

# Partnerships

IN INJURY REDUCTION

## SMALL EMPLOYER CERTIFICATE OF RECOGNITION (SECOR) PROGRAM

### Overview

The SECOR Program provides an opportunity for small employers to build a health and safety management system and achieve a Certificate of Recognition (COR). The program is specifically designed to meet the application and training needs of small employers, while considering their resource limitations.

Alberta Workplace Partnerships and its Certifying Partners have developed the SECOR Program for use by a certified auditor external to the employer, or by a trained self-assessor.

### The Primary Steps for Achieving a Small Employer COR

1. Contact a Certifying Partner.
2. Take the training necessary for developing and auditing a health and safety management system.
3. Develop and implement a health and safety management system.
4. Complete an audit and submit it to a Certifying Partner for review.

### Am I a “Small Employer?”

A “**Small Employer**” is defined as an employer that has no more than 10 employees at any given time. The owner(s) and any person covered by the employer’s WCB account must be included in this number. Material suppliers, inspectors, equipment rental deliverers, etc. who supply a service to the small employer are not included in the definition of a Small Employer, though employers may find they are responsible for subjecting these individuals to some of their basic workplace

health and safety rules, such as personal protective equipment requirements (see the *Occupational Health and Safety Act, Regulation and Code* for specific obligations of the employer).

The definition of a Small Employer will be applied to the employer's whole operation when issuing a SECOR. Therefore, as a general rule, an employer cannot be issued multiple SECORs on the same account and still be categorized as a small employer unless the total number of employees for the whole operation does not exceed 10 employees.

## **What is a Small Employer Certificate of Recognition?**

A Small Employer COR (SECOR) is issued to an employer whose audited health and safety management system meets or exceeds the standards that have been developed for the SECOR Program. A well-functioning system can demonstrate due diligence by the employer and result in reduced injuries, illnesses, and related costs.

Employers who achieve a COR are eligible to receive a 5% to 20% reduction in their WCB premium assessment.

Additionally, employers who hold Certificates of Recognition are becoming the contractors of choice for key principal contractors within the province.

The COR is valid for three years as long as the employer continues to meet the definition of a small employer, and certification is maintained according to minimum standards and requirements.

Employers that want to participate in the SECOR Program must evaluate whether or not their business will continue to fit the definition of a Small Employer over the course of the next 3 years. Once an employer's staffing numbers exceed 10, their COR audit process must move to the next program level for their industry.



**For more information on the SECOR Program,  
contact a Certifying Partner (*see Appendix B*).**

This audit instrument is designed to determine whether the small employer has addressed basic aspects of a health and safety management system. SECOR audits can be conducted by a certified, external auditor, or by a key employee (the owner, most senior operational person, or an employee familiar with the overall work operation) who has received the appropriate training to conduct a self-assessment. Please contact your Certifying Partner or Workplace Partnerships for further information.

A pass mark is 80% or greater overall (at least 25 “Yes” responses out of 28 questions), and 50% or greater (at least 2 “Yes” responses when there are 3 questions) in each applicable element.

### Completion Instructions

1. Read each question and verify whether the answer is “Yes” or “No.”
2. All questions answered “yes” require **verification** (i.e. notes and/or documentation). Use the "Notes" section to answer the audit question, provide explanations required, and refer to any attached documentation intended to act as verification.
3. If the question is answered “no,” enter an appropriate action item in the attached Action Plan.
4. The auditor/self-assessor may need to conduct work site observations (O) and interviews (I) in order to answer some questions. These are identified in the audit instrument.
5. In cases where the owner is the self-assessor, some validation techniques may not be relevant (e.g. interviews for question 1.3).
6. Questions that have an asterisk (\*) do not need to be answered by owner-operators, and are not considered in the scoring for owner-operators. Owner-operators should consider these questions as "not applicable," and score them as "n/a."
7. Under the “Contracting Services” element, an optional Contracting Organization Health and Safety Questionnaire (Appendix A) can be completed in lieu of supplying supporting documentation for questions 5.1 and 5.2. The questionnaire is designed to be completed by the small employer's principal contractor.

**Name of Employer:**

**1. OWNER COMMITMENT AND PROGRAM ADMINISTRATION**

QUESTIONS	Yes	No	REQUIRED VERIFICATION	NOTES
1.1 Is there a Workplace Health and Safety Policy signed and dated by the owner?			Attach a copy of the Policy.	
1.2 Do both owner and employees know what the Workplace Health and Safety Policy states? (I) *			Explain how employees are made aware of the policy, and indicate the percentage of employees who were able to identify the main points from the policy.	
1.3 Is the owner aware of the Occupational Health and Safety Regulations that are relevant to the workplace? (I)			List the specific sections of the OHS Act, Code and Regulation that apply to your work site.	
1.4 Are employees aware of the Occupational Health and Safety Regulations that are relevant to the workplace? (I) *			Explain how employees are made aware of their legislated rights and responsibilities. Indicate the percentage of employees who were able to identify the OHS Regulations relevant to their work.	
1.5 Does the owner encourage discussion and resolution of health and safety issues with everyone at the workplace? (I) *			Attach information on how this is done, such as safety meeting notes.	
1.6 Are records kept of all incidents, investigations and follow-up steps?			Attach records of the past 12 months.	
1.7 Does the owner ensure health and safety policies and hazard control methods are followed? (O)			Outline how the owner ensures that health and safety policies and hazard control methods are followed.	

