

## COREL ELEMENT 14 & 15 SELF AUDIT CHECKLIST FOR NEW APPLICANTS

Company Name:	Date:
Company Address:	Company Contact Person:
	Contact Person email:
Company Phone Number:	Company Fax Number:

Please fill out the checklist below and submit to the Northern Safety Network Yukon (NSNY) office via fax: (867)633- 6391 or email: [info@yukonsafety.com](mailto:info@yukonsafety.com)

### Element 14: Joint Health & Safety Committee/Representative

QUESTION #	ELEMENT 14 – YUKON SUPPLEMENT	GUIDELINE	ANSWER
1	14.1- Will your project in the Yukon require the assembly of a Joint Health & Safety Committee (JHSC)?	Refer to section (12)3 and 13(1) of the Yukon OH & S Act.  Determine whether your project in Yukon will most likely require the assembly of a JHSC to be compliant with legislation.	<input type="checkbox"/> YES: skip question #2 <input type="checkbox"/> NO: move to question #2  Comments:
2	14.1- Will your project in the Yukon require a Safety Representative to be compliant?	Refer to section (12)3 and 13(1) of the Yukon OH & S Act.  Determine whether your project in Yukon will most likely require a Safety Representative to be compliant with legislation.	<input type="checkbox"/> YES <input type="checkbox"/> NO: mark questions #3-#11 as "N/A" (Not applicable)  Comments:
3	14.2- As the Employer, are you willing to make JHSC members or Safety Representatives familiar with their legal duties and responsibilities?	Safety Representative(s)/JHSC co-chairs are required to attend training provided by the NSNY within 90 days of their appointment. Employers are required to orientate all committee members to their	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:

		duties while they are members of the JHSC.	
4	<b>14.3- As the Employer, are you willing to train the appropriate personnel in how to carry out their duties and responsibilities as they relate to being the Safety Representative or on the JHSC?</b>	Safety Representative(s)/JHSC co-chairs are required to attend training provided by the NSNY within 90 days of their appointment. Recognized training could include: NSNY Joint Health & Safety Committee/ Health & Safety Rep Training, Principles of Health & Safety Management (PHSM) or Leadership for Safety Excellence (LSE).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:
5	<b>14.4- Will JHSC meeting minutes or the Safety Representative's records be posted or made readily available for all employees to read?</b>	Records must be kept of all activities including workplace inspections, meetings, investigations etc. Records can be forms or personal notebooks. Confirm that the JHSC meeting minutes or the Safety Representative records will be made available to all employees.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:
6	<b>14.5- Will both management and workers be represented on the JHSC?</b>	There must be representation from management and the workers on the committee; there can be more workers than management but not more management than workers. Management can be appointed or selected, but worker representatives must be selected by the workers they represent.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A: Our project will most likely not require the establishment of a JHSC  Comments:
7	<b>14.6- Will JHSC members or Safety Representative perform monthly inspections of the workplace?</b>	When undergoing your audit, your auditor will check records to ensure workplace inspections are performed monthly and involve the JHSC or Safety Representative.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:
8	<b>14.7- Will the JHSC meet at least once per month?</b>	When undergoing your audit, your auditor will check your records to ensure the JHSC meets at least once per month.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A: Our project will most likely not require the establishment of a JHSC  Comments:



9	<b>14.8- Will the JHSC or the Safety Representative review all accident/incident reports?</b>	The JHSC or Safety Representative is required to review all accidents, incidents and investigations.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:
10	<b>14.8.1- Will the JHSC or Safety Representative make recommendations for workplace health &amp; safety improvements?</b>	When undergoing your audit, your auditor will verify that the JHSC or Safety Representative makes recommendations and reports substandard acts and conditions to management for improving workplace health & safety.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:
11	<b>14.9- Will the recommendations made by the JHSC or Safety Representative be acted on by management?</b>	Verify that management will act upon the recommendations/hazardous situations provided by the JHSC/Safety Representative	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  Comments:



