Enter Company Name



**Large Employer SAFE Conversion Audit Submission – Energy Safety Canada**

**Date of audit**

**Lead Auditor**

**Designed for large COR employers after their first conversion to SAFE**

**Employers using this package must have and maintain COR certification with Enform.**

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

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# Executive Summary

Placeholder for two page MAXIMUM Executive Summary as defined in Auditor Manual.

Please delete this description of the Executive Summary from the final report and replace with the actual Executive Summary that meets requirements.

The Executive Summary must be presented with each submission and gives an overview of the audit activities. The following requirements must be presented **in the following order** (but not necessarily using bullet points throughout):

* Clearly state whether company meets requirements (or would, in gap analysis case)
* State the type(s) of audit (Student, Certification, Maintenance, Joint, Phased, Gap Analysis, external, internal, etc.). Reference the main Certifying Partner and that audit tool version and score.
* Give actual score and score of lowest question (both to the nearest whole %) and state the requirements of achieving ≥80% overall and ≥50% in every question
* Give bullet list of major (3-5) strengths that logically flow from the notes
* Give bullet list of major (3-5) areas for improvement that logically flow from the notes
* Give company legal name, trade name if any and WorkSafeBC account if any
* List all the CUs the company has and all the CUs included in the audit activities (if any)
* State when and where audit occurred and number of site days
* Ensure the last day of data collection activities is clearly stated
* Provide a brief statement of the audit process covering documentation review, site observation and confidential interviews
* Include a statement that there are more recommendations included in the audit report that gives the company further guidance to improve on their health and safety program.

Placeholder for Page 2 of the Executive Summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scoring Summary – Large Employer SAFE Conversion – Energy Safety Canada** | | | | | |
|  | **Awarded** | **Available** | **N/A** | **Available – N/A** | **% awarded** |
| **9. Young Workers** | **0** | **10** | **0** | **10** | **0%** |
| **12. Contractor Selection** | **0** | **10** |  | **10** | **0%** |
| **13. Prime Contractor Selection** | **0** | **10** |  | **10** | **0%** |
| **Total** | **0** | **30** | **0** | **30** | **0%** |

**Only complete the 2 white cells. The shaded cells are calculated fields pulled from individual note’s scores.**

**To auto-calculate tables, use <ctrl-A> to select all content in the document and then the ‘f9’ key to calculate all. This may have to be done up to 3 times to cycle all formulas.**

**Auditor is to erase this operational instruction paragraph in their final report**

# Consolidated Corrective Action Log

Overall, there were XX recommendations and YY continual improvement suggestions from the audit.

The auditor will complete the first three columns when writing the report, extracting one line for each Recommendation or Continual Improvement Opportunity. The company will complete the remaining columns and actions.

