

PRE-AUDIT CHECKLIST FOR NSNY COR EXTERNAL AUDITS



Please complete the information below in full and submit to the NSNY COR Coordinator for approval prior to commencement of the audit.

Company Name:	Total anticipated number of staff at time of audit (including management and workers):
External Auditor Name:	Total number of managers/supervisors?
Audit Due Date (Anniversary Date):	Owner/Senior Manager initial to verify number of manager/supervisors Initial
Anticipated Audit Start Date:	Is the audit for COR or SECOR?

Pre-Audit Checklist: The **company** must ensure the following is in place prior an external audit taking place (Use a in the YES column an x in the NO column):

1	Questions for Company	Yes	No
1.0	Does 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 Internal Auditor Certification is granted. The classroom portion is only the first portion of the training; proven auditor competency needs to be verified by the confirmation that the internal auditor for the company has been issued a valid internal auditor certificate, signed by the NSNY Executive Director.		
1.1	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.		
1.2	As required of all employers, I have current Yukon Occupational 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	Do the majority (50% or more) of full-time supervisors/managers employed at my company hold valid Leadership for Safety Excellence certification(s)?		
1.6	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.		
1.7	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.		
1.8	The auditor I have chosen is listed on the NSNY website (www.yukonsafety.com) as an endorsed NSNY COR External Auditor.		
1.9	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)?		

Company: Assessing Auditor Conflict of Interest

Use a in the YES column an x 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 Conflict of Interest

Use a in the YES column an **x** in the NO column:

3	Questions for 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, 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 has completed all required training for the (SE)COR program? Auditor must see valid certifications for all required courses.		
3.6	Have you confirmed that the company has at least 3-6 months' worth of health & safety documentation completed and available for review?		
3.7	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)?		
3.8	Besides the company's regular office/shop/yard area, are there active worksite(s) available to be audited?		
3.9	Do the majority of supervisors (50% or more) employed by the company hold valid Leadership for Safety Excellence certifications?		

Company Representative:

I have read the above caveats and shall not choose an auditor for which there is a conflict, and understand that doing so shall result in my audit being investigated by the audit review committee.

 Owner/Senior Manager Signature Printed Name Date

External Auditor:

I have read the above caveats and I shall not perform an audit for which there is a conflict, and understand that doing so shall result in my audit being investigated by the audit review committee.

 NSNY COR External Auditor Signature Printed Name Date Certificate No.

***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 needs to be submitted for review/approval.**

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Training Verification:

COR: Please complete this table if you are undergoing a COR External Audit:			
Course Required:	Participant Name:	Certification Number:	Certificate Expiry Date:
Principles of Health & Safety Management			
Leadership for Safety Excellence			
WHMIS Train the Trainer or Basic Instructional Techniques			
Internal Auditor Certification (training and student audit)			
Basics of Return to Work			
Return to Work for Large or Small Business			

SECOR: Please complete this table if you are undergoing a SECOR External Audit:			
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			

COR & 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 (you can attach a separate sheet if you need more room):			
Supervisor/Manager Name:	Valid LSE? Yes or No?	Certification Number:	Certificate Expiry Date:

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Safety Committees/Representatives:

COR & SECOR: Please complete this table if you are undergoing a COR/SECOR External 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			

NSNY Office Use Only:

Pre-audit checklist has been approved and external audit can commence: Yes No

Approved by: _____

Date approved: _____

Additional Notes: