

PRE-AUDIT CHECKLIST FOR NSNY COR®/SECOR® EXTERNAL AUDITS
Please complete the information below in full and submit to the NSNY COR® Advisor for approval prior to commencement of the audit cor-advisor@yukonsafety.com

Company Name:		Total anticipated number of staff at time of audit (including		
(Ensure name matches how you are	registered at the WSCB)	management and workers):		
External Auditor Name:		Total number of managers/supervisors?		
		Owner/Senior ivianager initial to verify number of		
Audit Due Date (Anniversary Date):		manager/supervisors	initial	
		0 / 1		
Audit Start Date:	Submission to NSNY Date:	Scope of work & industry code(s) to be audited:		
		(Ensure you verify all industry codes with an WSCB Assessments Officer)		

Pre-Audit Checklist: The company must ensure the following is in place prior an external audit taking place (If yes, write yes in the yes column. No for no in the no column.

1	Questions for Company	Yes	No
1.0	Does a full-time Yukon site employee(s) of your company hold valid certifications for the mandatory COR®/SECOR® courses? (Five for COR®, four for SECOR®). See www.yukonsafety.com or contact NSNY COR® Coordinator for details. Please note that in order for the training requirements to be met for COR®, a student audit must be approved by the NSNY before the Safety Auditor Certification is granted.		
1.1	To the best of my knowledge, I, and my company's employees, meet the minimum safety training requirements as outlined in Yukon Workplace Health and Safety legislation.		
1.2	As required of all employers, I have current Yukon Workplace Health and Safety Legislation available to all employees.		
1.3	I have established and implemented a Health and Safety Program.		
1.4	I have registered the company in the COR® or SECOR® program with NSNY.		
1.5	I have submitted the company health & safety manual to NSNY for review and it has been approved (manual must have been approved within the last 6 months). (New companies only).		
1.6	Do the majority (50% or more) of full-time Yukon site supervisors/managers employed at my company hold valid Leadership for Safety Excellence (LSE) (or accepted equivalent course) certificate?		
1.7	I am aware that if distance or travel is required by the auditor, it is my company's responsibility to cover the necessary costs of transport for the auditor to the site of his/her choice.		
1.8	I have confirmed that the company has at least 3-6 months' worth of health & safety documentation completed and available for the auditor to review.		
1.9	The auditor I have chosen is listed on the NSNY website (www.yukonsafety.com) as an endorsed NSNY COR® External Auditor.		
1.10	At the time this external audit is to be performed, my working operations will be at medium to peak period level (i.e.: over 51% of peak period staffing levels present, and active worksite(s) are available to be audited that are not my office/shop/yard area)?		
1.11	*SECOR® Companies only* Did you submit your SECOR® Annual Documentation Review the previous year? If no, documentation will need to be provided with your external audit submission. Contact NSNY for details (for COR® mark n/a)		

Company: Assessing Auditor Conflict of Interest

If yes, write yes in the yes column. No for no in the no column.

2	Questions for Company	Yes	No
2.0	Is there a business relationship between your company and the auditor or their respective company? If business is done intermittently this is not a conflict. If there is a contractual agreement it is a conflict. (Business relationship refers to the buying/selling/renting of any goods, labour, and equipment between the two parties).		
2.1	Has the auditor assisted in the design, development and/or implementation of the employer's Health & Safety Program within the 12 months prior to the audit?		
2.2	Has the auditor (or their respective company) been an employee or subcontractor to you in the last 12 months		
2.3	Did the external auditor perform the previous certification audit?		
2.4	Do you or an associate have a personal relationship with the auditor? (including but not exclusively family or close personal friend)		

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External Auditor: Assessing Auditor Conflict of Interest

If yes, write yes in the yes column. No for no in the no column.