## Element 15: Return to Work

QUESTION #	ELEMENT 15 – YUKON SUPPLEMENT	GUIDELINE	ANSWER
1	<b>15.1.1 - As the Employer, are you willing to have the appropriate personnel complete RTW training?</b>	An appropriate management person is required to attend the NSNY Basics of RTW (half-day) and either RTW Large Business (one day) or RTW Small Business (one day).	<input type="checkbox"/> YES: <input type="checkbox"/> NO: Comments:
2	<b>15.1.2 - As the Employer, are you willing to train employees in RTW?</b>	All employees must receive RTW training in regards to the program and their responsibilities (e.g. orientation). Annual RTW training must also be provided to all employees (e.g. safety meetings, in-house training, etc.).	<input type="checkbox"/> YES <input type="checkbox"/> NO: Comments:
3	<b>15.2.1 – Will you have a RTW program that is appropriate and relevant to your company size?</b>	The RTW program must include a policy outlining management’s commitment, roles and responsibilities, processes to follow, forms, etc. that is relevant to the size of the company.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
4	<b>15.2.2 – Will the RTW program be made easily accessible for employees?</b>	The RTW program must be made available to employees (via newsletters, company safety manual, etc.).	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
5	<b>15.2.3 – Will the RTW policy be posted or made available to employees?</b>	You must have a RTW policy that has been signed and dated by current senior management. The auditor will look to see if the policy is posted or made available to employees.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
6	<b>15.2.4 – Will your RTW program contain specific goals and objectives?</b>	The RTW program must contain specific goals and objectives such as a clear process of all employees following an injury or illness, ensure fair and consistent treatment of all injured workers, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:



7	<b>15.3.1 – Will there be a specific person who is accountable for managing the RTW program?</b>	The RTW policy/program must clearly state who is responsible for the RTW program.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
8	<b>15.3.2 – Will the roles and responsibilities be clearly defined in the RTW program/policy?</b>	The RTW program/policy must state the roles and responsibilities of the person responsible for the RTW program.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
9	<b>15.3.3 – Will the roles and responsibilities made available for employees?</b>	The roles and responsibilities of the person responsible for the RTW program must be made available to all employees.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
10	<b>15.4.1 – Will you ensure that proper steps (as outlined in your RTW plan) will be followed if a worker is injured?</b>	If an injury occurs in your workplace, the auditor will look for evidence that you implemented your RTW plan following the injury.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
11	<b>15.4.2 – Will the RTW process contain steps to be followed as part of the RTW program?</b>	There must be specific instructions in the RTW process that outline the worker's responsibilities if an injury occurs.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
12	<b>15.4.3 – Will your RTW process contain steps for maintaining communication with the injured worker?</b>	The RTW process should have a written process that outlines the frequency and methods of on-going communication throughout the period of the worker's recovery.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
13	<b>15.5.1 – Will you evaluate your RTW program to measure its effectiveness?</b>	The auditor will look for documentation that supports the annual review of the RTW program. If no injuries or if the program is new, the employer must use the Disability Management Self-Assessment (DSMA) tool.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
14	<b>15.5.2 – Will you make changes or improvements to your RTW program following an evaluation?</b>	The auditor will look for documentation that shows corrective action(s) have been made following the evaluation of the RTW program or from the use of the DSMA tool.	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:

15	15.6.1 – Will there be a written process for the collection and protection of private information as part of the RTW program?	The RTW program must contain information/steps that clearly define the collection and use of personal information (see Worker' Compensation Act, section 42(3)).	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
16	15.6.2 – Will you instruct relevant personnel on privacy issues?	The auditor will look for records which show that the employer has given employees instruction on privacy issues related to the RTW program (e.g. meeting minutes, orientation, newsletters, etc.).	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:
17	15.6.3 – Will you ensure the RTW process is compliant with the Workers' Compensation Act?	The RTW process must state that information concerning the injured workers functional abilities is confidential (refer to the Workers' Compensation Act, section 42(3)).	<input type="checkbox"/> YES <input type="checkbox"/> NO Comments:

To the best of my knowledge, the information I provided in this checklist is true and accurate: YES NO

Name of Company Senior Manager or Company Designate (please print):

Signature of Senior Manager or Company Designate:

Date:

<u>For NSNY Office Use Only</u>	
Self Audit Checklist approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COREL Application form received:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Payment received for COREL admin fee:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COR Certificate from home jurisdiction received:	<input type="checkbox"/> YES <input type="checkbox"/> NO
LOGS received:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COREL LETTER ISSUED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

