**Certificate of Recognition (COR)**

**Large Employer**

**Audit Report**

**2024**

**Company:**

 **Auditor:**

**Date:**



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# Audit Scope

|  |  |
| --- | --- |
| **Type of Audit** |  |
| **Internal Audit** | **[ ]** Certification**[ ]** Maintenance**[ ]** Re-certification | **External Audit** | **[ ]** Certification**[ ]** Maintenance**[ ]** Re-certification | **[ ]  Student Audit** | **[ ]  Base Line Audit****[ ]  WIVA** |
| **Scope:** *(Indicate if the audit is representative of the entire operation. Provide details.)*      |
| **Dates:** |
| Audit Start Date (1st day of on-site activity): | Audit Completion Date (last day of on-site activity): |
|       |       |
| *(Note that audit on-site activity must be completed within 45 days)* |
| Date Report Completed:       |
|  |
| **Company Information** |  |
| **Company Name:** |       |
| **Address:** |       |
| **City:**       | British Columbia | **Postal Code:**       |
| **WorkSafeBC Account #:** |       |
| **WorkSafeBC Classification Unit(s):** |       |
| **Contact Name:** |       | **Title:** |       |
| **Phone Number:** |       |
| **E-mail Address:** |       |
|  |
| **Auditor Information** |  |
| **Name:** |       |
| **Company Name:** |       |
| **Phone Number:** |       |
| **Email Address:** |       |

|  |  |
| --- | --- |
| **Audit Information** |  |
| **Worksites:**The number of worksites included in the scope of the audit must meet minimum requirements.* 1 - 2 active sites, all sites mut be visited as well as the main office
* 3 -4 active sites, at least 2 active sites must be visited as well as the main office.
* 5 -8 active sites, at least 3 active sites must be visited as well as the main office

**Note:** *If there is more than 1 classification unit within the scope, the audit must include a representative sample from each CU.*  |
|

|  |  |
| --- | --- |
| **Worksites within Scope of Audit** | **Visited** |
| **Yes** | **No** |
| **#1** |       | [ ]  | [ ]  |
| **#2** |       | [ ]  | [ ]  |
| **#3** |       | [ ]  | [ ]  |
| **#4** |       | [ ]  | [ ]  |
| **#5** |       | [ ]  | [ ]  |
| **#6** |       | [ ]  | [ ]  |
| **#7** |       | [ ]  | [ ]  |
| **#8** |       | [ ]  | [ ]  |
| **#9** |       | [ ]  | [ ]  |
| **#10** |       | [ ]  | [ ]  |

 |
| **COMPLETE THE FOLLOWING INTERVIEW INFORMATION:*****Note:*** *The audit must be completed during “Normal Operating Mode”. A minimum of 80% of “normal” operating capacity must be occurring.* |
| How many employees are in the organization?  |       |
| How many departments / shifts? |       |
| How many locations are in the organization? |       |
| How many employees were interviewed? |       |
| How many Managers / Supervisors / Leadhands were interviewed? |       |
| How many workers were interviewed? |       |
| How many interviewed were Safety Committee members? |       |
| How many interviewed had Emergency Plan roles? |       |

# Organizational Chart

**\*\*Attach an organizational chart or description of the organizational structure.**

# Audit Score Summary

**Please attach a copy of your Excel Audit Score Summary from the Excel Audit Tool to this document OR place a screenshot picture of your Excel Audit Score Summary below.**

# Executive Summary

|  |
| --- |
| **Summary of overall strengths: (trends and themes)** |
|       |
| **Summary of overall opportunities and recommendations:** **(trends, themes, and element failures)** |
|       |

|  |
| --- |
| **Conclusion:**  |
|       |

# Auditor Check Sheet

|  |  |
| --- | --- |
| **Preparing for the Audit** |  |
| **Audit Scope** |  |
| Compile employer information (WCB industry code, account number) | **[ ]**  |
| Record Auditor Information | **[ ]**  |
| Determine employer organizational structure (organizational chart) | **[ ]**  |
| Determine documentation, audit interviews, and worksite sampling strategy and size | **[ ]**  |
| Advise AgSafe of audit initiation by submitting the Notice of Audit Form | **[ ]**  |
| **Audit Activities** |  |
| Identify specific documentation and records required to be available for audit including past audits | **[ ]**  |
| Conduct pre-audit meeting with employer | **[ ]**  |

|  |  |
| --- | --- |
| **Conducting the Audit** |  |
| **Documentation** |  |
| Collect employer’s safety program documentation and records | **[ ]**  |
| Review documentation and records | **[ ]**  |
| Record documentation and records findings | **[ ]**  |
| Make comments to verify scoring | **[ ]**  |
| **Observations** |  |
| Organize observations | **[ ]**  |
| Establish a formal observational tour plan | **[ ]**  |
| Conduct formal observation and informal interviews (watching people, process and environment) | **[ ]**  |
| Intervene in imminent danger situations | **[ ]**  |
| Record workplace observations | **[ ]**  |
| Make comments to verify scoring and as required | **[ ]**  |
| **Interviews** |  |
| Organize formal interview questions | **[ ]**  |
| Establish formal interview plan | **[ ]**  |
| Conduct formal interviews | **[ ]**  |
| Record interview findings | **[ ]**  |
| Make comments to verify scoring | **[ ]**  |
| **Score the Audit /Process Audit Data** |  |
| Consolidate audit data | **[ ]**  |
| Verify and analyze audit data | **[ ]**  |
| Develop audit recommendations (every question without full marks) | **[ ]**  |
| Complete Element Summary | **[ ]**  |

|  |  |
| --- | --- |
| **Reporting Results** |  |
| **Audit Report/Communicate the Results** |  |
| Complete conclusion/final report (Executive Summary) | **[ ]**  |
| Conduct post-audit debriefing with employer | **[ ]**  |
| Complete audit checklist | **[ ]**  |
| Submit conclusion/final report to AgSafe including:  |  |
| Audit Report Audit Tool  | **[ ]** **[ ]**  |

|  |  |
| --- | --- |
| **Managing the Audit** |  |
| **Manage the Audit** |  |
| Follow audit protocol and standards | **[ ]**  |
| Comply with auditor Code of Ethics | **[ ]**  |
| After QA, inform employer to forward Action Plan to AgSafe if not already submitted | **[ ]**  |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| **Name of Auditor** |  | **Signature of Auditor****\*\*If you do not have an Electronic Signature, please type in initials.** |