## 2. HAZARD IDENTIFICATION, ASSESSMENT AND CONTROL

QUESTIONS	Yes	No	REQUIRED VERIFICATION	NOTES
2.1 Are health and safety hazards or risks, including chemicals hazards, identified? (O)			Attach a copy of your formal hazard identification and assessment. This should include the hazards identified for all jobs/tasks, and the assessment of these hazards.	
2.2 Are steps taken to prevent the owner and employees (if applicable) from becoming ill or injured from the hazards or risks listed in 2.1? (O)			For each of the hazards or risks listed in 2.1 indicate protection measures taken.	
2.3 Is there a preventive maintenance program for equipment and machinery?			Submit a copy of maintenance logs or records of the past 12 months, and a copy of your Preventative Maintenance Policy	
2.4 Is appropriate personal protective equipment available and are users trained in the use, care and maintenance of the equipment? (O)			Submit a list of available personal protective equipment, training records and attach appropriate codes of practice.	

### 3. INSPECTIONS

QUESTIONS	Yes	No	REQUIRED VERIFICATION	NOTES
3.1 Are regular inspections of the workplace carried out to identify hazards and ensure control measures are in place and working? (O)			How many inspections have the owner or designate undertaken in the past 12 months? List the types of inspections undertaken.	
3.2 Is there an inspection checklist or other format with a plan to correct unsafe conditions and acts?			Attach three recently completed inspection reports for each type of inspection. These should indicate what was looked for, what was found, and the corrective action taken.	
3.3 Do employees have a means to report existing and new hazards? (I) *			Provide examples of how employees report hazards. (e.g. toolbox meeting notes, letters, memos).	

#### 4. TRAINING, EMERGENCY RESPONSE AND ACCIDENT/INCIDENT INVESTIGATION

QUESTIONS	Yes	No	REQUIRED VERIFICATION	NOTES
4.1 Is health and safety orientation provided to all new employees on their first day of employment? *			Attach a list of orientation topics covered and include copies of the last three orientations, including sign-off to indicate employee participation.	
4.2 Has job safety and safety training been taken that covers hazards (e.g., H2S, confined space entry) and control methods (e.g., safe work practices and procedures)?			Attach a copy of job health and safety training records.	
4.3 Is there an Emergency Response Plan including training in first aid?			Attach employee first aid training certificates, a list of all the potential emergencies to which your work site(s) could be exposed, and the accompanying emergency response plan for each potential emergency. If your policy is to work under the ERP of your prime contractor, attach a copy of their plan, and explain how this was communicated to you and what your responsibilities are under their plan.	
4.4 Are employees aware of their responsibilities in the case of an emergency? (I) *			Explain how employees are made aware of their responsibilities in an emergency situation. Indicate the percentage of employees who were able to state their responsibilities in an emergency.	
4.5 Are emergency drills held in the workplace? (O) *			Give date/details of a recent drill (who, what, when and where).	
4.6 Are workplace injuries, illnesses and near-miss incidents reported both internally and externally (e.g. WHS, WCB)?			Describe how incidents and near misses are reported.	
4.7 Are investigations conducted into workplace injuries, illnesses and near-miss incidents and are corrective actions taken?			Attach a recent report to show how incidents were investigated and what corrective actions were taken.	

## 5. CONTRACTING SERVICES

QUESTIONS	Yes	No	REQUIRED VERIFICATION	NOTES
5.1 Are workplace health and safety hazards or possible risks, including chemical hazards, identified at contracted worksites? (O)			Describe one meeting with a contracting organization representative where health and safety hazards and controls have been discussed, OR complete and submit a Contracting Organization Health & Safety Questionnaire (Appendix A).	
5.2 Has a plan been developed in consultation with the contracting organization for ensuring workplace health and safety?			Attach a plan from a contracted worksite, OR complete and submit a Contracting Organization Health & Safety Questionnaire (Appendix A).	
5.3 Are employees made aware of the hazards and control measures at a contracted worksite? (I) *			Describe how employees are made aware of hazards and control measures at contracted worksites.	

## 6. ACTION PLAN

QUESTIONS	Yes	No	REQUIRED VERIFICATION	NOTES
6.1 Has an Action Plan been developed to address items answered "No" in this audit?			Attach a copy of the Action Plan showing steps for improvement over the next year.	
6.2 Has the owner designated a person responsible for ensuring that improvements are undertaken? (I) *			Name that person and the position held in the company.	
6.3 Have clear and timely target dates for completion of items in the Action Plan been set?			Provide a scheduled date for the completion of items in the Action Plan.	
6.4 Has the Action Plan from the previous audit been implemented?			Attach the Action Plan and describe changes that have taken place.	

