

PRE-AUDIT CHECKLIST FOR NSNY COR INTERNAL AUDITS



The following information must be completed and submitted to the NSNY COR Coordinator prior to an Internal Audit taking place.

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| Company Name:  |
| Internal Auditor Name:   |
| Audit due date (anniversary date):   |
| Anticipated Audit Start Date:  |
| Total anticipated number of staff at time of audit (including management and workers): |
| Total number of Managers/Supervisors at time of audit:                                 |

**1. Pre-Audit Checklist:**

The **company** must ensure the following is in place prior an internal audit taking place (*Use a ✓ in the YES column an x in the NO column*):

| 1   | Questions  | Yes | No |
|-----|--|-----|----|
| 1.1 | Does your company hold valid certifications for the mandatory COR courses? See <a href="http://www.yukonsafety.com">www.yukonsafety.com</a> or contact NSNY COR Coordinator for details.               |     |    |
| 1.2 | To the best of my knowledge, I, and my company's employees, meet the minimum safety training requirements as outlined in Yukon Occupational Health and Safety legislation.                             |     |    |
| 1.3 | As required of all employers, I have current Yukon Occupational Health and Safety Legislation available to all employees.  |     |    |
| 1.4 | I have established and implemented a Health and Safety Program.  |     |    |
| 1.5 | I have registered the company in the COR or SECOR program with NSNY.   |     |    |
| 1.6 | Would the audit on this work site(s) reflect what the company does throughout the year in terms of number of workers, type of work and industry codes? (Would the audit show representative sampling?) |     |    |
| 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 | Does the person carrying out the Internal Audit hold a valid Internal Auditor Training Program certificate or have they completed the Internal Auditor Training Program?                               |     |    |

**Company Representative:**

\_\_\_\_\_  
 Owner/Senior Manager Signature          Printed Name          Date

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**Training Verification:**

| <b>COR: Please complete this table if you are undergoing a COR Internal Audit:</b> |                          |                              |                                 |
|--|--------------------------|------------------------------|---------------------------------|
| <b>Course Required:</b>  | <b>Participant Name:</b> | <b>Certification Number:</b> | <b>Certificate Expiry Date:</b> |
| Principles of Health & Safety Management   |                          |                              |                                 |
| Leadership for Safety Excellence   |                          |                              |                                 |
| WHMIS Train the Trainer <i>or</i> Basic Instructional Techniques                   |                          |                              |                                 |
| Internal Auditor Training  |                          |                              |                                 |
| Basics of Return to Work   |                          |                              |                                 |
| Return to Work for Large or Small Business   |                          |                              |                                 |

| <b>SECOR: Please complete this table if you are undergoing a SECOR Internal Audit:</b> |                          |                              |                                 |
|--|--------------------------|------------------------------|---------------------------------|
| <b>Course Required:</b>  | <b>Participant Name:</b> | <b>Certification Number:</b> | <b>Certificate Expiry Date:</b> |
| Principles of Health & Safety Management   |                          |                              |                                 |
| Leadership for Safety Excellence   |                          |                              |                                 |
| Basics of Return to Work   |                          |                              |                                 |
| Return to Work for Large or Small Business   |                          |                              |                                 |

| <b>COR &amp; SECOR: Company Supervisors/Managers Training Verification:</b> 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 (you can attach a separate sheet if you need more room): |  |                              |                                 |
|---|--|------------------------------|---------------------------------|
| <b>Supervisor/Manager Name:</b>   | <b>Have they taken LSE? Yes or No?</b> | <b>Certification Number:</b> | <b>Certificate Expiry Date:</b> |
|   |  |                              |                                 |
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**Safety Committees/Representatives:**

**COR & SECOR: Please complete this table if you are undergoing a COR/SECOR Internal Audit:**

Verify whether your company requires either a Joint Health & Safety Committee (JHSC) or a Representative by referencing the *Yukon OH&S Act, sections 12 and 13*. To determine if your workplace is hazard class A, B or C, please reference the *Yukon OH&S Regulations- Minimum First Aid Requirements*.

Committee co-chairs and/or safety representative(s) must hold a valid JHSC certificate from the NSNY.

We require (please check one):

A Safety Representative

A JHSC

No Rep/JHSC is required

Please list JHSC co-chairs/Safety Representative(s) below:

| Course Required:                             | Participant Name(s): | Certification Number: | Certificate Expiry Date: |
|--|----------------------|-----------------------|--------------------------|
| Joint Health & Safety Committee/Rep Training |                      |                       |                          |
| Joint Health & Safety Committee/Rep Training |                      |                       |                          |

**For NSNY Office Use Only:**

Checklist Approved: Yes  No  Date Approved:

By Whom:

Notes: