

DETERMINING CONFLICT ISSUES

Appendix B

NAME OF COMPANY REQUESTING AUDITOR: _____

IF AN AUDITOR HAS BEEN CHOSEN BY THE COMPANY, THE FOLLOWING MUST NOT BE TRUE:

1. 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. Has the auditor assisted in the design, development and/or implementation of the employer's Health & Safety Program?
3. Has the auditor (or their respective company) been an employee or subcontractor to you in the last 12 months
4. Did the external auditor perform the previous certification audit?
5. Do you or an associate have a personal relationship with the auditor? (including but not exclusively family or close personal friend)

NAME OF AUDITOR: _____

1. 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).
2. Have you assisted in the design, development and/or implementation of the company's Health & Safety Program?
3. Have you (or your respective company) been an employee or subcontractor to the requesting company in the last 12 months
4. Did you perform the previous certification audit?
5. Do you have a personal relationship with an associate of the requesting company? (including but not exclusively family or close personal friend)

IF ANY OF THE ABOVE STATEMENTS HOLD TRUE THERE IS A CONFLICT OF INTEREST.

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COMPANY REQUESTING AUDIT: _____

The company must ensure the following should be in place before beginning an external audit:

| Questionnaire – Company Issues | Yes | No | Comments |
|---|-----|----|----------|
| 1. Have you taken the mandatory COR courses? (Four for COR, two for SECOR) | | | |
| 2. 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?) | | | |
| 3. If distance or travel is an issue, inform the company that it is their responsibility to transport the auditor to the site of his/her choice. | | | |
| Questionnaire – Auditor Issues | Yes | No | Comments |
| 1. Is their external auditor certification current? (check NSNY records at yukonsafety.com) | | | |
| 2. Is there a business, contractual or any relationship within the past 12 months that would influence the results of the audit? (It is a conflict of interest if the auditor has worked for the auditee in the last 12 months) | | | |
| 3. Did this auditor have any input into the company's Health & Safety Program (design, implementation or maintenance)? | | | |
| 4. Did this auditor perform previous external audit? | | | |
| Upon Selection of the Auditor: | | | |
| 1. Inform the Northern Safety Network Yukon of your auditor decision | | | |

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COMPANY REQUESTING AUDITOR:

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.

Signed

Print

Date

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.

Signed

Print

Date