

COR Equivalency Non - NB Based Company

Comment s'enregistrer

Les exigences pour participer au programme COR dans la NBCSA (programme de certificat de reconnaissance) pour les compagnies qui ne sont pas basées au Nouveau-Brunswick, sous le processus d'équivalence qui a une lettre de bonne position et membre avec une autre fédération d'association de Sécurité en Construction (autre Province).

La procédure pour l'application est :

Une organisation qui a obtenu leur statut de certification (COR) et qui n'a pas de bureau permanent dans le Nouveau-Brunswick doit suivre cette procédure modifiée d'enregistrement.

Les compagnies qui appliquent pour une équivalence à la NBCSA certification de reconnaissance doivent fournir ce qui suit :

- Compléter l'Application de Participation au programme de Certificat de Reconnaissance de la NBCSA. Spécifier au bas de l'application que vous demandez l'Equivalence au certificat de reconnaissance (COR).
- Compléter la déclaration de l'Acte de Santé et Sécurité (NB OH&S). (Compagnie doit être en règle avec l'Acte/Rég. de Santé et de Sécurité OH&S)
- Compléter section 14 dans NBCSA audit instrument.
- Fournir la copie valide du Certificat d'Autorisation de la WorkSafe NB.
- Fournir la copie la plus récente de leur Vérification (audit) provinciale qui rencontre les normes.
- Fournir la copie la plus courante de leur Certificat Provincial de Reconnaissance.

Une fois que les documents mentionnés sont reçus et réviser par la NBCSA, ce qui suit sera émit à la compagnie :

Une lettre de bonne position valide pour la période de leur certificat de reconnaissance (COR) provincial.

Les demandes pour extension doivent être faites par écrit - accompagnées par une copie de leur certificat (COR) actuel. Lorsqu'une compagnie a laissé expirer leur certificat (COR) il sera de la responsabilité de l'employeur de faire une autre application.

La compagnie avisera la NBCSA lorsque le travail commencera dans la province. La NBCSA se réserve le droit de faire une vérification (Audit) d'assurance de qualité à ce moment au taux applicable.

La procédure mentionnée ci-dessus a été établie pour l'équivalence COR Provincial seulement. Toutes vérifications soumises à la NBCSA sera révisées par le personnel de la NBCSA seulement et garder dans la plus confidentialité.



Application For **CERTIFICATE OF Recognition** (COR) PROGRAM

Yes, I have read the program summary and agree to the terms and conditions. I would like to participate in the New Brunswick Construction Safety Association (NBCSA) COR program.

Legal Name: _____

Operating Name: _____
(If different from Legal Name)

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Contact Person: _____ Signature: _____

WorkSafe NB #: _____ NAICS #: _____

Employee's name with the Required COR Training _____

To be signed by CEO, Manager or Owner of the Company showing commitment in participating in the COR program:

Name (print) _____ Signed: _____

Title: _____ Date Signed: _____

Applying For : _____

In Process Letter (No charge)

Invoice Internal Audit Submission
(Fee – Include Audit Instrument)

Return this Form to:

New Brunswick Construction Safety Association
PO Box 731
Miramichi, NB
E1V 3V4



NBCSA

Occupational Health & Safety -Compliance Declaration-

Company Name: _____

Date: _____

Declaration :

As required of all Companies in New Brunswick, I have obtained current copies of the “New Brunswick Occupational Health & Safety Act” and the “New Brunswick Occupational Safety General Regulations.”

To the best o my knowledge,

I, (and my company’s employees) meet the minimum safety training requirements as outlined in the New Brunswick Occupational Health and Safety Legislation.

Print Name _____

Print Title _____

Signature _____

SECTION FOURTEEN- *Supplementary*

How it Applies

This section deals with a variety of issues that are not covered in other sections

Question 14.1

If you have more than five, but less than 20 persons employed in your company, you are required to have a safety representative. The workers choose a safety representative.

If you have 20 or more persons regularly employed in your workplace, you are required to have a JOHS committee.

Question 14.2

“Meaningful participation” means: Have the JOHS members received training in the various functions of committee; such as, investigation, inspection, program, etc.?

Question 14.3

Score 2 points based on documentation
Score 2 points based on positive interviews

Question 14.4

When evaluating safety committee operation for compliance, consider: meeting frequencies, management/ employee quorums, rules of reference, election of members, communications, project size/ duration, etc. (Refers to Section 14-16 of the OH & S Act.)

Question 14.6

Are the sanitary and lunchroom facilities kept clean and hygienic? Is there correct number of toilets? Is there sufficient potable water readily available?

Question 14.7

This question asks: “Have you considered whether an environment policy is necessary?” Your determination must be based on what you do. Do you have potential for environmental accident?

Question 14.8

Are persons with supervisory duties evaluated (at least annually) to determine if they are properly conducting their OH & S responsibilities?



SECTION FOURTEEN- *Supplementary*

| Section Fourteen-<i>Supplementary</i> | | | | | |
|--|-----------------------|---|---------------------------|------------------|-------------------|
| Supplementary | Possible Score | Audit Method | | | Your Score |
| | | Documentation | Observation | Interview | |
| Section 14 | | | | | |
| 14.1 Does a safety committee/ representative exist? | 5 | | | | |
| 14.2 Have safety committee members/ representatives received sufficient training for meaningful participation? | 5 | | | | |
| 14.3 Is the safety committee / representatives regularly consulted and are their recommendations considered? | 1-4 | | | | |
| 14.4 Does the safety committee operate according to regulatory requirements? | 2 | | | | |
| 14.5 Do sanitary and lunchroom facilities meet legislated requirements? | 2 | | | | |
| 14.6 Has an assessment been completed to determine if an environmental policy is needed? | 2 | | | | |
| 14.7 Has an assessment been completed to determine if an harassment policy is needed? | 2 | | | | |
| 14.8 Are management health and safety performance evaluations carried out? | 1 | | | | |
| Total Possible Score (Deduct any non- applicable) | | 24 | Your score this section → | | |
| | | Please carry this score to the summary sheet. (REAR) ↑ | | | |

Comments- Please attach additional comments on a separate sheet.

INTERVIEW SECTION-*Supplementary*

Section Fourteen- Interview Section *Employee Questions*

| Questions | Number of persons Question # | | No Response/ N/A | Total Response P or N |
|---|---------------------------------|----------------------|------------------------|-----------------------------|
| | Positive Response | Negative Response | | |
| 14.1 Does a safety committee or representative exist? | | | | |
| 14.2 Have you received training for you role on the safety committee? (This question is only applicable for safety committee members.) | | | | |
| 14.3 What happens when the safety committee makes recommendations? | | | | |
| 14.4 Have you been involved in the review/ development or change of policies? | | | | |
| 14.6 Do you have any concerns about the cleanliness of your bathroom / lunchroom | | | | |

Management Questions

| | | | | |
|--|--|--|--|--|
| 14.1 Does a safety committee or representative exist? | | | | |
| 14.2 Does the safety committee representative receive proper training? | | | | |
| 14.3 What happens when the safety committee makes recommendations? | | | | |
| 14.4 Are safety committee members/ representatives/ employees involved in the review/ development or changes of polices? | | | | |
| 14.6 How does your sanitary and lunchrooms facilities compare to government standards | | | | |