



100 Submission

Version 3

2026 edition



Designed for

- Owner-operators with no field employees or contractors
- Owner-operators with no more than one office support person

Instructions

The IOO (Individual Owner-Operator) Audit Submission Package is designed to help employers satisfy the submission requirements of the IOO audit.

The IOO submission is intended for a company with:

- No field employees or contractors (other than a safety watch person)
- No more than one office support worker
- No more than 10 person-days per year of a relief / replacement worker

Completing the package

The person completing this package must be an IOO auditor. This means the person must have attended the IOO training course. In order to be eligible for a 2026 Certificate of Recognition (COR) rebate from WorkSafeBC, your company's internal auditor may need to take the COR refresher training before submitting their 2026 audit, if their IOO course was prior to 2023. The WorkSafeBC Certificate of Recognition program requires IOO auditors receive four hours of refresher training every three years.

Please carefully read every question. Each numbered question, plus your training information from the company profile is worth one point each. A successful score is 80% or 11 out of 14 points.

Submissions which score less than 70% (10 points) will be returned as unsuccessful. A full re-submission is then required from the company to be successful.

For further assistance contact our office 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 for files under 10MB

Optional:

- Paper reports (**No staples, binding, glue or plastic sleeves**), CD or thumb drive
Registered mail, courier or hand-deliver to:
BC Forest Safety Council
8C-2220 Bowen Rd
Nanaimo, BC V9S 1H9
TF -1-877-741-1060

Your submission package will not be returned to you – do not include important original documents.

Results

Your audit results letter and SAFE Certificate (where applicable) will be emailed. Hard copies can also be mailed to you via Canada Post upon request



IOO Company Profile

Type of Audit (check one):

<input type="checkbox"/> Certification Audit	Date this audit was completed	
<input type="checkbox"/> Maintenance Audit	Existing SAFE Certification # (if any)	
<input type="checkbox"/> Recertification Audit		

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 # OR 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)				
List any locations, activities or classification units excluded from this audit				

Did you hire any person(s) or company(ies) by payroll or contract, except for one office person?

No **Yes – STOP**, call our office. Company may not be eligible to use the IOO audit.

I am the company owner <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Workers including you:		Tick the boxes for the months you worked in the last 12 months.											
	Office	Field	J	F	M	A	M	J	J	A	S	O	N	D



IOO Company Profile

Type of Work Activities: (check all that this audit applies to)

<input type="checkbox"/> Equipment Operator	<input type="checkbox"/> Manual Tree Faller
<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Trade / Technical / Professional

Training

BC Driver's License		Faller # if applicable	
Class: #:	Expiry:		
First Aid if applicable		Falling Supervisor (select one)	
Level:	Expiry date:	<input type="checkbox"/> N/A	<input type="checkbox"/> Trained <input type="checkbox"/> Certified
Other safety certification if applicable		Number if applicable	Expiry if applicable
1.			
2.			
3.			
4.			
5.			
6.			

Authorization

Person Preparing Audit

I hereby acknowledge that I have reviewed the submission to the best of my abilities and that the audit provides a representative sample of the company.

- I am a permanent employee or an owner of the company, and/or;
- I am a certified BASE external auditor and have read, understood, and followed the terms and conditions of the British Columbia Forest Safety Council Auditor Code of Ethics, Auditor Manual and COR Standards and Guidelines. I am not in a conflict of interest in performing this audit.

Name	Initials (Typing OK – you do not need to print this form and initial by hand)	Date



Company OHS Submission

(Complete each question)

1 Submit one Emergency Response Plan (ERP) for the largest project of the year.

- It needs to include emergency contact frequencies / numbers and
- what happens if you do not check in on time

----- OR -----

Check here if the company did not work during the past 12 months and submit one ERP for the home/office location.

2 Submit a list of first aid equipment locations. The following format is suggested but not required.
THESE ARE THE KIT NAMES AND CONTENTS AFTER NOVEMBER 1, 2024

Level	Location (i.e. in each machine, in the ETV, in the shop, etc.)
Personal	
Basic	
Intermediate	
Advanced	
ETV equipment	
First Aid Room and its supplies	

3 Provide a list of the Safe Work Procedures (SWPs) you use.

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

4 Send in one Safe Work Procedure of your choice from the list above for evaluation (different than last year if this is not your first submission).

Check here if you have only one safe work procedure and submit that.

5 Provide a description of how you usually receive pre-work planning information and from whom (or attach one completed pre-work) (or check here if this is included in the next question)

6 Provide at least 2 safety communications (e.g. safety or pre-work meeting minutes, journal notes, tailgate notes) from the past 12 months (not more than one per month). These could include pre-work planning information and the communication of safety issues/alerts.



Company OHS Submission

(Complete each question)

7	Provide 1 to 3 copies of completed incident / hazard reports that you have made and given to your client or other authority or responsible party in the past 12 months. These can be actual report forms, journal notes, tailgate meeting minutes, etc. Writing 'No hazards reported' is not realistic or accepted for forestry and related work.
	----- OR -----
	<input type="checkbox"/> Check here if you did not work in the past 12 months.

8	What is the most important hazard in your job?
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9	What could you be doing to help further reduce fatalities and serious injuries?
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Check one box in each of the following questions 10-13. You must answer all 4 questions.

10. Pickups, ATV's, snowmobiles, boats or other non-commercial vehicles	
<input type="checkbox"/>	Submit one current page from a maintenance log or maintenance invoices/records for one vehicle.
<input type="checkbox"/>	I did not own or lease any pickups, ATV's, snowmobiles, boats or other non-commercial vehicles for any work activities in the past 12 months.
11. Heavy Equipment	
<input type="checkbox"/>	Submit one current page from a maintenance log or maintenance invoices/records for one piece of heavy equipment.
<input type="checkbox"/>	I did not have any heavy equipment in the past 12 months. Commercial vehicles do not count as heavy equipment for the purposes of this question.
12. Commercial Vehicles	
<input type="checkbox"/>	Submit one Commercial Vehicle Inspection (CVI) page or include CVI report number here:
<input type="checkbox"/>	Submit one page of a maintenance log or maintenance invoices/records for one commercial vehicle from the past 12 months.
<input type="checkbox"/>	I did not have any commercial vehicles in the past 12 months.
13. Manual Tree Falling	
<input type="checkbox"/>	Submit 1 week of daily man checks (or faller evaluations if you are evaluating fallers). Both your name and the name of the person checking must be on the form, preferably with signatures. State below why the person is 'qualified assistance':
<input checked="" type="checkbox"/>	I did not manually fall one or more trees above 6" diameter at breast height in the past 12 months.