



Request for a Certificate of Recognition Gap Analysis

Organization Information:	
Company Name:	
Address:	
City:	Postal Code:
Phone Number:	SK WCB Rate Code(s):
SK WCB Account Number:	Number of Employees:
Multiple Shifts: Yes No	
Shift Start and End Times:	
Are Shift Activities Similar Yes No	
If shift activities are not similar, please explain:	
Why is the company requesting a Gap Analysis?	

Contact Information:	
Main Gap Analysis Contact:	Phone Number:
Email:	Date of Request:

Gap Analysis Criteria:			
Audit Level	Bronze	Silver	Gold

Gap Analysis Scope:		
Which Facility/area is to be audited? (Please specify and provide details if more than one location is to be included in the audit scope).		
Is an escort required for the Audit Team while performing observations at your facility(ies)?	Yes	No
Do you have an implemented Safe Management System and a manual?	Yes	No
Is your company committed to provide all resources required to complete an audit in a timely fashion?	Yes	No

Acknowledgement:	
I hereby declare, to the best of my knowledge, that the information provided is complete, true, and accurate.	
Signature of Main COR Contact:	Date:
Company Name	



Safety Assessment System Self-Assessment Tool

Can your company provide verifiable evidence of the following?		Yes	No
1.0	Health and Safety Policy		
2.0	Workers' Rights		
2.0	Responsibilities at all levels		
4.0	Accountability		
5.0	Safety Rules		
6.0	Reporting		
7.0	Measurement		
8.0	Risk Assessment		
9.0	Safe work practices and procedures		
10.0	PPE		
11.0	Ergonomics		
12.0	Procurement		
13.0	Training		
14.0	Orientations		
15.0	Communications		
16.0	Employee Involvement		
17.0	Document design and control		
18.0	Inspections		
19.0	Investigations		
20.0	Emergencies		
21.0	Return to work		