

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.)

Employer Legal Name (and Trade Name)	WCB Account Number	WCB Industry Code(s)	List of Shareholders in Common

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

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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:

Appendix H2 - Sampling Table for Group Audit of Related Employers

Lead Employer Name: _____

Lead WCB Account(s): _____

Lead WCB Industry Code(s): _____

Audit Start Date: _____ End Date _____

Audit Purpose:

COR Certification

COR Recertification

COR Maintenance

Workforce included:

Shift work

Part-time employees

Casual employees

Interview sample included:

Employees from all shifts

Part-time employees

Casual employees