| Points scored | Audit Question | Recommendation / Continual Improvement Item | Company Action Plan | Assigned To | Due Date | Date Closed | Verified By |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
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# Audit Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| P4.4  **#9** | What is the process to manage existing and/or future young workers under the age of 25? | **O** | **D** | **I** | **Total** |
|  |  |  |  |  | **0** |
|  |  | **0** | **0-5** | **0-5** | **/10** |
| **Intent: Workers under age 25 are much more likely to have injuries and other work-related errors than older workers. Young and old workers communicate in very different ways. The forestry labour shortage means that there are very few older workers available to hire, so all companies need to have at least a plan for managing the young workers that they will need soon.** | | | | | |
| **D** – Award up to 5 points based on the effectiveness of the company system in managing young workers. This applies whether or not the company has any young workers at the time of the audit. If the company has workers under age 25, the documentation review is based on both procedure and records. If the company does not have any young workers, then the review is based only on procedures. An effective company system should cover   * Orientation * Competency assessment * Ongoing communications in an age-appropriate manner * Frequent assessments through age 25 * Record-keeping   **I** – Award up to 5 points based on the % positive responses of all management and supervisors (not just those actually having young workers) in their knowledge of the company system | | | | | |
| Audit Note: | | | | | |
|  | | | | | |
| Recommendations and Resources: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **P7. Planning for Contractors** | | | | | |
| P7.1  **#12** | If the company hires contractors, what is the method used to determine that contractors are qualified to work safely? | **O** | **D** | **I** | **Total** |
|  |  |  |  |  | **0** |
|  |  | **0** | **0-5** | **0-5** | **/10** |
| **Intent: The company needs to show due diligence by considering the safety of the contractors, not just accepting low-bid parameters. This could include reference checks, certifications held and personal knowledge.** | | | | | |
| **This question is not applicable if the company does not hire contractors.**  **D -** If there is a clear documented outline of non-dependent contractor safety requirements, award 4 points. This must include a system being in place to determine if the contractors are qualified to work safely. The rigor of the assessment should be proportional to the level of risk of the activities.  If there are records of the selection requirements being applied consistently to all contractors, award 1 point.  **I -** Award up to 5 points based on % interviewed persons hiring contractors understanding the company program.  Selection criteria may include non-safety items, but only safety-related items are in scope for this audit question.  This question applies to all contractors, working for the company rather than just forestry contractors. Visitors are excluded from the scope of this question. See ‘Definitions’ section for contractors and visitors | | | | | |
| Audit Note: (Documentation only for **Endorsement**) | | | | | |
|  | | | | | |
| Recommendations and Resources: | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **P8. Planning for Multi-Employer Workplaces** | | | | | |
| P8.1  **#13** | If Multi-Employer Workplaces are created by the company, how are these workplaces planned to ensure a mechanism is, or will be, in place to ensure they are coordinated and have a system of compliance? | **O** | **D** | **I** | **Total** |
|  |  |  |  |  | **0** |
|  |  | **0** | **0-5** | **0-5** | **/10** |
| **Intent: The company needs to show due diligence by managing multi-employer workplaces to ensure that they are properly coordinated. This could be done by assigning Prime Contractor status or by being the Prime Contractor or owner without assigning Prime to another party.** | | | | | |
| **This question is not applicable if the company does not create multi-employer workplaces.**  **D -** If there is a clear documented outline of how the company manages, or intends to manage its Multi-Employer workplaces (MEWP’s), award 4 points. This must include a system to ensure coordination of the multiple employers and ensure that the multiple employers are all in compliance to their own requirements and to the overall workplace plan. The rigor of the management should be proportional to the level of risk of the activities.  If there are records of the requirements being applied consistently to all worksites, award 1 point. Not applicable if there have been no MEWP’s in the last year  **I -** Award up to 5 points based on % interviewed persons who plan MEWP’s understanding the company program.  Program criteria may include non-safety items, but only safety-related items are in scope for this audit question.  This question applies to all MEWP’s that the company has rather than just forestry MEWPs. Visitors are excluded from the scope of this question. See ‘Definitions’ section for contractors and visitors. | | | | | |
| Audit Note: (Documentation only for **Endorsement**) | | | | | |
|  | | | | | |
| Recommendations and Resources: | | | | | |
|  | | | | | |

