**Certificate of Recognition (COR)**

**Small Employer**

**Audit Report**

**2024**

**Company:**

**Auditor:**

**Date:**



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# Audit Scope

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Audit** | |  | | | | |
| **Internal Auditor** | Certification  Maintenance  Re-certification | | **External Auditor** | Certification  Maintenance  Re-certification | **Student Audit** | **Base Line Audit**  **WIVA** |
| **Scope:** *(Indicate if the audit is representative of the entire operation. Provide details.)* | | | | | | |
| **Audit Start Date:**       **Audit Completion Date:**  **(first day of on-site activity):**       **(last day of on-site activity):**  **Date Report Completed:**       *(Note that audit on-site activity must be completed within 45 days)* | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Information** |  | | | |
| **Legal Name:** |  | | | |
| **Trade Name:** |  | | | |
| **Address:** |  | | | |
| **City:** | **British Columbia** | | **Postal Code:** |
| **WorkSafeBC Account #:** |  | | | |
| **WorkSafeBC Classification Unit:** |  | | | |
| **Contact Name:** |  | | **Title:** |  |
| **Phone Number:** |  | | | |
| **E-mail Address:** |  | | | |
|  | | | | |
| **Auditor Information** |  | | | |
| **Name:** | | | | |
| **Company Name:** | | | | |
| **Phone Number:** | | | | |
| **Email Address:** | | | | |

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| --- | --- |
| **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** |  |  |  | | |

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| --- | --- |
| **Complete the following information:** | |
| How many employees are in the organization? |  |
| How many employees were interviewed? |  |
| How many Managers / Supervisors were interviewed? |  |
| How many workers were interviewed? |  |
| How many interviewed were responsible for inspections? |  |

|  |  |
| --- | --- |
| **Remember to initiate the audit with the COR Program Assistant** | |
| Advise AgSafe of audit initiation – [cor@agsafebc.ca](mailto:cor@agsafebc.ca) |  |

|  |  |
| --- | --- |
| **Audit Submission** | |
| **By Mail:** Suite #311, 9440 – 202 Street, Langley, BC V1M 4A6 | **By Email**: [cor@agsafebc.ca](mailto:cor@agsafebc.ca) |

# Organizational Chart

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

# Scoring Summary

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

# Executive Summary

|  |
| --- |
| **Summary of Overall Strengths** |
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| --- |
| **Summary of Key Recommendations** |
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| **Conclusion** |
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# Audit Checklist

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| **Preparing for the Audit** |  |
| **Audit Scope** |  |
| Compile and record employer information (WCB industry code, account no.) |  |
| Record auditor information |  |
| Determine employer organizational structure |  |
| Determine documentation, audit interview and worksite sampling strategy and size |  |
| Advise AgSafe of audit initiation by submitting the Notice of Audit form |  |
| **Audit Activities** |  |
| Request specific documentation and records required to be available for audit including past audits |  |
| Conduct pre-audit meeting with employer |  |

|  |  |
| --- | --- |
| **Collecting Audit Data** |  |
| **Documentation** |  |
| Access employers’ safety program documentation and records |  |
| Review documentation and records |  |
| Record documentation findings |  |
| Make comments |  |
| **Interviews** |  |
| Establish formal interview plan |  |
| Conduct formal interviews |  |
| Record interview findings |  |
| Make any necessary comments |  |
| **Score the Audit /Process Audit Data/Complete Element Summary** |  |
| Consolidate and verify audit data |  |
| Develop audit recommendations |  |
| Complete Element Summaries |  |

|  |  |
| --- | --- |
| **Reporting Results** |  |
| **Audit report/Communicate the Results** |  |
| Complete Executive Summary |  |
| Complete post-audit debriefing with employer |  |
| Complete Audit Action Plan |  |
| Complete audit submission checklist  Audit Report  Organizational Chart  Audit Tool  \*Action Plan  Any Program Updates |  |
| Submit audit package to AgSafe \*action plan may be submitted after QA process |  |

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| **Managing the Audit** |  |
| Follow audit protocol and standards |  |
| Comply with auditor Code of Ethics |  |
| Maintain auditor certification |  |

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

# Pre-Audit Meeting

|  |  |
| --- | --- |
| **Date:** | |
| **Company Name:** | |
| **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 and interview dates** | | |  |
| **Confirmed the required documentation** | | |  |
|  | | |  |
| **Informed employer about interview requirements** | | |  |
| **Total amount of interviews to be conducted** |  | **Number of managers and supervisors to be interviewed** |  |
|  | | |  |
| **Identified any PPE requirements** | | |  |
|  | | |  |
| **Discussed language barrier issues** | | |  |
|  | | |  |
| **Opportunity for questions** | | |  |

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

# Element Summaries

## Element One: Management (Owner) 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:** **%**

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| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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## Element Two: Hazard Identification, Risk Assessment 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 this process.

**Score:** **%**

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| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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## 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 Regulations (OHSR). Appropriate written instructions must also be developed to supplement the OHSR.

**Score:** **%**

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| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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## Element Four: Training and Instruction of Workers

All workers need to know how to perform their job safely and 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:** **%**

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| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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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 be included in an effective health and safety program.

**Score:** **%**

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| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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## 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 (OHSR). The investigation process reveals information necessary to prevent recurrence.

**Score:** **%**

|  |
| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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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:** **%**

|  |
| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
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## Element Eight: Action Plan

All audits will have some element(s) which can be improved. The employer is expected to develop and implement an action plan to address the deficiencies as identified by the audit process. The process of developing and acting on a plan to improve the management system each time an audit is performed is referred to as continuous improvement.

**Score:** **%**

|  |
| --- |
| **Strengths:** |
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| **Recommendations based on areas in need of improvement:** |
|  |
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# Post Audit Meeting

|  |  |
| --- | --- |
| **Date:** | |
| **Company Name:** | |
| **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.** |