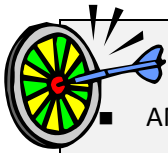


SMALL EMPLOYER CERTIFICATE OF RECOGNITION (COR) AUDIT CHECKLIST



In order for AMTA to proceed with the review process, please submit the following:

- SECOR request cover letter
- Small Employer Audit Information Sheet
- Title page
- Company Biography
- Completed Audit tool including action plan
 - Audit must be dated and signed by the auditor, along with your WCB account number and WCB industry code(s) listed.
 - Did you use a Safety Consultant for assistance with the audit process? If yes, this must be acknowledged in the audit.
 - all Yes/No boxes and the Notes Column are required to be filled out in full
- Contracting Organization Questionnaire or equivalent (for Element 3 Question 3.6 of the audit tool)
- National Safety Code (NSC) Worksheet
- Last year's action plan (this is n/a if this is your first audit)
- All supporting documentation required to support your answers. (DO NOT ATTACH ORIGINAL DOCUMENTATION, as submissions will not be returned to the employer.**
- Sign Code Of Ethics and Discipline Policy.**



Critical Timelines to Remember:

- The auditor has 15 calendar days to start and complete the audit
- AMTA Calgary office must receive the audit within 21 calendar days from the completion date - Please note → there are no exceptions

Amendment to COR!

If you have ANY changes to your company, such as ownership; WCB account changes (such as account number/industry codes); a name change – Please contact the COR Department for direction, before you proceed with your audit.

Is Your Company Still a Small Employer?

When the number of employees (including owners) goes beyond ten at any point in a given year, Partnerships Standards consider the company to be a Large Employer. Please contact the COR Department for direction before you proceed with your audit.

Filling Out Your Audit – No Pencil Allowed!

Please ensure to complete the audit in pen or on the computer (the audit tool and the information cover page), as we do not accept audits in pencil.

If you have any questions, please call the COR Department at 1-800-267-1003 or 403-243-4161.



**SAMPLE
COR REQUEST COVER LETTER**



**ABC Trucking Ltd.
Box 1000
Anytown, Alberta T2H 1L1
Tel: (780) 555-000 Fax: (780) 555-1000**

(Date)

Alberta Motor Transport Association
285005 Wrangler Way
Rocky View, AB T1X 0K3
Attn: COR Administrator,
Injury Reduction & Training

RE: Certificate of Recognition Program

Dear COR Administrator:

I would like to apply for the Small Employer Certificate of Recognition and have included all documentation required for the first year Self-Audit.

Please find enclosed our completed audit document, National Safety Code Quiz, and all required supporting documentation. At the front of the Audit Binder is the Small Employer Information Sheet.

Thank you in advance for reviewing this material. If you have any questions, please feel free to contact me at (XXX) XXX-XXXX or on my cell at: (XXX) YYY-YYYY.

Regards,

(signature)

Joe Smith
President/CEO
ABC Trucking Ltd.



This document gives us a good background on who you are and what you do. See this as a good item to advertise your company (i.e., positive aspects; good for putting in with your bid for contracts). Following is an example:

ABC TRUCKING LTD.

ABC Trucking Ltd. was founded in the fall of 1979 and incorporated on May 7, 1990.

ABC Trucking is based out of Calgary and is managed by the company's current President/CEO Joe Smith.

The company has been contracted out mainly to the City of Calgary and its various departments that involve hauling sand, gravel, asphalt, mud, loam and various commodities as required. It has maintained continuous seniority status with the City of Calgary since its inception.

We operate 2 tractors, 3 end dump trailers and 3 pup trailers. Our office is located at 123 Any Street where we have a small maintenance shop and office. We operate solely as a Small Employer with five full-time employees and two part-time employees.

Please make sure that your Company Biography contains the following information:

- Name of company
- Date of inception/incorporation
- Name of the owner(s)/president/CEO
- Type of work the company is involved in
- Type of equipment that your company uses
- A description of your office location
- The number of people employed
- Any other information that you think would be helpful



SUGGESTED DOCUMENTATION SECOR



The list below contains examples of documentation that can be attached to the SECOR submission to verify the questions listed. External consultants should use the list as a guideline to dictate what should be reviewed to score the listed questions. **(DO NOT ATTACH ORIGINAL DOCUMENTATION, as submissions will not be returned to the employer)**

QUESTIONS	DOCUMENTATION
1.1	Health and Safety Policy
1.3	Written statement of responsibilities, job descriptions, employee contracts, and program manuals
2.1	Inventory of job positions, and job/task inventories
2.2, 2.5	Completed formal hazard assessment forms, job safety analysis
2.3	Procedure for rating hazards, hazard rating forms
2.4	Documents outlining process/procedural changes and updated hazard assessment forms, memos directing a hazard control be implemented
2.5	Completed field-level hazard assessment forms, policy, procedures
3.1	Completed hazard assessment and control forms
3.3	Preventative maintenance records for equipment, tools, and PPE. Work order records, maintenance logs, defective equipment tags, written procedures/policy regarding the removal of defective equipment
3.4	Discipline policy, supervisor training records, supervisor and worker responsibilities
3.5	PPE policy and training records
3.6	Copy of the work site health and safety plan developed in consultation with your contracting organization
4.1, 4.4	Inspection policy and process, inspection records, inspection schedule, sample inspection reports
4.2, 4.4	Sample inspection forms, checklists
4.3	Sample inspections checklist(s)
4.5	Hazard reporting policy, sample hazard report forms, blank hazard report forms



SUGGESTED DOCUMENTATION SECOR



QUESTIONS	DOCUMENTATION
5.1, 5.2	Orientation policy /process, sample completed orientation checklists, orientation records
5.3, 5.4, 5.5	Training policy/process, sample training records, sample training certificates
6.1	Emergency response plan, evacuation procedures, emergency numbers, radio codes, emergency communication procedures, list of emergency response personnel/fire wardens.
6.2	Emergency response training records
6.3, 6.4	Records of Emergency Response drills, minutes of h&s meetings, records of emergency response table-top review exercises
7.1	Incident reporting procedure
7.2	Training records
7.3, 7.4, 7.5, 7.6	Investigation procedure, report forms, investigation forms, sample investigation records
8.1	Sample newsletters, sample safety meeting minutes, sample toolbox meeting minutes
8.2	Sample documents showing statistics are reviewed and trends identified
8.4	Action plan reflecting deficiencies identified from this year's audit process
8.5	Completed action plan from previous audit