# Key Definitions

| **Term** | **Definition** |
| --- | --- |
| **Company** | The organization being audited.  The company may have clients, licensees and/or Prime Contractors above them in the responsibility structure. To those organizations, the company would be a contractor (or subcontractor).  The company may have contractors and sub-contractors below them in the responsibility structure. To those organizations, the company would be a client, Prime and/or licensee.  The audit report is to be about the company being audited and the areas that they have control over. The actions of a company under the audited company in the contractor chain only impact the audit report in how the audited company should be managing the activities, and not deal with issues that are internal to the contractor (i.e. failure of the subcontractor to maintain equipment is not a deficiency in the maintenance program of the company, but may be a weakness in contractor selection or oversight). Similarly, if the deficiencies that impact the company are caused by a company above them in the responsibility pyramid, they only impact the company audit is so far as the company has control over the issue (i.e. reporting needed road maintenance to the Prime is the maximum expectation if the company being audited has no road maintenance responsibility.) |
| **Contractor** | A company or a person other than an employee, that the company pays (including indirectly via a contractor chain) AND  is present on the company-controlled worksite.  Contractor, for the purposes of the audit, is a relative term that applies to an organizational level UNDER the company being audited. It is not an absolute term, since most companies are also contractors to the company above them in the responsibility pyramid.  Examples: a water taxi would not typically be a contractor since they are not on the company site.  A camp cook could be a contractor if the company operations include control of the camp, but would not be a contractor if the cook (or the company that the cook is employed by) has control over the camp.  A fuel delivery service would typically be a contractor if they are allowed unescorted on the company forestry site during off-hours.  External auditors are contractors. |
| **IOO** | A company with no more than one field worker other than IOO-exempt personnel, AND  no contractors other than IOO-exempt personnel AND  with no more than one office support person who does NOT supervise, direct or dispatch the field worker. |
| **IOO-Exempt Personnel** | One person of safety watch for an unlimited number of days per year per IOO.  An additional field employee for no more than 10 person-days per calendar year per IOO for vacation, relief or additional special project labour. |
| **Multi-person IOO** | A company with no more than 3 field workers other than IOO-exempt personnel AND  no contractors other than IOO-exempt personnel AND  with no more than one office support person who does NOT supervise, direct or dispatch any field workers AND  the up to 3 field workers are all self-contained and do not rely on each other for daily support.  A multi-person IOO may not exceed 4 field workers other than safety watch, including temporary workers, at any point in the year.  While a multi-person IOO can be awarded SAFE-certification, it is on a per-person basis rather than per-company and is therefore not COR-eligible. |
| **Visitor** | A person or company who is not paid by the company AND  is present on the company-controlled worksite. |
| **Documentation only for Endorsement** | The company submits the required policy, procedure, standard or other guidance document for the applicable topic using a condensed tool. |
| **Young Worker** | Any worker, including a supervisor, under 25 years of age, regardless of their experience. For example a 23 year old worker with 6 years in the company is a young worker and still requires enhanced supervision until they are 25. |
| **New Worker** | means any worker who is   1. new to the workplace, 2. returning to a workplace where the hazards in that workplace have changed during the worker's absence, 3. affected by a change in the hazards of a workplace, or 4. relocated to a new workplace if the hazards in that workplace are different from the hazards in the worker's previous workplace; |

# Company Profile

Complete all fields – an incomplete NOAA cannot be processed

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company’s audit due date: | | | | | | | | **This form is a Pre-Audit NOAA** | | | | | | |  | | |
|  | | | | | | | | **This form is a Post-Audit NOAA** | | | | | | |  | | |
| 1. **Type of Audit** – check all that apply (double-click each box to activate) | | | | | | | | | | | | | | | | | |
|  | Certification |  | | Student |  | Verification | | | |  | Administrative | | | | | | |
|  | Maintenance |  | | Gap Analysis |  | IM/RTW | | | |  | Limited Scope | | | | | | |
|  | Recertification |  | | Team  list members in sec I. |  | A.M.A.P. yr 1 | | | |  | Phased – part | | |  | | of |  |
|  | A.M.A.P. yr 2 | | | |
|  | Combined - Must use Joint NOAA |  | | SAFE Conversion |  | W.I.V.A. | | | |  | Targeted Operations  (SAFE Only – not COR) | | | | | | |
|  | Conversion  CP:  ESC |  | | BASE 4 |  | Internal | | | |  | External | | | | | | |
| 1. **Company Information** | | | | | | | | | | | | | | | | | |
| Legal Company Name: | | | | | | | | | Company Trade Name/*dba*: | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| WorkSafeBC account: | | | | | | | | | SAFE Certification #: | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Address: | | | | | | | | | City: | | Province: | | Postal Code: | | | | |
|  | | | | | | | | |  | |  | |  | | | | |
| Company Contact: | | | | | | | | | Position: | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| Phone: | | | | | | | | | Email: | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | |
| 1. **Audit Period** | | | | | | | | | | | | | | | | | |
| **Complete estimated for pre-audit.**  **Complete both for post-audit.** | | | **Start Date** | | | | **Date of last data collection** | | | | | **Report Submission Date** | | | | | |
| **Estimated** | | |  | | | |  | | | | |  | | | | | |
| **Actual** | | |  | | | |  | | | | |  | | | | | |

