



SAFETY ASSOCIATION OF SASKATCHEWAN MANUFACTURERS

1313 Broadway Avenue, Regina, SK S4P 1E5 Phone: 306-525-7276 www.sasm.ca

Request for a Certificate of Recognition Audit

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 <input type="checkbox"/> No <input type="checkbox"/>		
Shift Start and End Time(s)			
Are Shift Activities Similar	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If shift activities are not similar please explain:			
Why is the company requesting COR?			

Contact Information:			
Main COR Contact		Phone Number	
E-mail		Date of Request	

Audit Criteria:			
Audit Level	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>

Audit 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(facilities)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have an implemented Safety Management System and a Manual? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your organization committed to provide all resources required to complete an audit in a timely fashion?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

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



Safety Management System Self Assessment Tool

Company Name	
Date	

Can your organization provide verifiable evidence of the following:			
1.0	Health and Safety Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.0	Worker Rights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.0	Responsibilities for all levels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.0	Accountability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.0	Safety rules	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.0	Reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.0	Measurement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.0	Risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.0	Safe work practices and procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.0	PPE	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.0	Ergonomics	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.0	Procurement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.0	Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.0	Orientations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.0	Communications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.0	Employee Involvement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.0	Document design and control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.0	Inspections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.0	Investigations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.0	Emergencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.0	Return to work	Yes <input type="checkbox"/>	No <input type="checkbox"/>