**SUGGESTED DOCUMENTATION
SECOR**



Partnerships
IN INJURY REDUCTION

Updated February 8, 2019

Small Employer Certificate of Recognition (SECOR) Audit Instrument

Using Range-of-Points Scoring

AMTA Employer & Audit Information Summary

Employer Legal Name (as registered with WCB):	
Employer Trade Name (if applicable):	
Address (include town/city and postal code):	
WCB Account(s) in Scope:	Industry Code(s) in Scope:
Length of Time Health & Safety Management System/Program in Place:	SECOR Number:
Contact Person:	Phone Number:
Fax:	Email:
Audit/Assessment Start Date:	Audit Assessment End Date:
Audit Purpose (certification/maintenance/renewal): Choose One	Number of Employees (including owners) during the 12 month audit period:

AMTA Self- Assessor/Self Evaluator/External Auditor/Consultant Information

Self-Assessor/Self Evaluator SECOR Training Date:	<input type="checkbox"/> Self Assessor/Self Evaluator Code of Ethics signed?
Assessor/Evaluator Name:	<input type="checkbox"/> NSC (National Safety Code) Score (if applicable):
Assessor/Evaluator Phone Number:	Assessor/Evaluator Email:

Self Assessor/Self Evaluator Sign off:
--

Consultant Information (if applicable)

Name of the OHS Consultant/Company used to help build the OHS management system (if applicable):
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External Auditor Information (if applicable):

External Auditor Name:	External Auditor Certification #:
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HSPB Trained Employee (must be company employee):	HSPB Training Date:
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AMTA Employer Information

COMPANY PROFILE/BIOGRAPHY

Employee Breakdown and Sampling Details

Levels	Total Number	Number Interviewed	Departments/Shifts List departments, and (if applicable) shifts below	Employee/ Dept. Totals	Total Employees			# Interviewed		
					Full-Time	Part-Time	Casual	Full-Time	Part-Time	Casual
Managers										
Supervisors										
Workers										
Total Employees										
Contractors										
Visitors										

Fields in grey (Interviewed) are for use only by external auditors.

1. Management Leadership And Organizational Commitment

	Questions	Guidelines	Auditor/CP Assessed Score
1.1	<p>Is there a written Health and Safety Policy for the organization, signed and dated by the owner? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach the policy document. The policy must include:</p> <ul style="list-style-type: none"> - statement of management commitment to health and safety - overall goals and objectives - general responsibilities of managers, supervisors, workers and contractors regarding health and safety - requirement to comply with relevant government regulations - requirement to comply with organization's own health and safety standards 	0/0-2
<p>Notes:</p>			
1.2	<p>Are employees aware of the policy's content? (I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Explain how employees are made aware of the policy's content. This question is not applicable (n/a) if the operation does not have any employees.</p> <p style="color: blue;">Auditor: score question based on percentage positive responses in interviews.</p>	<input type="checkbox"/> N/A /0-3

1. Management Leadership And Organizational Commitment

Questions	Guidelines	Auditor/CP Assessed Score	
<p>Notes:</p>			
<p>1.3</p>	<p>Have specific health and safety responsibilities been written for: (D)</p> <p>a. Managers? b. Supervisors?* c. Workers?*</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach documentation, other than the policy (e.g. contracts, job descriptions, and program manuals) that states employee responsibilities at each level.</p> <p>Depending on size or nature of the organization, one or more of these categories may not be applicable (n/a). Where the operation has no workers, the owner will be considered the <i>Manager</i>.</p>	<p>/0-2</p> <p><input type="checkbox"/> N/A</p> <p>/0-2</p> <p><input type="checkbox"/> N/A</p> <p>/0-2</p>
<p>Notes:</p>			
<p>1.4</p>	<p>Are the employees aware of their specific health and safety responsibilities under legislation and employer policy: (I)</p> <p>a. Managers?</p>	<p>Explain how employees are made aware of their health and safety responsibilities.</p> <p>Depending on the size and nature of organization, one or more of these employee types may not be applicable (n/a). Where the operation has no</p>	<p>/0-2</p> <p><input type="checkbox"/> N/A</p> <p>/0-2</p>

1. Management Leadership And Organizational Commitment

Questions	Guidelines	Auditor/CP Assessed Score
b. Supervisors?* c. Workers?*	workers, the owner will be considered the <i>Manager</i> . Auditor: Scores are based on the percentage positive responses in interviews.	<input type="checkbox"/> N/A /0-2
Notes:		
1.5 Is the most current health and safety legislation related to your operation available at the work site? (I, O)	List the specific legislation (federal, provincial and municipal) applicable to your operation, and explain how it is made available to workers. Auditors: This question should be scored based on results of management /owner interviews and work site observations that verify availability of the relevant legislation.	/0-2
Notes:		
TOTAL POINTS POSSIBLE:		/19 /N/A

2. Hazard Identification and Assessment

Questions		Guidelines	Auditor/CP Assessed Score
2.1	<p>Does the employer have a list of all jobs and tasks carried out at the work site? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach a list of all employee jobs, and the tasks within those jobs. Both the jobs and the tasks must be clearly identified.</p> <p>Auditors: Points are awarded based on the percentage completion of the job and task inventories.</p>	/0-6
<p>Notes:</p>			
2.2	<p>Are health and safety hazards identified for the tasks in the inventory? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach documentation that identifies the hazards related to the employer's list of tasks (from question 2.1). Both health and safety hazards should be identified to ensure that ergonomic risks, exposure to chemicals, noise, heat stress, road safety, etc. are addressed.</p> <p>Auditors: The maximum score allowed for this question cannot exceed the total points awarded in question 2.1.</p>	/0-6
<p>Notes:</p>			