1. **High Risk Company Activity Types**

|  |  |  |  |
| --- | --- | --- | --- |
| Check all that apply | | | |
|  | Hiring Contractors |  | Creating a multi-employer workplace |
|  | Lockout |  | Camps and Remote Accommodations |
|  | Manual Tree Falling |  | Working near High Voltage Power Lines |
|  | Commercial Vehicles |  | High Hazard Materials |
|  | Heavy Equipment Operations |  | Working at Heights |
|  | Respiratory Protection |  | Combustible Dust |
|  | Hot Work |  | Confined Space |
|  | Having Young Workers (under age 25) |  | Working over or on Water |

1. **Personnel Count**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total personnel count per month for last 12 months:  (Total = owners + management + supervisors + workers + workers of dependent contractors) | | | | | | | | | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Year  (yyyy) |  |  |  |  |  |  |  |  |  |  |  |  |
| Month  (mmm) |  |  |  |  |  |  |  |  |  |  |  |  |
| Count |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | Attach an Organizational Chart or other description of the structure of the company. | | | | | | | | | | |

1. **Injury Management / Return to Work is not applicable to Conversion Reports**
2. **Lead Auditor Information**

|  |  |
| --- | --- |
| Audit Completed by: | Auditor Number (or ‘Student’): |
| Lead |  |
| Lead auditor email: | Lead auditor cell: |
| Team |  |
| Team |  |

1. **Company Representation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Accompanied by Company Representative(s) / Hosts** | | | | | |
| Name: |  |  |  |  |  |
| Occupation: |  |  |  |  |  |

1. **Scope of audit**

| List all WorkSafeBC CUs, their fixed locations, and operating sites. Indicate if work activity is intended (pre-) and actually present in the audit.  If the company contact is unsure of their CUs or locations, please contact the BC Forest Safety Registrar.  Insert additional rows above the total line if necessary  Total interviews performed are automatically calculated with <CTRL-A><f9> (or when opening or printing) | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C U** | **LOCATION**  WSBC fixed location name or address  (list separately for each CU) | **SITE**  Audit site name  (if more than one site per location) | **COUNT** Total personnel at each site | Sites selected for visit | | | | | Number of personnel interviewed for current audit | | | | | | Scheduling for current audit | | |
| This year | 1 yr ago | 2 yrs ago | | 3 yrs ago | Pre-NOAA = *planned*  Post-NOAA = *actual* | | | | | | Auditor | Start Date | End Date |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
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|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
|  |  |  |  |  |  |  | |  | M |  | S |  | W |  |  |  |  |
| Maximum count from table E on previous page: | | |  | Total interviews | | | 0 | | M | 0 | S | 0 | W | 0 |  |  |  |
| Minimum interviews required for count on line above based on table J on following pages: | | |  | Note: Min 80% worker interview target | | | | | | | | | | | | | |

|  |
| --- |
| Comments, notes, descriptions regarding sampling plan (pre- or post-): (Attach additional pages for proposals for and/or outcomes of special time frames, unique sampling protocols, etc. This space can be used on the post-audit form for justifying why a particular plan was not met. |
|  |
| Describe the overall scope (nature and type) of the company’s activities. Include reference to the company’s locations as they relate their WorkSafeBC Classification Unit(s) making mention of locations and sites included in this audit: |
|  |
| Locations visited (post audit only): |
|  |
| Equipment observed (post-audit only): |
|  |
| Occupations observed (post-audit only): |
|  |
| Observed company activities on day(s) of audit (post-audit only): |
|  |
| Interview sampling description and count (i.e. 2 owners, 1 mechanic, 3 buncher operators, 6 truckers, etc.) (post-audit only): |
|  |

