



100 Submission

Version 3

2025 edition



Designed for

- **Owner-operators with no field employees or contractors**
- **Owner-operators with no more than one office support person**



Instructions

The IOO (Individual Owner-Operator) Audit Submission Package is designed to help employers satisfy the submission requirements of the IOO audit.

The IOO submission is intended for a company with:

- No field employees or contractors (other than a safety watch person)
- No more than one office support worker
- No more than 10 person-days per year of a relief / replacement worker

Completing the package

The person completing this package must be an IOO auditor. This means the person must have attended the IOO training course. In order to be eligible for a 2025 Certificate of Recognition (COR) rebate from WorkSafeBC, your company's internal auditor may need to take the COR refresher training before submitting their 2025 audit, if their IOO course was prior to 2022. The WorkSafeBC Certificate of Recognition program requires IOO auditors receive four hours of refresher training every three years.

Please carefully read every question. Each numbered question, plus your training information from the company profile is worth one point each. A successful score is 80% or 11 out of 14 points.

**Submissions which score less than 70% (10 points) will be returned as unsuccessful.
A full re-submission is then required from the company to be successful.**

For further assistance contact our office at 1-877-741-1060 and ask to speak to a Safety Advisor.

Audit Submission Package

Preferred:

- online submission <http://app.bcforestsafesafe.org/upload/>
- email audit@bcforestsafesafe.org for files under 10MB

Optional:

- Paper reports **(No staples, binding, glue or plastic sleeves)**, CD or thumb drive
Registered mail, courier or hand-deliver to:
BC Forest Safety Council
8C-2220 Bowen Rd
Nanaimo, BC V9S 1H9
TF -1-877-741-1060

Your submission package will not be returned to you – do not include important original documents.

Results

Your audit results letter and SAFE Certificate (where applicable) will be emailed. Hard copies can also be mailed via Canada Post upon request



IOO Company Profile

Type of Audit (check one):

| | | |
|--|--|--|
| <input type="checkbox"/> Certification Audit | Date this audit was completed | |
| <input type="checkbox"/> Maintenance Audit | Existing SAFE Certification # (if any) | |
| <input type="checkbox"/> Recertification Audit | | |

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 | |
| | | | | |

Activities

| | | | | |
|---|---|--|--|--|
| WSBC account # OR check here if none <input type="checkbox"/> | What does your company do as its main activities? | | | |
| | | | | |
| List all the company's WSBC Classification Unit(s) : | | | | |
| List which CUs this audit is intended to cover: | | | | |
| List the Operating Location(s) this audit applies to (head office city and any branch names/cities) | | | | |
| | | | | |
| List any locations, activities or classification units excluded from this audit | | | | |
| | | | | |

Did you hire any person(s) or company(ies) by payroll or contract, except for one office person?

☐ No ☐ **Yes – STOP**, call our office. Company may not be eligible to use the IOO audit.

| | | | | | | | | | | | | | | |
|--|----------------------------------|-------|---|---|---|---|---|---|---|---|---|---|---|---|
| I am the company owner <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Workers including you: | | Tick the boxes for the months you worked in the last 12 months. | | | | | | | | | | | |
| | Office | Field | J | F | M | A | M | J | J | A | S | O | N | D |
| | | | | | | | | | | | | | | |



IOO Company Profile

Type of Work Activities: (check all that this audit applies to)

| | |
|---|---|
| <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Manual Tree Faller |
| <input type="checkbox"/> Truck Driver | <input type="checkbox"/> Trade / Technical / Professional |

Training

| | | | |
|---|--|--|----------------------|
| BC Driver's License | | Faller # if applicable | |
| Class: #: Expiry: | | | |
| First Aid if applicable | | Falling Supervisor (select one) | |
| Level: Expiry date: | | <input type="checkbox"/> N/A <input type="checkbox"/> Trained <input type="checkbox"/> Certified | |
| Other safety certification if applicable | | Number if applicable | Expiry if applicable |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Authorization**Person Preparing Audit**

I hereby acknowledge that I have reviewed the submission to the best of my abilities and that the audit provides a representative sample of the company.

- ☐ I am a permanent employee or an owner of the company, and/or;
- ☐ I am a certified BASE external auditor and have read, understood, and followed the terms and conditions of the British Columbia Forest Safety Council Auditor Code of Ethics, Auditor Manual and COR Standards and Guidelines. I am not in a conflict of interest in performing this audit.

| | | |
|------|---|------|
| Name | Initials (Typing OK – you do not need to print this form and initial by hand) | Date |
| | | |



Company OHS Submission

(Complete each question)

| | |
|---|---|
| 1 | Submit one Emergency Response Plan (ERP) for the largest project of the year. <ul style="list-style-type: none">• It needs to include emergency contact frequencies / numbers and• what happens if you do not check in on time |
| | ----- OR ----- |
| | <input type="checkbox"/> Check here if the company did not work during the past 12 months and submit one ERP for the home/office location. |

| | | |
|---|---|---|
| 2 | Submit a list of first aid equipment locations. The following format is suggested but not required. THESE ARE THE KIT NAMES AND CONTENTS AFTER NOVEMBER 1, 2024 | |
| | Level | Location (i.e. in each machine, in the ETV, in the shop, etc.) |
| | Personal | |
| | Basic | |
| | Intermediate | |
| | Advanced | |
| | ETV equipment | |
| | First Aid Room and its supplies | |

| | | |
|---|--|-----|
| 3 | Provide a list of the Safe Work Procedures (SWPs) you use. | |
| | 1. | 7. |
| | 2. | 8. |
| | 3. | 9. |
| | 4. | 10. |
| | 5. | 11. |
| | 6. | 12. |

| | |
|---|--|
| 4 | Send in one Safe Work Procedure of your choice from the list above for evaluation (different than last year if this is not your first submission). |
| | <input type="checkbox"/> Check here if you have only one safe work procedure and submit that. |

| | |
|---|---|
| 5 | Provide a description of how you usually receive pre-work planning information and from whom (or attach one completed pre-work) |
| | (or <input type="checkbox"/> check here if this is included in the next question) |
| | |
| | |
| | |
| | |

| | |
|---|--|
| 6 | Provide at least 2 safety communications (e.g. safety or pre-work meeting minutes, journal notes, tailgate notes) from the past 12 months (not more than one per month). |
| | These could include pre-work planning information and the communication of safety issues/alerts. |



(Complete each question)

☐ Check here if you did not work in the past 12 months.

8 What is the most important hazard in your job?

9 What could you be doing to help further reduce fatalities and serious injuries?

Check one box in each of the following questions 10-13. You must answer all 4 questions.

| | |
|--------------------------|---|
| <input type="checkbox"/> | I did not manually fall one or more trees above 6" diameter at breast height in the past 12 months. |
|--------------------------|---|