

AUDIT REGISTRATION FORM



Company Information

Company Name: _____
Contact Person: _____
Address: _____
Town/City: _____
Province: _____
Postal Code: _____
Telephone: _____
Fax: _____
E-mail: _____
Audit Start Date (dd/mm/yyyy): _____

HSPB Employee Information (Formerly TSB)

Name of HSPB Trained Company Employee: _____
HSPB Training Date: _____ HSPB Certificate Number: _____

Auditor Information

Auditor Name: _____
E-mail: _____
Auditor Certification: Yes _____ No _____
Certificate Number: _____
Type of Audit: _____
How long has the company's current Health and Safety Management System/Program been in place? (specific date if possible) _____

Are you a PIC Member? Yes No Carrier Code:



Change to Audit Registration

Change to Audit Start Date

New Date (dd/mm/yyyy):

Cancel Audit Registration

Reason:

Other Changes

Please Explain:

WCB Information

Account Number(s):

Industry Code(s)

If you have more than one WCB account number, please fill out the form below. If you only have one WCB account, you have completed the form, please submit.

Appendix H1

Application to Conduct a Group Audit of Related Employers

Date of Application: _____

Proposed Audit Start Date _____

- 1. Provide the following information about the related employers in the group. (Please list the lead employer or primary contact first and attach a separate sheet if required.)

Table with 4 columns: Employer Legal Name (and Trade Name), WCB Account Number, WCB Industry Code(s), List of Shareholders in Common. The table contains 11 empty rows for data entry.

- 2. Please describe the organization structure of the group or attach an organization chart or diagram to illustrate the relationships between the companies.

Horizontal lines provided for describing the organization structure.

Appendix H1

3. Are the companies managed together?

If yes, please describe how common management control is exercised. Please list and describe the responsibilities of any key management positions that are shared between the employers.

4. Do the employers listed above share one common health and safety management system?

If yes, please describe and list any common health and safety activities, including whether health and safety personnel are shared between these employers:

5. Applicant Information

Please note this form must be signed by the company president, director or senior officer.

Name of Individual Completing This Form:
Position/Job Title:
Signature of Individual Completing this Form: <hr/>