1. **Minimum Interview Table**

The minimum number of interviews required for an audit is based on the annual monthly peak value for staff count in the 12 months before the audit. The staff count is equal to the total number of personnel in the company, including owners, management, supervisors, field personnel, office personnel, shop personnel and the total staff of dependent contractors. This applies whether they are permanent or temporary and counts each unique person rather than as full time equivalents. Two people each working half time count as 2 (not 1) staff.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Staff** | **Minimum Interviews** |  | **Total Staff** | **Minimum Interviews** |  | **Total Staff** | **Minimum Interviews** |
| <5 | all |  | 234-240 | 35 |  | 560 | 66 |
| 5 | 4 |  | 241-249 | 36 |  | 561-570 | 67 |
| 6-7 | 5 |  | 250-299 | 37 |  | 571-580 | 68 |
| 8 | 6 |  | 300-302 | 38 |  | 581-595 | 69 |
| 9 | 7 |  | 303-309 | 39 |  | 596-605 | 70 |
| 10-11 | 8 |  | 310-312 | 40 |  | 606-615 | 71 |
| 12-14 | 9 |  | 313-315 | 41 |  | 616-625 | 72 |
| 15-16 | 10 |  | 316-320 | 42 |  | 626-638 | 73 |
| 16-17 | 11 |  | 321-325 | 43 |  | 639-645 | 74 |
| 18-20 | 12 |  | 326-329 | 44 |  | 646-655 | 75 |
| 21-24 | 13 |  | 330-332 | 45 |  | 656-665 | 76 |
| 25-27 | 14 |  | 333-335 | 46 |  | 666-678 | 77 |
| 28-30 | 15 |  | 336-338 | 47 |  | 679-689 | 78 |
| 31-36 | 16 |  | 339-341 | 48 |  | 690-699 | 79 |
| 37-44 | 17 |  | 342-348 | 49 |  | 700-705 | 80 |
| 45-49 | 18 |  | 349-354 | 50 |  | 706-719 | 81 |
| 50-64 | 19 |  | 355-359 | 51 |  | 720-729 | 82 |
| 65-74 | 20 |  | 360-364 | 52 |  | 730-740 | 83 |
| 75-88 | 21 |  | 365-369 | 53 |  | 741-749 | 84 |
| 89-99 | 22 |  | 370-374 | 54 |  | 750-790 | 85 |
| 100-120 | 23 |  | 375-379 | 55 |  | 791-840 | 86 |
| 121-149 | 24 |  | 380-389 | 56 |  | 841-959 | 87 |
| 150-199 | 25 |  | 390-399 | 57 |  | 960-1000 | 88 |
| 200-204 | 26 |  | 400-475 | 58 |  | 1001-1499 | 89 |
| 205-209 | 27 |  | 476-499 | 59 |  | 1500-1800 | 90 |
| 210-212 | 28 |  | 500-509 | 60 |  | 1801-2500 | 91 |
| 213-214 | 29 |  | 510-519 | 61 |  | 2501-4000 | 92 |
| 215-220 | 30 |  | 520-529 | 62 |  | 4001-4999 | 93 |
| 221-222 | 31 |  | 530-539 | 63 |  | 5000-9999 | 94 |
| 223-226 | 32 |  | 540-549 | 64 |  | 10000-24999 | 95 |
| 227-230 | 33 |  | 550-559 | 65 |  | 25000+ | 96 |
| 231-233 | 34 |  |  |  |  |  |  |

