada |
|  | <input type="checkbox"/> SafetyDriven         |

### Company Information

|   |      |                        |          |             |
|---|------|------------------------|----------|-------------|
| Legal Company Name                                  |      | Company Trade Name/dba |          |             |
| Company Owner(s)                                    |      | Title/Position         |          |             |
| Mailing Address:                                    |      | City                   | Province | Postal Code |
| Street Address: (if different from mailing address) |      | City                   | Province | Postal Code |
| Phone   | Cell | Fax                    | Email    |             |

### Activities

|   |   |  |  |  |
|---|---|--|--|--|
| WSBC account # <b>OR</b> check here if none <input type="checkbox"/>                                | What does your company do as its main activities? |  |  |  |
|   |   |  |  |  |
| List all the company's WSBC Classification Unit(s) :  |   |  |  |  |
| List which CUs this audit is intended to cover:   |   |  |  |  |
| List the Operating Location(s) this audit applies to (head office city and any branch names/cities) |   |  |  |  |
|   |   |  |  |  |

### Additional Contact Information (if different from company owner above)

|   |            |               |               |
|---|------------|---------------|---------------|
| Company Safety Contact Person <b>OR</b> Check if same as owner above <input type="checkbox"/>   |            |               | Job Title     |
| Office Telephone  | Fax        | Cell Phone    | Email address |
| Person Preparing Audit <b>OR</b> Check if same as contact person above <input type="checkbox"/> |            |               | Job Title     |
| Office Tel. (if different than above)   | Cell Phone | Email address |               |



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**Type of Work Activities: (Check all activities that this audit applies to)**

|   |   |
|---|---|
| <input type="checkbox"/> Mechanical Harvesting<br><input type="checkbox"/> Hand Falling / Bucking<br><input type="checkbox"/> Scaling / Sorting<br><input type="checkbox"/> Yarding / Loading<br><input type="checkbox"/> Integrated Forest Management<br><input type="checkbox"/> Forestry Consulting<br><input type="checkbox"/> Silviculture<br><input type="checkbox"/> Water Operations<br><input type="checkbox"/> Log Hauling / Trucking<br><input type="checkbox"/> Heli-Logging<br><input type="checkbox"/> Road Building / Deactivation / Site Prep<br><input type="checkbox"/> Forest / Road Engineering<br><input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Custom Wood Kiln / Co-Generation<br><input type="checkbox"/> Laminated Wood Structural Support Products<br><input type="checkbox"/> OSB manufacture<br><input type="checkbox"/> Sawmill or Planing Mill<br><input type="checkbox"/> Portable Wood Mill<br><input type="checkbox"/> Pressed Board Manufacture / Pellet Mill<br><input type="checkbox"/> Shake or Shingle Mill<br><input type="checkbox"/> Veneer or Plywood Manufacturing<br><input type="checkbox"/> Wood Chip Mill<br><input type="checkbox"/> Wood Preserving<br><input type="checkbox"/> Wooden Components (not elsewhere specified)<br><input type="checkbox"/> Wooden Post or Pole<br><input type="checkbox"/> Other (Specify): |
|---|---|

**Do you wish to certify your entire company operations through conversion?**       Yes       No

**Total Personnel Count in forestry per month for past 12 months**

(Total = owners + management + office + supervisors + workers +workers of dependent contractors)  
 (Maximum peak = 24 per month) (Maximum average permitted is 19.99)

| Yr | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| #  |     |     |     |     |     |     |     |     |     |     |     |     |

**Authorizations**

**Company Management Representative**

I hereby acknowledge that I have provided true and accurate information to the best of my abilities for this audit and that the audit provides a representative sample of my company:

| Name | Signature – <i>electronic acceptable</i> | Date |
|------|--|------|
|      |  |      |

- (Mandatory) Attach a copy of Certifying Partner QA success from within the last 12 months. This is the letter from the Certifying Partner that states your audit was accepted. It is NOT your COR certificate.
- (Mandatory) A person Name: who completed the BCFSC Forestry Safety Overview training is still on payroll in the company's forestry operations.
- (Optional) Authorizing the Council to send my success letter and/or certification only by email