



Partnerships SECOR Self-Assessment Quality Assurance Form

Audit Reviewer #: _____ (Enter # only – See PA for #)

Employer Legal Name: _____

Employer Trade Name: _____

Assessor Name: _____

Audit Review Date: _____ Date Assessor Contacted: _____

Final Report Date: _____

<input type="checkbox"/> Final draft rejected <ul style="list-style-type: none"> <input type="checkbox"/> Minimum program standard not met <input type="checkbox"/> Report duplicated from previous audit <input type="checkbox"/> Other _____ 		<input type="checkbox"/> Quality issues <input type="checkbox"/> Timelines not met	
		<input type="checkbox"/> Final draft approved and entered into CORRS <input type="checkbox"/> The maintenance audit has been approved however deficiencies still exist in the safety program. The company is required to correct these deficiencies to ensure the company will achieve re-certification on the SECOR.	
		_____ Signoff	_____ Date

Partnerships Approvals Granted

Audit Date Extension

Audit Submission Deadline Extension

Approved by: _____

SECOR Audit Score: _____ /28 = _____ %

Report Format Evaluation:

Report format followed

Required docs attached, and well organized.

Completed report has a professional appearance

Complete Sworn Statement attached and signed by Commissioner for Oaths.

Details:

employer org chart and/or description of operational structure

number of employees is 10 or less

brief operation description given

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Review of Internally Completed SECOR Audit Report

The following items are to be scored by the Audit Reviewer according to Partnerships guidelines. Where insufficiencies exist, SECOR self-assessors have 2 opportunities to submit the correct documentation, or revise their notes, if appropriate. Any items verified as "NO" answers must be added to the SECOR Action Plan form.

Question	Element A Criteria	Score (Y/N)	Correction Date	Final Score
	<ul style="list-style-type: none"> - Enform Reviewers: Highlight missing criteria - Enform Reviewers: Check off criteria 			
1.1	<input type="checkbox"/> A health and safety policy is attached, containing: <ul style="list-style-type: none"> ○ senior management signature and date ○ safety responsibilities at each level ○ requirement to comply with govt. regulations 			
*1.2	<input type="checkbox"/> Employees are listed that can support this question. <ul style="list-style-type: none"> ○ Documentation or notes are provided in report to confirm. *Score N/A if owner/operator			
1.3	<input type="checkbox"/> List of relevant regulations is attached.			
*1.4	<input type="checkbox"/> A safety meeting policy is attached, containing: <ul style="list-style-type: none"> ○ types of meetings required, and their required frequency ○ standard form for recording attendees, dates, and discussion notes <input type="checkbox"/> Sample of safety meeting minutes is attached, and include: <ul style="list-style-type: none"> ○ meeting dates ○ discussion topics ○ how issues were resolved, and who is responsible for corrective action *Score N/A if owner/operator			
1.5	<input type="checkbox"/> Completed action plan is attached.			
1.6	<input type="checkbox"/> Name of the person is listed that is responsible for corrective actions.			
1.7	<input type="checkbox"/> Completed action plan is attached, and includes target dates and name of the person responsible for follow up.			
ELEMENT TOTAL:		/7		/7

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Question	Element B Criteria - Enform Reviewers: Highlight missing criteria - Enform Reviewers: Check off criteria	Score (Y/N)	Correction Date	Final Score
2.1	<input type="checkbox"/> Complete job inventory is attached. <input type="checkbox"/> Jobs identified are broken down into tasks. <input type="checkbox"/> Hazards of each job/task are identified.			
2.2	<input type="checkbox"/> A sufficient sample of preventative maintenance logs for relevant equipment is attached (at least quarterly documentation). Should include: <ul style="list-style-type: none"> ○ photocopies of commercial inspections ○ service records from professional mechanics, is applicable. ○ pre-trip inspections ○ Maintenance logs or records 			
2.3	<input type="checkbox"/> Inspections policy is attached and includes: <ul style="list-style-type: none"> ○ types of inspections that must be conducted ○ who is responsible for conducting inspections ○ how often inspections are to be conducted ○ who is responsible for follow-up of deficiencies ○ type(s) of checklists to be used 			