1. **Post Audit Signatures**

Complete and submit with your post-audit NOAA. Leave blank for pre-audit NOAA

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Company Management Representative (for internal and external audits)**  I hereby acknowledge that I have provided true and accurate information to the auditor to the best of my abilities and agree that the audit sampling was completed as stated above. | | |
| Name | | Signature (optional) | Date |
|  | |  |  |
|  | | | |
|  | **External Auditor**  I affirm that I have read, understood, and agree to abide by the terms and conditions of the British Columbia Forest Safety Council Auditor Code of Ethics.  I have not violated the Auditor Code of Ethics during this audit, and have not received any economic benefit from OH&S consulting activities from this company in the 36 months preceding the audit.  In addition, I have not been in a position which could be perceived as a conflict of interest by either the current BASE Auditor Manual or the current COR Standards and Guidelines.  Marking the box under this text block and applying my name by any means in ‘signature’ constitutes signing. | | |
| Name | | Signature (manual or electronic) | Date |
|  | |  |  |
|  | | | |
|  | **Internal Auditor**  I affirm that   * I have not violated the Auditor Code of Ethics during this audit; * I have done my best to be objective in conducting this audit * I have followed the current BASE Auditor Manual. * I am a permanent employee of the company * Marking the box under this text block and applying my name by any means in ‘signature’ constitutes signing. | | |
| Name | | Signature (manual or electronic) | Date |
|  | |  |  |

1. **Submission**

|  |
| --- |
| Submit completed NOAA and final audit report via: <http://app.bcforestsafe.org/upload/>  Receipt of your pre-audit NOAA will be acknowledged by email within one business day.  **DO NOT PROCEED with the audit until NOAA is approved (not just acknowledged) by the Council.**  Approval will be sent by email to the auditor and to the company contact indicated on page 1, within 5 business days of receipt of the NOAA.  If you have not received approval within one (1) week of submission, please contact the Council. |

**Auditor Conclusion**

|  |  |
| --- | --- |
| As the auditor, I confirm that this audit report contains material supporting the inclusion of the following Classification Unit(s) as listed below. | |
| Classification Unit (CU) | CU Description |
|  |  |
|  |  |
| Notes for Registrar: | |
| As the auditor, I confirm that this audit report does **NOT** contain material supporting the inclusion of the following Classification Unit(s) as listed below. | |
| Classification Unit (CU) | CU Description |
|  |  |
|  |  |
| Notes for Registrar: | |

# Additional Supporting Information Provided by Auditor

|  |
| --- |
| 1. Proof of COR   Please attach Energy Safety Canada Quality Assurance success letter as proof of COR certification.  This is for the ESC COR audit report that this SAFE conversion audit is associated with.  Submissions received without the success letter will not be accepted.   1. Proof of Training   Provide the name of supervisory person currently on staff with the company who has taken the BCFSC Forest Safety Overview course |
|  |

# Reviewer Conclusion

**This section is completed during the audit QA process by the reviewer**

|  |  |  |  |
| --- | --- | --- | --- |
| I hereby certify that this audit meets the intent and requirements of the SAFE Companies program and the total quality assurance process required by the BC Forest Safety Council. | | | |
| Reviewer name: |  | | |
| Classification Unit (CU) | CU Description | This audit contains material supporting the CU(s) | |
|  |  | Yes | No |
|  |  | Yes | No |
|  |  | Yes | No |
|  |  | Yes | No |
| Reviewer notes: | | | |

# Outcome

**This section is completed during the audit QA process by the reviewer**

Based on the contents of this audit report, the following result and score is awarded by the BC Forest Safety Council:

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Results** | **Score – OHS** | **Score - RTW** |
| SAFE Companies | **SAFE Certification Probationary SAFE Certification /**  **Endorsement / Limited Scope /**  **Not Successful** | !Undefined Bookmark, FINALPERC | **N/A** |

|  |  |  |
| --- | --- | --- |
| **Component** | **Scope of Operations Certified** | **Other conditions** |
| Limitations | **Company without Contractors**  **Company hires Contractors**  **Company Assigns Prime Contractor Status** | **(these are examples)**  **Forestry Operations Only**  **(name) site only**  **Excludes (activity)**  **WIVA: Pass**  **WIVA: Minor Nonconformity**  **WIVA: Major Nonconformity**  **WIVA: Non-compliance** |

**This section is completed during the audit QA process by the Registrar**

|  |  |  |
| --- | --- | --- |
| **Component** | **Company Intent** | **Certification Outcome** |
| COR Eligibility - OHS | **NOT Intended for COR** | **NOT Eligible for COR** |
| COR Eligibility - RTW | **NOT Intended for COR** | **NOT Eligible for COR** |