

Audit Registration Form

Company Information:

Date: _____

Company Name: _____

Contact Name: _____

Mailing Address: _____

City, Province: _____

Postal Code: _____

Phone: _____

Email Address for Invoicing: _____

***IMPORTANT** – Above, email address for invoicing is the preferred way to also send your official receipt *

Audit Start Date: _____

YYYY-MM-DD

HSSB (Health and Safety System Building) Employee Information:

Name of HSSB Trained Company Employee: _____

HSSB Training Date: _____

YYYY-MM-DD

WCB (Workers' Compensation Board) Information:

Account Number: _____

Industry Code(s): _____

Auditor Information:

Auditor Name: _____

Email: _____

Auditor Cert No.: _____

Date Taken: _____

YYYY-MM-DD

Type of Audit: _____

How long has the company's current Health and Safety Management System been in place?
(specific date if possible): _____

Notes: _____

Audit Information

Total number of Saskatchewan employees included in scope of audit: (All levels, including owners/managers)	Total Number of Sites/Facilities in Saskatchewan:	Total Number of Sites to be Visited:
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List all sites/departments encompassed by the WCB account(s) and industry code(s) included in this audit. Also include all sites that were not included in this audit.	TOTAL EMPLOYEES (For all sites)					
	Senior Managers	Managers	Supervisors	Workers	Contract Workers	TOTAL
TOTALS:						

List all sites/departments encompassed by the WCB account(s) and industry code(s) included in this audit. Also include all sites that were not included in this audit.	TOTAL NUMBER OF INTERVIEWS PLANNED					
	Senior Managers	Managers	Supervisors	Workers	Contract Workers	TOTAL
TOTALS:						

*** If you have more than 5 sites than please attach additional pages*