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2.4	<input type="checkbox"/> Samples of the last 3 checklists are attached, or notes showing: <ul style="list-style-type: none"> ○ what was found ○ date of completion ○ corrective action taken ○ what was looked for ○ by whom ○ follow up <input type="checkbox"/> Safety Program Manual contains blank copies of each type of inspection checklist.			
*2.5	<input type="checkbox"/> Hazard reporting policy is attached, and includes: <ul style="list-style-type: none"> ○ what is reportable ○ how to report hazards ○ who is responsible for investigating and reporting hazards. <input type="checkbox"/> Samples of completed hazard report forms are attached, and include: <ul style="list-style-type: none"> ○ a description of the hazard and its location ○ the risk it presents ○ control measures needed, and interim action taken <input type="checkbox"/> Safety Program Manual contains blank copies of the report form. *Score N/A if owner/operator			
ELEMENT TOTAL:		/5		/5

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Question	<p align="center">Element C Criteria</p> <ul style="list-style-type: none"> - Enform Reviewers: Highlight missing criteria - Enform Reviewers: Check off criteria submitted 	Score (Y/N)	Correction Date	Final Score
3.1	<input type="checkbox"/> Emergency Response Plan is attached, and includes: <ul style="list-style-type: none"> ○ responsibilities of key people at the emergency site and at the office ○ emergency and post-emergency procedures ○ lists of emergency contacts ○ documentation to be filled out in event of an emergency is identified <input type="checkbox"/> Does the plan give guidance to: <ul style="list-style-type: none"> ○ Injuries ○ Fatalities ○ Spills ○ Fire ○ Natural disasters 			
*3.2	<input type="checkbox"/> Employees are listed that can support this question. <ul style="list-style-type: none"> ○ Documentation or notes are provided in report to confirm. *Score N/A if owner/operator			
3.3	<input type="checkbox"/> Samples of completed forms for evaluation of emergency response drills are attached. Form includes a list of attendees. <input type="checkbox"/> Health and Safety Program Manual includes a blank copy of the form. <input type="checkbox"/> Process for conducting an emergency scenario is attached.			

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3.4	<input type="checkbox"/> Discipline Policy is attached, and includes: <ul style="list-style-type: none"> ○ company safety rules ○ safety work habits ○ how violations will be corrected ○ steps taken when violations are noted <input type="checkbox"/> Health and Safety Program Manual includes a blank copy of any forms developed to accompany this policy.			
ELEMENT TOTAL:		/4		/4

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Question	<p align="center">Element D Criteria</p> <ul style="list-style-type: none"> - Enform Reviewers: Highlight missing criteria - Enform Reviewers: Check off criteria submitted 	Score (Y/N)	Correction Date	Final Score
4.1	<input type="checkbox"/> Notes address the intent of the question and contain enough detail to verify that new workers attend orientations on their first day of employment.			
4.2	<input type="checkbox"/> Orientation Policy is attached, and includes: <ul style="list-style-type: none"> ○ who is responsible for conducting orientations ○ when orientations are required ○ topics to be covered in orientations ○ who is required to sign off the orientation upon completion <input type="checkbox"/> Completed samples of orientation checklists are attached, and include: <ul style="list-style-type: none"> ○ topics covered ○ employee and supervisor sign-off ○ indication that the employee will comply with the employer's safety program <input type="checkbox"/> The Health and Safety Program Manual contains a blank copy of the orientation checklist.			
4.3	<input type="checkbox"/> Critical tasks inside the job/task inventory (2.1) have been identified and risk ranked. <input type="checkbox"/> Job safety training addresses how to conduct critical tasks safely. <input type="checkbox"/> Copies of all training certificates is provided (i.e. H2S, first aid etc.)			