# Partnerships Small Employer Audit Summary Score Sheet

<b>Element</b> (50% minimum required to pass each element.)		Total Points Possible	Points Not Applicable (n/a)	Total Points Available	Total Points Scored	Score %
1.	<b>Owner Commitment and Program Administration</b>	7				
2.	<b>Hazard Identification, Assessment and Control</b>	4				
3.	<b>Inspections</b>	3				
4.	<b>Training, Emergency Response and Accident/Incident Investigation</b>	7				
5.	<b>Contracting Services</b>	3				
6.	<b>Action Plan</b>	4				
<b>TOTAL</b> (minimum 80% overall, with no less than 50% in each element required for SECOR certification)		<b>28</b>				

*One point is awarded for every “yes” answer awarded. Any questions marked as “n/a” are subtracted from the total points available for the element, and the total possible score for the audit as a whole.*

# Partnerships Small Employer Audit Action Plan

Audit Date: \_\_\_\_\_

ACTION ITEM	PERSON (S) RESPONSIBLE	TARGET DATE	ACTION TAKEN	DATE COMPLETED

## SWORN STATEMENT

The undersigned, under oath and penalty of perjury, certifies that the above information furnished in this application is true and correct.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Name of Auditor**

\_\_\_\_\_

**Signature of Auditor**

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

**Commissioner for Oaths**

\_\_\_\_\_

**Expiry Date**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Name of Audit Reviewer**

\_\_\_\_\_

**Signature of Audit Reviewer**

# **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.

<b>Small Employer Name</b>			
<b>Representative</b>			
<b>Telephone Number</b>		<b>Fax Number</b>	

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION	YES	NO
<b>1.</b> Do I/we have a contact person for health and safety issues? (Name: _____ )		
<i>If "No" or for any variances, please explain.</i>		
<b>2.</b> 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
<b>3. Are there specific job procedures that we are required to follow?</b>		
<i>If "No" or for any variances, please explain.</i>		
<b>4. Are there site specific safety rules to follow?</b>		
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>		
<b>5. Are there specific emergency response procedures we need to follow for:</b>		
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>		
<b>6. Do you require site health and safety orientation?</b>		
<i>If "No" or for any variances, please explain.</i>		
<b>7. Do I/we require specific health and safety training for work performed on your site (H<sub>2</sub>S, WHMIS, confined space, etc.)?</b>		
<i>If "No" or for any variances, please explain.</i>		

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

<b>Contracting Organization Name</b>			
<b>Representative</b>			
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Signature</b> _____ <b>Date</b> _____			

# **APPENDIX B**




---

## WHO ARE THE CERTIFYING PARTNERS?

---

A **Certifying Partner** is an association that has committed to working with Alberta Workplace Partnerships to improve health and safety for Alberta workers. **Certifying Partners** provide training, review audits, and issue CORs to employers whose audits meet Partnerships' standards.

<b>ALBERTA ASSOCIATION FOR SAFETY PARTNERSHIPS</b> <a href="http://www.safetypartnershipsasp.com">http://www.safetypartnershipsasp.com</a>	<b>ALBERTA SAFETY COUNCIL</b> <a href="http://www.safetycouncil.ab.ca/">http://www.safetycouncil.ab.ca/</a>
<b>ALBERTA CONSTRUCTION SAFETY ASSOCIATION</b> <a href="http://www.acsa-safety.org">http://www.acsa-safety.org</a>	<b>CONTINUING CARE SAFETY ASSOCIATION</b> <a href="http://www.continuingcaresafety.ca">http://www.continuingcaresafety.ca</a>
<b>ALBERTA FOOD PROCESSORS ASSOCIATION</b> <a href="http://www.afpa.com">http://www.afpa.com</a>	<b>CORPORATE HUMAN RESOURCES (ALBERTA GOVT.)</b> <a href="http://www.pao.gov.ab.ca/">http://www.pao.gov.ab.ca/</a>
<b>ALBERTA FOREST PRODUCTS ASSOCIATION</b> <a href="http://www.albertaforestproducts.ca">http://www.albertaforestproducts.ca</a>	<b>ENFORM</b> <a href="http://www.enform.ca/">http://www.enform.ca/</a>
<b>ALBERTA HOTEL SAFETY ASSOCIATION</b> <a href="http://www.albertahotelsafety.com">http://www.albertahotelsafety.com</a>	<b>MANUFACTURERS' HEALTH AND SAFETY ASSOCIATION</b> <a href="http://www.mhsa.ab.ca/">http://www.mhsa.ab.ca/</a>
<b>ALBERTA MOTOR TRANSPORT ASSOCIATION</b> <a href="http://www.amta.ca/">http://www.amta.ca/</a>	<b>TEXTILE RENTAL INSTITUTE OF ALBERTA</b> <a href="http://www.textilerental.ca/">http://www.textilerental.ca/</a>
<b>ALBERTA MUNICIPAL HEALTH &amp; SAFETY ASSOCIATION</b> <a href="http://www.amta.ca/">http://www.amta.ca/</a>	<b>WESTERN WOOD TRUSS ASSOCIATION OF ALBERTA</b> <a href="http://www.wwta.ab.ca/">http://www.wwta.ab.ca/</a>