2. Hazard Identification and Assessment

Questions	Guidelines	Auditor/CP Assessed Score
<p>2.3 Have the health and safety hazards been evaluated according to risk, and have the risks been prioritized? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Hazard assessments should show that the employer used a system to assess hazards for:</p> <ul style="list-style-type: none"> - Severity (how serious an outcome could there be if the hazard resulted in incident) - Probability (how likely is it that an incident could happen) - Frequency (how often workers are exposed to the hazard) <p>The assessment must result in prioritization of work site hazards.</p> <p style="color: red;">Auditors: Score is based on the percentage of identified hazards that have been assessed and prioritized.</p>	/0-3
Notes:		
<p>2.4 Are the formal health and safety hazard assessments reviewed: (D)</p> <p>a. when changes are made to the operation?</p> <p>b. in response to inspection and investigation results?</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach documentation that supports ongoing review of formal hazard assessments. This may include meeting minutes, supervisor log books, assessment documents, etc. Describe how and when these reviews occur.</p>	/0-1
Notes:		

2. Hazard Identification and Assessment

Questions	Guidelines	Auditor/CP Assessed Score
2.5 Is a field-level hazard assessment process in use at field sites? (D, I) <input type="checkbox"/> Document attached	Describe when and how this process is used. Attach a copy of the field-level hazard assessment policy/process document, and samples of field-level hazard assessment forms completed over the past 12 months. This question is not applicable (n/a) if the operation does not work at field sites. Auditors: Award points based on review of documentation. Use interview responses to verify worker knowledge of this process. If interview responses do not support what is found in the documentation review, points can not be awarded.	<input type="checkbox"/> N/A /0-4
Notes:		
TOTAL POINTS POSSIBLE		/21

3. Hazard Control

Questions	Guidelines	Auditor/CP Assessed Score
3.1 Have hazard controls been identified? (D) a. Engineering? b. Administrative? c. Personal Protective Equipment (PPE)? <input type="checkbox"/> Document attached	Attach hazard assessment documents that show what hazard control methods have been recommended to control the hazards identified. Auditors: Documentation must show a connection between the hazards assessed in question 2.3, and the controls identified in order to award points for this question.	/0-2
		/0-2
		/0-1
Notes:		
3.2 Have identified hazard controls been implemented? (O) a. Engineering? b. Administrative? c. Personal Protective Equipment (PPE)? <input type="checkbox"/> Document attached	For each type of control (engineering, administrative, PPE), give examples of controls that are being used at the work site(s). Auditors: For each type of control identified in question 3.1, award points based on the percentage of these controls implemented by the employer.	/0-3
		/0-3
		/0-2
Notes:		

3. Hazard Control

	Questions	Guidelines	Auditor/CP Assessed Score
3.3	<p>Is there a preventative maintenance program for equipment, vehicles and machinery? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Describe the process used for maintaining equipment and preventing the use of defective/broken equipment. Attach sample maintenance records (maintenance logs, work orders, etc.) from the last 12 months. Note that documentation must show a schedule of <i>preventative</i> maintenance.</p>	/0-2
<p>Notes:</p>			
3.4	<p>Does the owner ensure health and safety policies are followed and hazard control methods are used? (D, I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Describe how this is done, and attach applicable documentation/records.</p> <p style="color: red;">Auditors: Interview responses must confirm results of documentation review in order for points to be awarded.</p>	/0-3
<p>Notes:</p>			

3. Hazard Control

	Questions	Guidelines	Auditor/CP Assessed Score
3.5	<p>Where Personal Protective Equipment (PPE) is used as a method of control, are employees trained in the use, care, and maintenance of the protective equipment? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach the PPE policy. It should include PPE training requirements. Attach training records to verify training was completed. Where the operation has no workers, describe how the owner is trained.</p>	/0-2
Notes:			
3.6	<p>Has a plan been developed in discussions with your contracting organization to ensure the safety of you and your workers? The plan should include: (D or I)</p> <ul style="list-style-type: none"> a. Identification of site-specific hazards and controls b. Ongoing site specific hazard assessment c. Reporting of changes to work site conditions d. Review of emergency response plans e. Process for dealing with worker noncompliance f. On-site supervision of contract workers <p><input type="checkbox"/> Document attached</p>	<p>Attach a copy of the plan. Ideally it should be signed by your primary contracting organization.</p> <p>OR</p> <p>Explain how this is done. Notes must address each sub-point specifically. This question is not applicable (n/a) if the operation does not work as a contractor or a sub-contractor.</p> <p style="color: red;">Auditors: Scoring is based on whether or not the plan addresses the sub-points noted in the question (one point for each sub-point). If there is no evidence of a plan, no points can be awarded for this question.</p>	<input type="checkbox"/> N/A /0-1
			<input type="checkbox"/> N/A /0-1
			<input type="checkbox"/> N/A /0-1
			<input type="checkbox"/> N/A /0-1
			<input type="checkbox"/> N/A /0-1

3. Hazard Control

Questions	Guidelines	Auditor/CP Assessed Score
		<input type="checkbox"/> N/A /0-1
<p>Q 3.6 Notes:</p>		
<p>3.7</p>	<p>Is the plan communicated to all employees? (I)</p>	<p>Explain how the plan is communicated to your employees. This question is not applicable (n/a) if the operation does not have any employees. This question is not applicable (n/a) if the operation does not work as a contractor or sub-contractor. This question is not applicable (n/a) if no points were awarded for question 3.6. Auditors: Documentation must show communication of all required parts of the plan to employees, or interviewees must confirm communication of the plan.</p>
		<input type="checkbox"/> N/A 0-4
<p>Notes:</p>		

3. Hazard Control

Questions	Guidelines	Auditor/CP Assessed Score
TOTAL POINTS POSSIBLE:		/30 /N/A

4. Ongoing Inspections

Questions		Guidelines	Auditor/CP Assessed Score
4.1	<p>Is there a formal written policy that includes how often formal inspections should be conducted by: (D)</p> <p>a. Managers? b. Supervisors?* c. Workers?*</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach a copy of the policy. The employer should consider the risk level of the workplace when determining the frequency of inspections.</p> <p>Depending on the size or nature of the organization, one or more of these employee levels may not be applicable (n/a).</p> <p>If the operation has no employees, the owner will be scored as a Manager.</p>	<p>/1</p> <hr/> <p><input type="checkbox"/> N/A</p> <p>/1</p> <hr/> <p><input type="checkbox"/> N/A</p> <p>/1</p>
Notes:			
4.2	<p>Is a site- specific checklist used for inspections? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach a copy of checklist(s) in use.</p>	<p>/1</p>
Notes:			