3	Questions for External Auditor	Yes	No
3.0	Is there a business relationship between you or your respective company and the company requesting		
	you to do an audit? If business is done intermittently this is not a conflict. If there is a contractual		
	agreement it is a conflict. (Business relationship refers to the buying/selling/ renting of any goods, labour,		
2.4	and equipment between the two parties).		
3.1	Have you assisted in the design, development and/or implementation of the company's Health & Safety Program within the 12 months prior to the audit?		
3.2	Have you (or your respective company) been an employee or subcontractor to the requesting company in the last 12 months?		
3.3	Did you perform the previous certification audit?		
3.4	Do you have a personal relationship with an associate of the requesting company? (Including but not exclusively family or close personal friend)		
3.5	Have you confirmed that the company submitted their health & safety manual to NSNY for review and it		
	was approved (manual must have been approved within the last 6 months)? (New companies only).		
3.6	Have you confirmed that a full-time Yukon site employee(s) of the company has completed all required		
	training for the (SE)COR® program? Auditor must see valid certifications for all required courses.		
3.7	Have you confirmed that the company has at least 3-6 months' worth of health & safety documentation completed and available for review?		
3.8	At time of audit, will the company's staffing levels be reflective of medium to peak working operations (i.e.: over 51% of peak period staffing levels)?		
3.9	Besides the company's regular office/shop/yard area, are there active worksite(s) available to be audited?		
3.10	Do the majority of full-time Yukon site supervisors/managers (50% or more) employed by the company hold valid Leadership for Safety Excellence (LSE) (or accepted equivalent course) certifications?		
3.11	*For SECOR® Companies only* Did the company submit their SECOR® Annual Documentation Review the		
	previous year? If no, documentation will need to be provided with the external audit submission. Contact		
	NSNY for details (for COR® mark n/a)		

Company Representative:

I have read the above caveats and shall no so shall result in my audit being investiga	<u>-</u>	•	nderstand that doing
Owner/Senior Manager Signature	Printed Name		
External Auditor:			
I have read the above caveats and I shall is so shall result in my audit being investiga			nderstand that doing
NSNY COR® External Auditor Signature	Printed Name	 Date	Certificate No.

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^{*}Please note that this checklist is valid for 30 days past the NSNY approved date listed below. If the audit start date is delayed beyond 30 days from the approval date, a new checklist may need to be submitted for review/approval.

PRE-AUDIT CHECKLIST FOR NSNY COR®/SECOR® EXTERNAL AUDITS

Training Verification: Person(s) with training must be a full-time Yukon site employee

COR®: Please complete this t	table if you are undergoing	g a COR® External Audit:	
Course Required:	Participant Name:	Certification Number:	Certificate Expiry Date:
Principles of Health &			
Safety Management			
(held by the Company Auditor			
noted below)			
Safety Auditor Training (course and student audit)			
WHMIS Train the Trainer <i>or</i>			
Basic Instructional			
Techniques			
Leadership for Safety Excellence			
(LSE) (or accepted equivalent course)			
Basics of Return to Work &			
Return to Work for Large or			
Small Business			
SECOR®: Please complete th	is table if you are undergo	ing a SECOR® External Audit:	
Course Required:	Participant Name:	Certification Number:	Certificate Expiry Date:
Principles of Health &			
Safety Management			
Leadership for Safety Excellence			
(LSE) (or accepted equivalent course)			
Basics of Return to Work &			
Return to Work for Large or			
Small Business			
COR®&SECOR®:Company Sup	pervisors/Managers Traini	ng Verification: The majority of i	<u>full-time Yukon site</u> Supervisors
Management (50% or more	e) must hold valid Lead	ership for Safety Excellence (L	SE) certifications (or accepte
equivalent course). Please lis	t all the supervisors currer	itly employed by the company a	nd confirm their training:
Manager/Supervisor	LSE Valid? Yes/No:	Certificate Number:	Certificate Expiry Date:
Name:	-		

To avoid delay in approval, ensure:

- You do not include expired training
- If you are registered for training, the date of the course is noted
- You submit copies of certificates obtained through other approved organizations with your checklist to NSNY

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Safety Committee/Representatives:

Verify whether your compan	y requires either a Joint Hea	alth & Safety Committee (JH	SC) or a Safety Representative by
referencing the Yukon Worker	r's Safety and Compensation	Act, Part 3, Division 3, Sect	ions 36-43.
Committee co-chairs and/or	safety representative(s) mu	st hold a valid JHSC certificat	te from the NSNY.
* In the case of a committee,	the worker representative n	nust also be trained to partic	cipate in incident investigations
and refusals of unsafe work. V	We require (please check or	e)	
A Safety Representative	A JHSC		No Rep/JHSC is required
(5 or more but fewer than 20		kers are regularly	(less than 5 workers)
	employed)		
	J		
Course Required:	Participant Name:	Certification Number:	Certificate Expiry Date:
Management Co-Chair			
Worker Co-Chair			
Worker Safety Rep			
Worker Incident Investigation			
Training*			
responsibility is the foundation		nition (COR®) program. ee Use Only	
	NSINT OTH	le Ose Offiy	
Pre-audit checklist has	s been approved and audit o	an commence: Yes	□No
Approved by:			
Date approved:			
Documentation to be	submitted with the audit:		
Additional Notes:			

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