

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:
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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:	Interview sample included:
<input type="checkbox"/> Shift work	<input type="checkbox"/> Employees from all shifts
<input type="checkbox"/> Part-time employees	<input type="checkbox"/> Part-time employees
<input type="checkbox"/> Casual employees	<input type="checkbox"/> Casual employees

WCB Account Number	WCB Industry Code(s)	Employer Name and Short Description of Operations (List all employers included in the Group and for large employers with major departments/worksites/plants split these and record on separate lines)	Total Employees (for all employers)				Interviews Conducted (for audited employers)			
			Managers	Supervisors	Workers	Total	Managers	Supervisors	Workers	Total
TOTALS										