4. Ongoing Inspections

	Questions	Guidelines	Auditor/CP Assessed Score
4.3	<p>Are formal, written health and safety inspections carried out as required by the employer's inspection policy by: (D, I)</p> <p>a. Managers? b. Supervisors?* c. Workers?*</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach sample inspection records from the past 12 months. These will be used to confirm if the inspection policy/process is being followed. Depending on the size and nature of the organization, one or more of these employee levels may not be applicable (n/a). If the operation has no workers, the owner will be considered the Manager.</p> <p style="color: red;">Auditors: In order to award full points, formal documentation must exist, and interviewees for each level must verify that inspections are conducted as required.</p>	<p>/0-2</p> <p><input type="checkbox"/> N/A /0-2</p> <p><input type="checkbox"/> N/A /0-2</p>
Notes:			
4.4	<p>Are deficiencies identified in inspections corrected quickly? (D, I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Explain how identified issues are addressed. Attach samples of completed inspection reports from the past 12 months. Include sample records to confirm that required corrections have been completed (e.g. work orders, purchase orders, memos, etc.).</p> <p style="color: red;">Auditors: Documentation should reflect a reasonable timeframe for correction (as soon as practical), and who is responsible. If interview responses do not support what is found in the documentation review, full points cannot be awarded.</p>	<p>/0-3</p>
Notes:			

4. Ongoing Inspections

Questions	Guidelines	Auditor/CP Assessed Score
<p>4.5 Is there a system in place that employees can use to report unsafe or unhealthy conditions and actions? (D, I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Explain/describe how this is done. If a formal process exists, attach it for review by the AMTA.</p> <p>This question is not applicable (n/a) if the operation does not have any employees.</p>	<p><input type="checkbox"/> N/A</p> <p>/0-2</p>
<p>Notes:</p>		
<p>TOTAL POINTS POSSIBLE:</p>		<p>/15</p> <p>/N/A</p>

5. Qualifications, Orientations and Training

Questions	Guidelines	Auditor/CP Assessed Score
<p>5.1 Does the orientation: (D)</p> <p style="margin-left: 20px;">a. Address critical health and safety issues?</p> <p style="margin-left: 20px;">b. Cover employer health and safety policies, procedures, and responsibilities?</p> <p><input type="checkbox"/> Document attached</p>	<p>Describe what is covered in the orientation. Explain how the orientation is delivered, and attach documents that outline the orientation process.</p> <p>Critical issues include the following:</p> <ul style="list-style-type: none"> • organization rules/enforcement • right to refuse unsafe work • emergency response • incident notification • critical hazards • hazard reporting <p>Attach documentation (orientation records, orientation checklists) to show that orientations cover h&s policies/procedures. If the operation does not have any employees, this question is not applicable (n/a).</p>	<p><input type="checkbox"/> N/A /0-3</p> <hr/> <p><input type="checkbox"/> N/A /0-3</p>
<p>Notes:</p>		
<p>5.2 Is the new employee orientation completed on or before the first day of work? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Describe how/when this is done. Attach orientations from the past 12 months. Orientations must be dated and signed off.</p> <p>This question is not applicable (n/a) if the operation does not have any employees, or if no new employees have been hired in the past 12 months.</p>	<p><input type="checkbox"/> N/A /0-2</p>
<p>Notes:</p>		

5. Qualifications, Orientations and Training

Questions	Guidelines	Auditor/CP Assessed Score
<p>5.3 Do employees receive the job-specific training required to perform their jobs/assignments in a healthy and safe manner? (D, I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach training records, and describe how job-specific training is conducted. Examples of job specific training include training of safe work procedures, PPE, ergonomics, use of equipment, WHMIS, first aid, defensive driving, TDG, etc.</p> <p>If the operation does not have any workers, consider the owner's own job-specific training in scoring this question.</p> <p style="color: red;">Auditors: Job-specific training conducted must be relevant to the scope of the operation. If interview responses do not support what is found in the documentation review, full points cannot be awarded.</p>	<p>/0-3</p>
<p>Notes:</p>		
<p>5.4 Are on-going training/refresher sessions provided as required? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Explain how this is done. Attach documentation that shows on-going training, refreshers, and recertification for job-specific training (e.g. skills upgrading, WHMIS, First Aid, Defensive Driving, TDG, maintenance procedures, respiratory protection, etc.).</p>	<p>/0-3</p>
<p>Notes:</p>		
<p>TOTAL POINTS POSSIBLE:</p>		<p>/14</p>
		<p>/N/A</p>

6. Emergency Response

Questions	Guidelines	Auditor/CP Assessed Score
<p>6.1 a. Is there a written emergency response plan that addresses all possible emergencies, and reflects the hazards at the work site(s)? (D)</p> <p>b. Does the plan include: (D)</p> <ul style="list-style-type: none"> - Communication procedures? - Emergency phone numbers? - List of responsible emergency response personnel? - Evacuation procedures? <p><input type="checkbox"/> Document attached</p>	<p>Attach the emergency response plan.</p> <p>Note that it is acceptable for a small employer to work under the ERP of the contracting organization, as long as they can show that this plan is communicated to the small employer and their workers.</p>	<p>/0-2</p>
<p>Notes:</p>		
<p>6.2 Are employees given emergency response training appropriate to their individual responsibility? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach emergency response-related training records from last 12 months.</p> <p>If the operation does not have any workers, the owner’s Emergency Response training will be considered to score the question.</p>	<p>/0-2</p>
<p>Notes:</p>		

6. Emergency Response

	Questions	Guidelines	Auditor/CP Assessed Score
6.3	<p>Are planned emergency response drills conducted annually or more often, as required? (D, I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Give a description and date of the last drill. Explain how often drills are scheduled and the types of drills held. Participation in drills held by the contracting organization may be appropriate to the needs of the small employer.</p> <p style="color: red;">Auditors: If interviews do not confirm that a drill was held in the last year, full points cannot be awarded.</p>	/0-2
Notes:			
6.4	<p>Are emergency response records kept? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach policy. Describe what records are kept, and (if available) attach sample records from the past 12 months. Employee names must be removed from sample first aid/medical aid records.</p> <p>This question <i>cannot</i> be marked as "n/a." In the absence of an actual emergency, attach records of participation in drill(s), and a policy requiring ER records to be kept.</p>	/0-2
Notes:			

