



Construction Safety Designations



**NORTHERN
SAFETY
NETWORK**
YUKON

Student information package

National Construction Safety Officer (NCSO™)

National Health & Safety Administrator (NHSA™)

In Yukon



Submission form checklist and documentation aid

(Select one)

National Health and Safety Administrator _____

National Construction Safety Officer _____

APPLICANT: The NCSO™ designation must be verified every three years. To maintain your NCSO™ status you will be required to submit documentation confirming the practical application of your abilities (i.e.: Inspection; Toolbox Talk and Audit).

*There will be an administration charge of \$50.00 to verify NCSO™ designation every 3 years

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

***NHTSA™ and NCSO™ applicants complete:**

A. Compulsory Courses (12)	Certification Date	Documentation/Verification submitted to NSNY
Principles of Health and Safety Management		
Safety (Internal) Auditor Training (incl. certification audit)		
Leadership for Safety Excellence		
WHMIS Train the Trainer 2015		
Basics of Instructional Techniques		
Fall Protection End User		
Standard First Aid (2 day)		
Construction Safety Training System (CSTS) –from the ACSA website		
Joint Health and Safety Committee / Representative Training		
Yukon Legislation Awareness		
Return to Work for either large or small business		
Health and Safety Administration		
B. Elective Courses (2 from the list below)		
Confined Space Entrant and Standby Person		
Yukon Traffic Control Training		
Worksite Investigation Basics		
LOTO-Lock out Tag out and Hazard Assessment		

****If you are applying for an NCSO designation please continue to complete C., D., E., below if you are applying for NHTSA please complete D and E then submit the requirements as listed.**



C.NCSO™ Required Experience- (Experience letter)

D.NCSO™/NHSA™ Application of Training and Experience – (Proficiency level)

E. Verification of Combined Knowledge – (NCSO™/NHSA™ written examination)

C. NCSO™ Required Experience Letter

Compulsory Experience (See experience letter criteria)	Completed	Documentation/Verification submitted to NSNY
A minimum of 3 years practical construction experience will be required.		

D.NCSO™/NHSA™ Application of Training and Experience (Proficiency level)

Compulsory Application (see Proficiency Level)	Completed	Documentation/Verification submitted to NSNY
Site inspection form & Corrective Action		
Student safety program audit		
Minutes of a Toolbox/Safety meeting talk presentation		
Hazard assessment & Corrective Action		
Incident or near-miss investigation		

E. NCSO™/NHSA™ Verification of Combined Knowledge – Documentation/verification NSNY

Compulsory Written Examination	Completed	Documentation/Verification submitted to NSNY
NCSO™/NHSA™ General Knowledge Exam	TBA	Conducted at NSNY office

I confirm that the information enclosed in this package is true, complete and accurate.

Print Name _____ Signature _____

Office use only:

Date received at NSNY office _____ Reviewed by _____

Examination Date: _____

Examination fee received \$100.00 _____ Final Exam mark _____

Approved _____ Date of Issue _____



Check NSNY website for a schedule of courses, both compulsory and electives:

For more information on our courses or to register, please visit our website at www.yukonsafety.com or call 867.633.6673 or email info@yukonsafety.com

Important to note: all certification courses are offered through NSNY except First Aid and CSTS

- 1. Standard First aid is not currently offered by NSNY**-please include a copy of your valid Red Cross or St. John's Ambulance ticket (2-day course) along with your submission package.
- 2. Construction Safety Training System (CSTS)** is an on-line training course offered through the ACSA website. <https://www.acsa-safety.org/>

Experience Letter Criteria

The participant must have a minimum of 3 years practical construction experience.

Definition of construction field experience:

A construction worker (laborer or skilled construction tradesperson) working directly and actively in a construction field (i.e. residential, commercial, industrial, road building, pipeline construction, mobile equipment operations etc.); or; an individual who is directly and actively responsible for the supervision (i.e. site superintendent) or safety (i.e. site safety coordinator) of the construction worker, whom also works directly and actively in the construction field on a full time basis.