# Pre-Audit Meeting

|  |
| --- |
| **Date:**       |
| **Auditor Name:**       |
| **In Attendance:**       |       |
|       |       |
|       |       |

**Check all boxes once discussed with your employer**

|  |  |
| --- | --- |
| Objectives, scope, and criteria | **[ ]**  |
|  |  |
| Type of Audit | **[ ]**  | Company Information | **[ ]**  |
| Audit Start Date | **[ ]**  | Worksites and locations included in the audit | **[ ]**  |
| Audit Completion Date | **[ ]**  |  |  |
|  |  |
| Documentation, observation, and interview dates | **[ ]**  |
| Confirmed the required documentation | **[ ]**  |
|  |  |
| Informed employer about interview requirements | **[ ]**  |
| Total number of interviews to be conducted  | **[ ]**  | Number of managers, supervisors, workers, and JOHSC to be interviewed | **[ ]**  |
|  |  |
| Identified any PPE requirements | **[ ]**  |
|  |  |
| Discussed language barrier issues | **[ ]**  |
|  |  |
| Opportunity for questions | **[ ]**  |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| **Name of Auditor** |  | **Signature of Auditor****\*\*If you do not have an Electronic Signature, please type in initials.** |

# Observation Tour

During the audit process the last onsite activity was the observation tour. During this tour the workplace was observed as well as the workers, supervisors, and the interactions in the workplace.

## Key Observations

|  |  |
| --- | --- |
| **Location** | **Observation** |
|       |       |
|       |       |
|       |       |
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|       |       |
|       |       |

# Element Summaries

## Element One: Management Leadership and Commitment

An effective occupational health and safety program must demonstrate management leadership and commitment to the program and a willingness to improve the workplace safety culture.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

|  |
| --- |
| **Key Recommendations:** |
|       |
|       |
|       |
|       |

## Element Two: Hazard Identification and Control Processes

A process to identify and control workplace hazards is critical in order to eliminate, minimize or prevent unsafe or harmful conditions and work procedures. All work, equipment, tools, machinery, work practices and conditions need to be included in hazard recognition process.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

|  |
| --- |
| **Key Recommendations:** |
|       |
|       |
|       |
|       |

## Element Three: Safe Work Procedures and Written Instructions

An effective Health and Safety program needs to ensure that systems are in place for the workers’ safe performance of their duties. Safe work procedures and practices must be developed and available to workers as required by the Occupational Health and Safety Regulation. Appropriate written instructions must also be developed to supplement the Occupational Health and Safety Regulation.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

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| --- |
| **Key Recommendations:** |
|       |
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|       |
|       |

## Element Four: Training and Instruction for Workers

All workers need to know how to perform their job safely to understand their role in maintaining a healthy and safe workplace. Employers must ensure that workers are trained, qualified and competent to perform their tasks. Adequate instruction and supervision must also be provided to workers in the same performance of their work.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

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| --- |
| **Key Recommendations:** |
|       |
|       |
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|       |

## Element Five: Inspection of Premises, Equipment, Workplaces and Work Practices

Regular inspections of the premises, equipment, work methods and work practices must be included in an effective health and safety program.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

|  |
| --- |
| **Key Recommendations:** |
|       |
|       |
|       |
|       |

## Element Six: Incident Investigations

The need for prompt investigation of incidents, including instructions on what to report to WorkSafeBC, is required in accordance with the Occupational Health and Safety Regulation. The investigation process reveals information necessary to prevent recurrence.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

|  |
| --- |
| **Key Recommendations:** |
|       |
|       |
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|       |

## Element Seven: Program Administration

The maintenance of health and safety records is necessary in order to determine the effectiveness of a health and safety program. Reports of inspections and incident investigations are required in order to determine frequency, severity and incident trends. Effective communication of the program is necessary in order to promote a good safety culture.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

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| --- |
| **Key Recommendations:** |
|       |
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|       |
|       |

## Element Eight: Joint Health and Safety Committee

A Joint Health and Safety Committee (JHSC) or health and safety representative is required at every workplace and is an integral part of an effective occupational health and safety program.

**Score:** **%**

|  |
| --- |
| **Key Strengths:** |
|       |
|       |
|       |
|       |

|  |
| --- |
| **Key Recommendations:** |
|       |
|       |
|       |
|       |

# Post-Audit Meeting

|  |
| --- |
| **Date:**       |
| **Auditor Name:**       |
| **In Attendance:**       |       |
|       |       |
|       |       |

**Check all boxes once discussed with your employer**

|  |  |
| --- | --- |
| Presented and discussed executive summary  | **[ ]**  |
|  |  |
| Discussed and assisted in creating action plan | **[ ]**  |
|  |  |
| Action plan is complete | Yes: | **[ ]**  | No: | **[ ]**  |
|  |
| Opportunity for questions | **[ ]**  |
|  |
| Thanked employer for their time and commitment | **[ ]**  |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| **Name of Auditor** |  | **Signature of Auditor****\*\*If you do not have an Electronic Signature, please type in initials.** |