6. Emergency Response

Questions	Guidelines	Auditor/CP Assessed Score
		TOTAL POINTS POSSIBLE: /10 /N/A

7. Incident Investigation

	Questions	Guidelines	Auditor/CP Assessed Score
7.1	<p>Is there a written procedure that requires the reporting of workplace incidents, illness and near misses? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach reporting procedure. It should include legal requirements for incident reporting. Documentation must also require internal reporting of incident, injuries, illness and near misses.</p>	/0-3
Notes:			
7.2	<p>Are employees aware of their responsibilities to report work-related incidents, illness and near-misses? (D, I)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach relevant training documents, and explain how employees are made aware of their responsibility to report incidents/illnesses.</p> <p>This question is not applicable (n/a) if the operation does not have any employees.</p> <p style="color: red;">Auditors: If interview responses do not confirm awareness of reporting responsibilities, full points cannot be awarded.</p>	<input type="checkbox"/> N/A /0-2
Notes:			
7.3	a. Is there a written procedure for investigating workplace incidents, illness and near misses? (D)	Attach the investigation procedure.	/0-2
	b. Does the procedure include a requirement to correct deficiencies identified in investigations? (D)		/1

7. Incident Investigation

Questions	Guidelines	Auditor/CP Assessed Score
Q. 7.3 Notes:		
7.4 Is there an investigation form? (D) <input type="checkbox"/> Document attached	Attach a copy of the investigation form. If the employer’s contracting organization requires the use of their form, employers may use this instead of developing their own. <b style="color: red;">Auditors: The form must include fields for a description of the circumstances, identified causes (direct, indirect and root), corrective actions, and follow-up.	/1
Notes:		
7.5 Do investigation reports identify root causes and corrective action? (D) <input type="checkbox"/> Document attached	Attach copies of completed investigation report forms from the past 12 months. If no incidents or near misses have occurred, this question is not applicable (n/a). <b style="color: red;">Auditors: if root causes are not correctly identified and proposed action is not likely to be effective, no points can be awarded for this question.	<input type="checkbox"/> N/A /0-2
Notes:		

7. Incident Investigation

Questions	Guidelines	Auditor/CP Assessed Score
<p>7.6 Are corrective actions taken to prevent incidents from happening again? (D, O)</p> <p><input type="checkbox"/> Document attached</p>	<p>Describe how action is taken as a result of incident investigations, and give examples where possible. Attach documentation that verifies corrective action taken.</p> <p style="color: red;">Auditors: Documentation must show that corrective action was taken in an effort to prevent a recurrence. If no incidents have occurred in the past 12 months, this question may be scored based on written requirements to take corrective action (in employer policy).</p>	<p>/0-2</p>
<p>Notes:</p>		
<p>TOTAL POINTS POSSIBLE:</p>		<p>/13</p> <p>/N/A</p>

8. Program Administration

Questions	Guidelines	Auditor/CP Assessed Score
8.1 Is there a system to ensure: (D, I) a. Health and safety issues are communicated to employees? b. Feedback on health and safety issues from employees? c. Follow-up on health and safety issues? <input type="checkbox"/> Document attached	a. Describe how employees are advised of health and safety issues. Attach sample documentation (e.g. records of safety meetings/toolbox meetings, bulletins, etc.). b. Describe the system used for employees to offer feedback on health and safety issues, and how employees are made aware of the system. c. Describe how follow-up is done, and explain how employees are made aware of any follow-up completed. This question is not applicable (n/a) if the operation does not have any employees. Auditors: Verify that the required communication systems exist. If interview responses do not support what is found in the documentation review, full points cannot be awarded.	<input type="checkbox"/> N/A /0-2
		<input type="checkbox"/> N/A /0-2
		<input type="checkbox"/> N/A /0-2
Notes:		
8.2 Does the employer review their health and safety performance using statistics? (D) <input type="checkbox"/> Document attached	Attach samples of the statistics maintained by the employer (e.g. first aids, medical aids, claims rates, # of inspections, # of orientations, # of safety meetings, etc., etc.). Describe any trends that were identified.	 /0-2
Notes:		

8. Program Administration

Questions	Guidelines	Auditor/CP Assessed Score
<p>8.3 Is the health and safety system evaluated at least annually through the use of an audit process? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Give the date of the last audit.</p> <p>If this is the employer's first health and safety audit, this question is not applicable (n/a).</p>	<p><input type="checkbox"/> N/A</p> <p>/1</p>
<p>Notes:</p>		
<p>8.4 Was an action plan developed to address the deficiencies identified in the previous audit? (D)</p> <p><input type="checkbox"/> Document attached</p>	<p>Attach the action plan from the previous year. For each item on the action plan, the person responsible should be identified. Target completion dates and (if applicable) actual completion dates should also be noted for each action item.</p> <p>If this is the employer's first health and safety audit, this question is not applicable (n/a).</p> <p><i>Auditor: The action plan must include items addressing all of the deficiencies identified in the previous year's audit, and must contain the required components noted above. The items do not have to be completed to achieve the point for this question.</i></p>	<p><input type="checkbox"/> N/A</p> <p>/1</p>
<p>Notes:</p>		

8. Program Administration

Questions	Guidelines	Auditor/CP Assessed Score
8.5 Were the action items from last year's action plan completed? (D) <input type="checkbox"/> Document attached	Attach the completed action plan from the previous year's audit. If this is the employer's first health and safety audit, this question is not applicable (n/a). <i>Auditors: Score is awarded based on percentage completion of the action items from the previous year's audit results.</i>	<input type="checkbox"/> N/A / 0-2
Notes:		
TOTAL POINTS POSSIBLE:		/12 /N/A

Partnerships Small Employer Action Plan

Audit Date: _____

IDENTIFIED DEFICIENCY	ACTION PROPOSED	PERSON (S) RESPONSIBLE	TARGET DATE	ACTION TAKEN	DATE COMPLETED

Use the above template to develop an action plan from the audit results. Deficiencies identified by the assessor, external auditor and/or the Certifying Partner reviewer should be itemized in this plan, and completed before your next audit.

