This form is only eligible for the year it is applied for. To achieve a 3-year COR this form must be completed annually, if applicable.

Today’s Date: Click or tap to enter a date.

|  |  |
| --- | --- |
| **Company Information** | |
| Legal Company Name | Click or tap here to enter text. |
| Head Office Address | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Province | Click or tap here to enter text. |
| Postal Code | Click or tap here to enter text. |

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| --- | --- |
| **Contact Information** | |
| Last Name | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Auditor Information** | |
| Last Name | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Audit Information** | | | |
| Type | | Choose an item. | |
| Approximate Start Date | | Click or tap to enter a date. | |
| **Province** | **WCB Account(s) COR #** | | |
| Choose an item. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Jurisdictions** | | | |
| Which jurisdiction does not have an active field site? | | | Choose an item. |
| Which jurisdiction would you like to use in lieu of field sites? | | | Choose an item. |
| Have there been any active field sites, during the current calendar year, in the province with no active sites? | | | Choose an item. |

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| --- | --- | --- | --- | --- | --- |
| **Current Year Audit Sampling Plan**  **List all active sites one per line. If more lines are required attach a separate list.** | | | | | |
| Province | Fixed or Field Site | Location | Included in Audit? | Total # Employees | Intended Interview # |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **COR** | | | |
| Does the company have a COR? | Choose an item. | If yes, continue filling out the form. | If not, skip to the Employer Reports of Health and Safety Performance Section 1 and 2. |
| Year of the last external audit | Click or tap here to enter text. | | |

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| --- | --- | --- | --- | --- | --- |
| **Previous Year Audit Sampling Plan**  **Please list all active sites one per line. If more lines are required attach a separate list.** | | | | | |
| Province | Fixed or Field Site | Location | Included in Audit | Total Employee #’s | Interview #’s |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Choose an item. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Operations** | |
| **Have there been any significant changes to operations (expansion or contraction of business) since the last certifying audit?** | Choose an item. |
| If so, please explain | Click or tap here to enter text. |

**Employer Report of Health and Safety Performance Section 1**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer Name: | Click or tap here to enter text. | | | | Employer Trade Name | | Click or tap here to enter text. | | | | |
| Province | Choose an item. | | COR # | Click or tap here to enter text. | | | Province- | Choose an item. | COR # | Click or tap here to enter text. | |
| Province | Choose an item. | | COR# | Click or tap here to enter text. | | | Province | Choose an item. | COR # | Click or tap here to enter text. | |
| Reporting Period Dates: (must be a 12-month period from the date of the application) | | | | | | | | | | | |
| Start Date | Click or tap to enter a date. | |  | | | End Date | Click or tap to enter a date. | | | | |
| List the details of any fatalities, serious injuries or incidents that occurred only within the previous 12 months in jurisdictions outside of the provinces that were included in the audit scope.  Does this section apply Choose an item. If yes, complete the below fields. | | | | | | | | | | | |
| **Province** | | **Date** | **Location** | | **Description of Incident (what happened, describe any tools or equipment involved, why did the incident occur)** | | **Description of injury to worker(s)** | | | | **Was the worker hospitalized for 2 days or more?** |
| Choose an item. | | Click or tap to enter a date. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Choose an item. |
| Choose an item. | | Click or tap to enter a date. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Choose an item. |
| Choose an item. | | Click or tap to enter a date. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | | Choose an item. |

Note: Serious injuries are defined as an injury or accident that results in a fatality or a worker being admitted to a hospital for more than 2 days. Serious incidents are defined as having the potential to cause serious injury to persons at the worksite. These can include an unplanned explosion, fire, or flood; the collapse or upset of a crane, derrick, or hoist; or the collapse or failure of the structural integrity of a building or structure.

**Employer Report of Health and Safety Performance Section 2**

List the details of any violations of Occupational Health and Safety Legislation that occurred only within the previous 12 months in jurisdictions outside of the provinces that were included in the audit scope.

Does this section apply Choose an item. If yes, complete the below fields.

|  |  |  |  |  |  |
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| **Province** | **Date** | **Location** | **Description of Violation** | **Have charges been laid? Was the employer prosecuted under OHS Legislation?** | **Penalty Imposed by OHS Authorities** |
| Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Choose an item. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

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| Signature of President, Director, or Senior Officer | Click or tap here to enter text. |
| Print Name | Click or tap here to enter text. |
| Position/Job Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

Please submit this form by email to [CORInfo@EnergySafetyCanada.com](mailto:CORInfo@EnergySafetyCanada.com)