

**SAFE**

**Conversion**

**Audit**

**All Employer Sizes**

**Employers using this package must have and maintain WorkSafeBC COR certification with a BC Certifying Partner**

**Employers using this package must NOT have a forestry classification unit.**

# Instructions

If your company has had any changes in ownership, business activities, name, WorkSafeBC account or classification(s), please contact the Council prior to your audit.

**Completing the package**

Complete this package AND provide the two (2) required pieces of evidence.

* The name of the person who completed the Forestry Safety Overview training course and is currently employed by the company.
* a copy of the Certifying Partner QA success notice or letter from the last audit within the previous 12 months. The actual audit is not required.

Any company representative may complete this package. Note that this process results in SAFE Certification only. It does NOT result in an additional COR certification or further COR incentive.

For further assistance contact BC Forest Safety Council at 1-877-741-1060 and ask to speak to SAFE Companies about a conversion audit.

**Audit Submission Package**

Please send your package via

* online submission: <http://app.bcforestsafe.org/upload/>
* email [audit@bcforestsafe.org](mailto:audit@bcforestsafe.org) for files under 10MB

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| **Complete All Information** |

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| --- | --- |
| **Type of Audit (check as needed):** | **COR Certifying Partner** |
| Certification Audit | AgSafe |
| Maintenance Audit | BCCSA |
| Recertification Audit | Energy Safety Canada |
| **Size (check as needed):** | go2HR |
| Small Employer SAFE (<20 forestry personnel) | Municipal Safety Association |
| Large Employer SAFE (>19 forestry personnel) | SafetyDriven |

**Company Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Company Name | | Company Trade Name/*dba* | | |
|  | |  | | |
| Company Owner(s) | | Title/Position | | |
|  | |  | | |
| Mailing Address: | | City | Province | Postal Code |
|  | |  |  |  |
| Street Address: (if different from mailing address) | | City | Province | Postal Code |
|  | |  |  |  |
| Phone | Cell | Fax | Email | |
|  |  |  |  | |

**WorkSafeBC Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WorkSafeBC account # | What does your company do as its main activities? | | | | |
|  |  | | | | |
| List all the company’s WSBC Classification Unit(s) | |  |  |  |  |
| List which CUs this conversion is intended to cover | |  |  |  |  |
| If you wish conversion for less than 100% of the entire company, please explain | | | | | |
|  | | | | | |
| COR OHS certificate number | | COR expiry date | | | |
|  | |  | | | |

**Additional Contact Information (if different from company owner above)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Safety Contact Person **OR** Check if same as owner above | | | | | | | | | | | | Job Title | | | |
|  | | | | | | | | | | | |  | | | |
| Office Telephone | | | | Fax | | | | Cell Phone | | | | Email address | | | |
|  | | | |  | | | |  | | | |  | | | |
| **Type of Work Activities**: **(Check all activities that this audit applies to)** | | | | | | | | | | | | | | | | | |
| Mechanical Harvesting  Hand Falling / Bucking  Scaling / Sorting  Yarding / Loading  Integrated Forest Management  Forestry Consulting  Silviculture  Water Operations  Log Hauling / Trucking  Heli-Logging  Road Building / Deactivation / Site Prep  Forest / Road Engineering  Fire Fighting | | | | | | | | | Custom Wood Kiln / Co-Generation  Laminated Wood Structural Support Products  OSB manufacture  Sawmill or Planing Mill  Portable Wood Mill  Pressed Board Manufacture / Pellet Mill  Shake or Shingle Mill  Veneer or Plywood Manufacturing  Wood Chip Mill  Wood Preserving  Wooden Components (not elsewhere specified)  Wooden Post or Pole  Other (Specify): | | | | | | | | |
| **Total Personnel Count total per month for past 12 months**   * **in total company** * **in intended scope of conversion** | | | | | | | | | | | | | | | | | |
| (Total = owners + management + office + supervisors + workers + workers of dependent contractors) | | | | | | | | | | | | | | | | | |
| Yr |  |  |  | |  |  |  | | |  |  | |  |  |  | |  |
| Mo | Jan | Feb | Mar | | Apr | May | Jun | | | Jul | Aug | | Sep | Oct | Nov | | Dec |
| **#** |  |  |  | |  |  |  | | |  |  | |  |  |  | |  |
| **#** |  |  |  | |  |  |  | | |  |  | |  |  |  | |  |

**Evidence and Authorization**

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| --- | --- | --- |
| Mandatory Evidence  Attach proof of Certifying Partner QA success from within the last 12 months. This is the letter from the Certifying Partner that states the audit was accepted. It is NOT the COR certificate. The actual audit is not required.  The person who completed the BCFSC Forestry Safety Overview training and is still on payroll in the company’s forestry operations is:  Name: | | |
| Company Management Representative  I hereby acknowledge that I have provided true and accurate information to the best of my abilities: | | |
| Name | Signature *– electronic is acceptable* | Date |
|  |  |  |