Self Assessor/Self Evaluator Code of Ethics Agreement

As a Self Assessor/Self Evaluator trained by Alberta Motor Transport Association I agree to the following:

- ✓ Audits will be conducted with the utmost integrity, confidentiality and with no conflict of interest. As a Self assessor/Self evaluator I have read and agree to follow the Code of ethics policy of the Alberta Motor Transport Association.
- ✓ I agree and understand the Alberta Motor Transport Association has the right and responsibility to take disciplinary action if I do not abide by the Code of Ethics as outlined in the policy.
- ✓ I agree to complete the audit information gathering within the 15-day time frame and to submit completed audits within 21 days from last day of on site activities.
- ✓ I also agree to correct any deficiencies noted in the reviews within 15 days of notice.
- ✓ I also agree to complete my Self assessor/ Self evaluator refresher training every three years as required by AMTA and Partnerships Standard.

If at any time, I am found to be in breach of this agreement or the Code of Ethics, I understand the Alberta Motor Transport Association has the right and responsibility to cancel my Self assessor/Self evaluator certification.

Certified Self assessor/Self evaluator

Date: _____

Rev. 2019-Jan-4



SUMMARY SCORE SHEET

*For use only by external auditors or CP reviewers *

Employer Name: _____ Audit Dates: _____

Auditor Name: _____

Element Number	Total Points Possible	Points N/A	Total Points	Total Points Scored	Percentage
1. Management Leadership and Organizational Commitment	19				
2. Hazard Identification and Assessment	21				
3. Hazard Control	30				
4. Ongoing Inspections	15				
5. Qualifications, Orientation and Training	14				
6. Emergency Response	10				
7. Incident Investigation	13				
8. Program Administration	12				
Total Audit Points	134				

APPENDIX A

CONTRACTING ORGANIZATION HEALTH AND SAFETY QUESTIONNAIRE



This questionnaire will determine how you fit into your principal contracting organization’s health and safety management system. Meet with your contracting organization’s contact and determine the answers to the questions. If they answer “no” to any of the questions, you will have to implement systems to deal with the item. While completing this form, take notes, ask for copies, ask for examples, ask how often, etc. These questions will allow you to be prepared when health and safety issues arise.

Small Employer Name :			
Representative :			
Telephone Number :		Fax Number :	

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION	YES	NO
1. Do I/we have a contact person for health and safety issues? (Name: _____)		
<i>If “No” or for any variances, please explain.</i>		
2. Will you be conducting safety inspections on the work that I do?		
2.1 Are there specific procedures for reporting hazards to you?		
2.2 Will I/we be notified when the hazards have been corrected?		
2.3 Are there specific health or safety hazards we should be aware of on your site?		
<i>If “No” or for any variances, please explain.</i>		
QUESTIONS TO ASK THE CONTRACTING ORGANIZATION	YES	NO
3. Are there specific job procedures that we are required to follow?		
<i>If “No” or for any variances, please explain.</i>		



4. Are there site specific safety rules to follow?		
4.1 Is there specific PPE required on this site?		
4.2 Do you provide any PPE?		
<i>If "No" or for any variances, please explain.</i>		
5. Are there specific emergency response procedures we need to follow for:		
5.1 Site evacuation (responsibilities, signals, communications)?		
5.2 Medical emergency evacuations?		
5.3 First aid for serious injuries?		
<i>If "No" or for any variances, please explain.</i>		
6. Do you require site health and safety orientation?		
<i>If "No" or for any variances, please explain.</i>		
7. Do I/we require specific health and safety training for work performed on your site (H ₂ S, WHMIS, confined space, etc.)?		
<i>If "No" or for any variances, please explain.</i>		

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION	YES	NO
8. Are we required to attend your safety meetings?		
<i>If "No" or for any variances, please explain.</i>		
9. Are there specific procedures we must follow for accident/incident reporting?		
<i>If "No" or for any variances, please explain.</i>		
10. Are there specific procedures we must follow for accident/incident investigations?		
<i>If "No" or for any variances, please explain.</i>		

Contracting Organization Name:			
Representative:			
Telephone Number:		Fax Number:	
Signature: _____ Date: _____			

National Safety Code Compliance Quiz For Commercial Trucks, Tractors and Trailers

Carrier Name:

Reviewed by:

Date Received:

Date Reviewed:

A. <u>INSURANCE</u> See Sections 24 and 25 of the <i>Commercial Vehicle Certificate and Insurance Regulation</i> , AR 314/2002.	
1. Does the carrier maintain at least the minimum level of inland transportation cargo insurance as described below?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Carrier must maintain inland insurance as set out in Section 24 of AR 314/2002. A registered owner must maintain cargo insurance against loss of or damage to goods transported.	
Comments:	
2. Does the carrier maintain at least the minimum level of Public Liability and Property Damage (PL and PD) Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. \$2,000,000 for dangerous goods outlined in <i>Transportation of Dangerous Goods Regulation</i> SOR/2001-286 Schedule 1, Column 7 (i.e. those goods that require an Emergency Response Plan). b. \$1,000,000 in all other cases.	
Comments:	
B. <u>SAFETY</u> See Sections 40 and 43 of the <i>Commercial Vehicle Certificate and Insurance Regulation</i> , AR 314/2002.	
3. Does the carrier's Safety Program designate a Safety Officer to be responsible for maintaining and implementing the Safety Program and ensuring compliance with the safety laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

<p>4. Does the carrier's written Safety Program establish, maintain, clearly document and address matters relating to the safe operation of their commercial vehicles?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Safety Plan must include at least:</p> <ul style="list-style-type: none"> a. Direction that it applies to staff authorized to operate the carrier's commercial vehicles; b. Safe use and operation of commercial vehicles including; speed limits, seat belt use, drug and alcohol use, defensive driving, load security, and fueling; c. Proper records and recording of information including, as required; bills of lading, manifests, dangerous goods documents, time records, drivers' daily logs and weigh slips; d. Ensuring that drivers are expected to comply with the law; e. Instructions for use of safety equipment including, as required, the use of warning triangles and flares, fire extinguishers, goggles, and hard hats; f. Policies and procedures relating to the driver's responsibilities, conduct and discipline; g. Providing training to employees about safety laws and their application and an ongoing program for evaluating their driving skills; h. Retention of complete records for each driver (refer to Section 41 of AR 314/2002); and i. Ensuring all drivers are properly qualified for the type of vehicle they operate. 	
<p>Comments:</p>	
<p>5. Are copies of all the carrier's records located at their principal place of business (main office) in Alberta or are they complying with a written permit (called a Divided Record Authority) issued to them by Alberta Transportation?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Electronic records are acceptable if appropriate policies are in place to ensure they are not lost. If records are scanned then the originals of hours of service records and driver abstracts must be retained after scanned.</p>	
<p>Comments:</p>	
<p>6. Does the carrier and their employees comply with the carrier's written Safety Program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>All policies/procedures contained in the safety program must be followed as described. The program can be periodically updated.</p>	

