



## SECOR™ Annual Documentation Review Submission Form

Please complete the information below in full and submit to the NSNY along with the documentation listed below.

Company Name:	Company Contact:
Anniversary Date:	Email:
WCB Account #:	Industry Code(s):
Current Number of Workers:	Company Safety Rep (if applicable):

### Part 1: SECOR™ Training Requirements

Course Required:	Participant Name:	Certification Number:	Certificate Expiry Date:
Principles of Health & Safety Management			
Leadership for Safety Excellence			
Basics of Return to Work			
Return to Work for Large or Small Business			

**SECOR: Company Supervisors/Managers Training Verification:** The majority of Supervisors/Management (50% or more) must hold valid Leadership for Safety Excellence certifications: Please list all the supervisors currently employed by the company and confirm their training.

Supervisor/Manager Name:	Valid LSE? Yes or No?	Certification Number:	Certificate Expiry Date:

### Part 2: Company Information

<b>Work activities:</b> Please provide a brief Description of your company's normal work duties
<b>Project Log:</b> please list below 3 jobs or projects the company took part in this year (if your company had less than 3 jobs just make a note that this was the case):
1.
2.
3.



### Part 3: Documentations required for Submission

Please submit documents that correspond with the projects listed on page 1.

\*All documentation submitted must be recent (within the last year) to show that safety activities are being continuously maintained throughout the year.

Document	Number of Samples to Be provided	Document must include	Submitted (Please ✓ )
Hazard Assessments	3	<ul style="list-style-type: none"> <li>- Hazards identified and prioritized</li> <li>- Controls listed and implemented</li> <li>- Company workers are identified on the forms</li> </ul>	
Site Inspections	3	<ul style="list-style-type: none"> <li>- Location indicated</li> <li>- Corrective actions listed and implemented</li> </ul>	
Tailgate/Toolbox Meetings	3	<ul style="list-style-type: none"> <li>- Topics covered are identified (including a safety subject)</li> <li>- Attendance record kept (with company worker's identified)</li> </ul>	
Preventative Maintenance (E.g. Pre-start checklist, equipment walk-around, Log book, Maintenance log, etc.)	3	<ul style="list-style-type: none"> <li>- Identify tool/equipment/vehicle</li> <li>- Indicated what was done and when</li> </ul>	
Completed Investigation	1	<ul style="list-style-type: none"> <li>- Causes are identified (direct and indirect)</li> <li>- Corrective actions listed and implemented</li> <li>- Investigator identified</li> <li>- Owner/manager signature appears on form indicating it has been reviewed</li> </ul>	
Audit Action Plan progress	1	<ul style="list-style-type: none"> <li>- Actions for recommendations from external audit are listed</li> <li>- Target completion dates listed</li> <li>- Completed items have completion date and signature</li> </ul>	
Emergency Plan for Site(s)	1	<ul style="list-style-type: none"> <li>- ERP is appropriate to work activities</li> <li>- Location/access of first aid, fire protection, exits is included</li> </ul>	
Year End Summary Stats (optional)	1	<ul style="list-style-type: none"> <li>- Summary of inspections, hazard assessments, investigations, orientations, etc. completed over the year</li> </ul>	
Completed Orientations (if applicable)	1	<ul style="list-style-type: none"> <li>- Signatures of both the new hire and person conducting the orientation appears on form</li> </ul>	

**Disclaimer:**

The Information provide don this form, as well as the accompanying documents are true and accurate. All submitted documentation were generated on the dates indicated on the documents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_