Make certain all components listed are outlined in your experience validation:

- Letter should be on letterhead from the company(s) that you were employed with and signed by management. (if submitting from multiple employers, each employer must write and sign a letter)
- Start date and end date of employment - length of combined construction related and/or Health and Safety (H&S) employment must meet the 3 year's full time.
- Your job title/position
- Your job description- refer to the definition of construction field experience as outlined above and ensure that your job description outlines and covers the information in the definition.

Percentage of time, based on a weekly average, in the field versus in the office. Do you work 100% of your duties in the field? Or; as a supervisor are you 50% in the field and 50% office? If your time is split between field and office, you can only use your field percentage towards your three years' experience time.

Example: 50% field over one year=6 months towards total field experience.

Examples of different ways that you can submit your experience verification:

- Letter(s) from your current or past employer(s) signed by management, which must include
- A copy of your journeyman construction tradesperson(s) certification and upgrade where applicable
- Letter from your construction trade union verifying length of membership term and qualifications in your trade

Application of Training and Experience – (Proficiency level)

Applicant Name:

Company Name:

All documents listed below must be submitted at the **same time** for review and only one applicant per submission.

- LSE/JHSC Proficiency
- NCSO™/NHSA™
- Recert

Document to be submitted:	Completed? (Y/N)
<p>1. Minutes of a Toolbox/Safety Meeting conducted by you</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conducted by you <input type="checkbox"/> Bears your name and signature 	
<p>2. A completed site inspection form and Corrective Action Plan, which you conducted, or participated in as a member of an inspection team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identified existing and potential hazards/safety violations <input type="checkbox"/> Determined a corrective action plan to minimize or eliminate the hazards <input type="checkbox"/> Bears your name and signature 	
<p>3. A completed Hazard Assessment and Corrective Action Plan, which you conducted, or participated in as a member of the hazard assessment team</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents potential hazards associated with a particular task (i.e.: operating a backhoe) or entire jobsite <input type="checkbox"/> The hazards have been prioritized according to risk <input type="checkbox"/> Control measures/corrective action plan has been documented <input type="checkbox"/> Bears your name and signature 	
<p>4. An incident or near miss investigation, you were involved in, or a report that was developed using a simulated investigation scenario arising from a high ranking hazard found on your work site</p> <ul style="list-style-type: none"> <input type="checkbox"/> Includes an overview of the situation- what happened and who saw it <input type="checkbox"/> Witnesses were interviewed <input type="checkbox"/> Back ground information was checked- information that might be relevant to the equipment, people or conditions involved in the incident was documented <input type="checkbox"/> Causes were determined <input type="checkbox"/> Includes recommended corrections <input type="checkbox"/> Reviewed and signed off by management <input type="checkbox"/> Bears your name and signature 	
For NCSO™/NHSA™ complete information below:	
<p>5. Company Safety Program Audit</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviewed and signed off by management <input type="checkbox"/> Bears your name and signature <input type="checkbox"/> Audit document completed in full 	

I, _____ certify that the above-mentioned documents for submission were prepared and completed by myself and true to the best of my knowledge.

Signed: _____



Date: _____

Code of Ethics

The National Construction Safety Officer (NCSO™)/ National Health & Safety Administrator (NHSA™)

The NCSO™/NHSA™ shall:

1. Practice sound judgment.
2. Recognize professional limitations and competencies.
3. Practice the highest standards of honesty and integrity.
4. Represent themselves, their qualifications, and their experience accurately.
5. Promote and uphold the distinction of the safety profession.
6. Avoid conflicts of interest.
7. Protect confidential information and share only when legally obligated.
8. Respect dignity, diversity, human rights, and employment standards.
9. Continue professional growth and development.
10. Support the efforts of other safety practitioners.

I, _____ have read, understand, and will comply with the NSNY NCSO™/NHSA™ Code of Ethics as written above. I realize that any breach of the Code of Ethics may result in a formal review and subsequent suspension or termination of my NCSO™ or NHSA™ designation.

Signature

Date