Comments:	
C. DRIVER FILES See Section 41 of the <i>Commercial Vehicle Certificate and Insurance Regulation</i> , AR 314/2002.	
7. Does the carrier keep individual files on each authorized driver of their regulated commercial vehicle(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
This includes any full-time or part-time driver, including mechanics, managers and administration staff who are authorized by the carrier to drive an NSC commercial vehicle.	
Comments:	
8. Does each driver's file contain at least all of the required information and is the information retained for at least the minimum required time (i.e. the shorter of the current year and four previous years, or since the driver was hired)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Each driver file must contain:</p> <ul style="list-style-type: none"> a. Completed application form, if hired after April 1, 1998; b. Employment history for at least three years prior to working for carrier, if hired after April 1, 1998; c. Driver's abstract, when the driver is first hired, dated within 30 days of the date of employment or hire, if hired after May 20, 2003; d. Annual updated copies of the driver's abstract; e. A record of the driver's convictions of safety laws for the current year and previous four years; f. A record of any administrative penalty imposed on the driver under any safety law; g. A record of all collisions reportable to a peace officer involving a motor vehicle operated by the driver including collisions in jurisdictions outside Alberta; h. A record of all training completed with respect to the operation of a commercial vehicle and compliance with safety laws; i. A copy of any training certificate issued to the driver, in electronic or paper form, for the period starting on the date the training certificate was issued and continuing until three years after it has expired, in accordance with part VI of the Transportation of Dangerous Goods Regulation; j. In the case where the driver has a Class 1, 2, or 4 operators license: <ul style="list-style-type: none"> 1. A current medical certificate required by the license, or 2. A copy of a valid operator's licence or current driver's abstract. 	

Comments:	
D. HOURS OF SERVICE See the <i>Drivers' Hours of Service Regulation</i> , AR 317/2002 (Provincial) and the <i>Commercial Vehicle Drivers' Hours of Service Regulation</i> , SOR/2005-313 (Federal).	
9. Does the carrier retain drivers' hours-of-service records for at least six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hours-of-Service records include logbooks, radius duty status records, supporting documents (e.g. fuel receipts), etc.	
Comments:	
10. Does the carrier file their drivers' hours-of-service records in a neat and orderly manner so that any individual driver's records can be easily located for checking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	
11. Is there a daily log or other duty status record when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><u>Provincial Legislation AR 317/2002</u> A daily log is required unless all of the following requirements are met:</p> <ol style="list-style-type: none"> The driver operates within a radius of 160 kilometres of the driver's home terminal; The driver starts and ends his work shift at the same location; The driver does not work more than 15 hours in a work shift; The carrier that employs the driver maintains and keeps accurate time records of the driver's shift start and finish times for a period of six months; and Every calendar day must be accounted for. <p><u>Federal Legislation SOR/2005-313</u> A daily log is required unless all of the following requirements are met:</p> <ol style="list-style-type: none"> The driver operates within a 160 kilometre radius of the driver's home terminal; The driver returns to the home terminal each day to begin a minimum of eight consecutive hours of off-duty time; The motor carrier maintains accurate and legible records showing, for each day, the driver's duty status, elected cycle, the hour at which each duty status begins and ends, the total number of hours spent in each status and keeps those records for a minimum period of six months after the day on which they were recorded; 	

<p>d. The driver is not driving under a permit; and e. Every calendar day must be accounted for.</p>	
<p>Comments:</p>	
<p>12. Are the carrier's drivers completing all "Form and Manner" requirements for each daily log?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Form and manner items include date, carrier's name, driver's signature, driver's name (printed), starting and ending odometer readings, total kilometers or miles driven, name of co-driver if applicable, vehicle unit # or licence plate #, name of municipality and province at each change in duty status.</p> <p><u>Provincial Only:</u> also includes location where fuel was obtained and the number of litres or gallons of fuel taken.</p> <p><u>Federal Only:</u> also includes start time of day (if different than midnight), cycle that driver is following (unless operating under the provisions of an oil well service vehicle permit), in the "Remarks" section include the number of hours of off-duty and on-duty time accumulated by the driver each day during the 14 previous days (if no daily log was required before the beginning of the current day), and if applicable, a declaration in the "Remarks" section of the daily log that states the driver is deferring off-duty time and that clearly indicates whether the driver is driving under day one or day two at that time.</p>	
<p>Comments:</p>	
<p>13. Are all drivers' daily logs and/or records of duty status true and accurate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>This is identified by conducting an internal audit of logs and records using independent supporting documents such as fuel receipts, tach cards, hotel receipts, loading/unloading records, etc. Answer "No" if the carrier is not checking logs for falsification.</p>	
<p>Comments:</p>	
<p>D. (1) <u>PROVINCIAL OPERATING STATUS</u> and <u>HOURS OF SERVICE</u> See the <i>Drivers' Hours of Service Regulation, AR 317/2002</i> (Provincial) The following questions apply only to carriers with a Provincial Operating Status.</p>	
<p>14. Are all drivers in compliance with the 13-hour driving in a "work-shift" rule?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>No driving is allowed after driving 13 hours in a work-shift. Eight or more consecutive hours off-duty resets the work-shift.</p>	

Comments:	
15. Are all drivers in compliance with the 15-hour on-duty in a “work-shift” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after being on duty for 15 hours in a work-shift. Eight or more consecutive hours off-duty resets the work-shift.	
Comments:	
D. (2) FEDERAL OPERATING STATUS and HOURS OF SERVICE See the <i>Commercial Vehicle Drivers’ Hours of Service Regulation, SOR/2005-313 (Federal)</i> . The following questions apply only to carriers with a Federal Operating Status.	
16. Does the carrier have an internal process to monitor the compliance of each driver to hours-of-service regulatory and permit requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Regulation: SOR/205-313 Section 87: Carriers must have implemented a monitoring program. Records maintained must include at least: <ol style="list-style-type: none"> 1. The nature and date of the violations detected; 2. What remedial action the carrier took with the driver; and 3. The date the remedial action was taken Note: Enter N/A if carrier is an Owner/Operator and has never had any full-time or part-time drivers.	
Comments:	
17. Are all drivers in compliance with the 13-hour driving in a “day” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after the driver has accumulated 13 hours of driving time in a “day”. A “day” is defined as a 24-hour period that begins at the hour designated by the motor carrier and noted on the log by the driver for the duration of the driver’s cycle.	
Comments:	
18. Are all drivers in compliance with the 14-hour on-duty in a “day” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after the driver has accumulated 14 hours of on-duty time in a “day”. A “day” is defined as a 24-hour period that begins at the hour designated and noted on the log by the motor carrier for the duration of the driver’s cycle.	