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4.4	<input type="checkbox"/> Samples of completed copies of on the job training checklists are attached. <input type="checkbox"/> The Health and Safety Program Manual contains blank copies of the on the job training checklists.			
4.5	<input type="checkbox"/> Notes address the intent of the question, and provide enough detail to indicate that employees are aware of what to do about refusal of unsafe work. (Names listed in 3.2 can be used to verify).			
4.6	<input type="checkbox"/> PPE Policy is attached, and includes: <ul style="list-style-type: none"> <input type="checkbox"/> a list of PPE used by the company <input type="checkbox"/> types of equipment used by the company <input type="checkbox"/> when and where to use PPE <input type="checkbox"/> hazards associated with PPE <input type="checkbox"/> proper fitting requirements <input type="checkbox"/> cleaning, replacement, care and maintenance of PPE <input type="checkbox"/> training in the use and care of PPE <input type="checkbox"/> List of PPE in use by the employer is attached. <input type="checkbox"/> Appropriate codes of practice are attached <input type="checkbox"/> Samples of completed training records are attached and show that all requirements from the PPE Policy are being addressed. Employee sign off must also be included. <input type="checkbox"/> Health and Safety Program Manual includes a blank copy of the PPE training form.			
ELEMENT TOTAL:		/6		/6

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Question	<p align="center">Element E Criteria</p> <ul style="list-style-type: none"> - Enform Reviewers: Highlight missing criteria - Enform Reviewers: Check off criteria submitted 	Score (Y/N)	Correction Date	Final Score
5.1	<input type="checkbox"/> Completed prime contractor information forms are attached. (pages 1 & 2)			
5.2	<input type="checkbox"/> Completed prime contractor information forms are attached. (page 3)			
5.3	<input type="checkbox"/> Completed prime contractor information forms are attached. (page 4)			
5.4	<input type="checkbox"/> A sampling of primes safety meeting minutes have been attached, and identify the name of employees in attendance at safety meetings.			
ELEMENT TOTAL:		/4		/4

Reviewers: Please make any further comments on the extra reviewer sheets provided. Please reference the question # with your comment.

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Question	Element F Criteria	Score (Y/N)	Correction Date	Final Score
6.1	<ul style="list-style-type: none"> - Highlight missing criteria - Check off criteria submitted <p><input type="checkbox"/> Accident/Incident Investigation and Reporting Standard is attached, and includes:</p> <ul style="list-style-type: none"> <input type="radio"/> guidance on how to report incidents <input type="radio"/> what documentation must be submitted with an incident report <input type="radio"/> how to investigate an incident <input type="radio"/> who is responsible for what should an incident occur <input type="radio"/> how to preserve and collect evidence <input type="radio"/> requirement that all incidents/accidents be reported. 			
6.2	<p><input type="checkbox"/> Completed samples of accident/incident reporting forms are attached, and include:</p> <ul style="list-style-type: none"> <input type="radio"/> names of everyone involved <input type="radio"/> location, date, time of incident <input type="radio"/> names of victims and injury/illness description <input type="radio"/> description of damages <input type="radio"/> description of incident <input type="radio"/> description of events prior to incident <input type="radio"/> preliminary determination of root cause <p><input type="checkbox"/> The Health and Safety Program Manual contains a blank copy of the accident/incident reporting form.</p> <p><input type="checkbox"/> Incident statistics report is attached.</p> <p><input type="checkbox"/> Completed samples of near-miss incidents are submitted.</p>			
ELEMENT TOTAL:		/2		/2

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Reviewers: Please make any further comments on the extra reviewer sheets provided. Please reference the question # with your comment.

Summary Score Sheet

Element (50% minimum required to pass each element.)		Total Points Possible	Points Not Applicable (n/a)	Total Points Available	Total Points Scored	Score %
A.	Management Involvement & Commitment	7				
B.	Hazard Identification and Risk Control	5				
C.	Rules and Work Procedures	4				
D.	Training	6				
E.	Communications	4				
F.	Incident/Accident Reporting and Investigation	2				
TOTAL (minimum 80% required for COR)		28				

One point is awarded for every "yes" answer given. Any questions marked as "n/a" are subtracted from the total points available for the element, and the audit as a whole.

Summary Score Sheet – Resubmission Review

Element (50% minimum required to pass each element.)		Total Points Possible	Points Not Applicable (n/a)	Total Points Available	Total Points Scored	Score %
A.	Management Involvement & Commitment	7				
B.	Hazard Identification and Risk Control	5				
C.	Rules and Work Procedures	4				
D.	Training	6				
E.	Communications	4				
F.	Incident/Accident Reporting and Investigation	2				
TOTAL (minimum 80% required for COR)		28				