Comments:	
19. Are all drivers in compliance with the 10-hours off-duty in a “day” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Drivers must have 10 hours off in a “day”. This off-duty time must include at least 2 hours of off-duty time (taken in blocks of not less than 30 minutes) that does not form part of a period of 8 consecutive hours of off-duty time (although they can be consecutive).	
Comments:	
20. Are all drivers in compliance with the 13-hour driving in a “work-shift” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after driving 13 hours in a work-shift. Eight or more consecutive hours off-duty resets the work-shift.	
Comments:	
21. Are all drivers in compliance with the 14-hour on-duty in a “work-shift” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after the driver has been on-duty for more than 14 hours in a work-shift. Eight or more consecutive hours off-duty resets the work-shift.	
Comments:	
22. Are all drivers in compliance with the 16-hour “elapsed time” rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after 16 hours of time has elapsed since the driver started a work-shift. (i.e. the clock starts ticking at the start of the driver’s work-shift and does not stop until the driver begins to take 8 or more consecutive hours of off-duty time.	
Comments:	
23. Are all drivers in compliance with the 70 and 120-hour “cumulative cycle” rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No driving is allowed after the driver has reached their cycle limits. Drivers must either follow Cycle 1 (70 hours on-duty in 7 days) or Cycle 2 (120 hours on-duty in 14 days).	

Comments:	
24. Are all drivers in compliance with the mandatory 24 hours off-duty rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Regardless of the cycle the driver is operating under, no driving is allowed unless the driver has taken at least 24 consecutive hours of off-duty time in the preceding 14 days.	
Comments:	
E. MAINTENANCE See the <i>Commercial Vehicle Safety Regulation, AR121/2009</i> .	
25. Does the carrier have a written Maintenance and Inspection Program that covers at least <u>all</u> the items required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
See Section 6 of AR 121/2009. Carrier must meet the requirements of Section 6 and 10, and Schedule 2 of AR 121/2009, as applicable, and the requirements of the Vehicle Inspection Regulation, AR 122/2009.	
Comments:	
26. Does the carrier's written Maintenance and Inspection Program pertain to all types of regulated commercial trucks, tractors and trailers registered to the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
A carrier's written program must apply to all commercial vehicles registered for a weight in excess of 4,500 kilograms.	
Comments:	
27. Does the carrier's written Maintenance and Inspection Program call for a regular and continuous program of inspection and maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Regular and continuous means specific criteria for time and/or distance between inspections.	
Comments:	
28. Does the carrier maintain individual files for each vehicle registered to your company and does each file contain at least all of the required information about the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Must meet the requirements of Section 37(2) (a) of AR 121/2009. Each vehicle file must identify the vehicle including at least:	

<ol style="list-style-type: none"> 1. Unit number, serial number, or similar identifying mark; 2. Make of the vehicle; and 3. The year of manufacture of the vehicle. 	
<p>Comments:</p>	
<p>29. Are all individual documents of all vehicle trip inspections, scheduled maintenance (e.g. Preventative Maintenance, A/B/C service), repairs, and lubrications each recorded with the required information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Must meet the requirements outlined in Section 37(2)(b) of AR 121/2009 including:</p> <ol style="list-style-type: none"> 1. The nature of the work performed; AND 2. The date on which the inspection took place or odometer or hubmeter reading on the vehicle at the time. 	
<p>Comments:</p>	
<p>30. Does the carrier have a system in place that ensures that all regulated commercial trucks, tractors and trailers undergo a CVIP inspection at least every 12 months, that each vehicle contains a copy of its current inspection certificate and displays the corresponding decal?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>This annual inspection is not considered part of your “routine” maintenance requirements.</p>	
<p>Comments:</p>	
<p>30. Are trip inspections and trip inspection reports being completed as required?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Trip inspections must be conducted as per Section 10 of AR 121/2009. Trip inspection reports must be completed as per Section 12 of AR 121/2009 on all vehicles operated under the authority of the carrier’s Safety Fitness Certificate. (Must consider if the carrier is federally or provincially regulated)</p>	
<p>Comments:</p>	
<p>31. Does each vehicle file contain all maintenance and inspection records for that vehicle for at least the minimum required time?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Must meet the requirement of Section 38 of the AR 121/2009. Trip inspection reports must be retained for the current month and the 6</p>	

<p>months immediately preceding. All other records must be retained for the current calendar year and the 4 calendar years immediately preceding.</p>	
<p>Comments:</p>	
<p>32. Is a copy of the carrier's Maintenance and Inspection Program document kept at their principal place of business in Alberta and all other locations where maintenance and repairs are completed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Electronic copies of the Maintenance Program are acceptable if it is available to all applicable employees wherever needed.</p>	
<p>Comments:</p>	
<p>33. Has the carrier fully implemented <u>all</u> areas of your Maintenance and Inspection Program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Comments:</p>	
<p>Total Number of "No's"</p>	

Evaluation

National Safety Code Compliance Quiz For Commercial Trucks, Tractors and Trailers

No violations of legislation are acceptable. Any non-compliance must be corrected immediately. To estimate the company's level of non-compliance, determine the number of questions answered "No" and compare this number to the appropriate row in the table below.

Number of "No's"		Violation Level/Action
Federal Operating Status	Provincial Operating Status	
0 - 5	0 - 4	Generally good compliance, some upgrades are required.
6 - 9	5 - 6	You are required to re-evaluate all of your programs and procedures and ensure full compliance.
10 - 33	7 - 25	Unacceptable compliance to legislation. Correct all deficiencies immediately. Suggest you consult a Transportation Consultant or Alberta Transportation for information.

Improvements must be made to all areas identified as being incomplete or as not meeting the company's regulatory requirements. You may want to contact a transport consultant to assist you.