***Please complete and submit this form to:*** [***COR@mhsa.ab.ca***](mailto:COR@mhsa.ab.ca)

|  |
| --- |
| **IMPORTANT Updates:**   * **This Audit Request Form is required to register your Audit and receive assignment in BIS.** * **SUBMIT your Audit Request forms to MHSA by March 1st for processing, unless required earlier due to COR expiry dates being prior to March 1st.** * **Certification/Re-Certification Audits will not be scheduled in the month of December*.*** * **We ask that all audits be submitted to MHSA by December 1st to allow for processing time prior to year end.** |

**Audit Request Form Submission Date:**Date submitted to MHSA

**Preferred Audit Start Date:** Date Option #1

**Alternate Audit Start Date:** Date Option #2

**Type of Audit:** Choose an item. **Type of Auditor:** Choose an item.

**Audit Tool to be Used:** Choose an item.

**Type of Employer:** Choose an item. **Legal Company Name:** Full Legal Company Name

**Current COR #:** Current COR # *(if applicable)* **Expiry Date:** COR Expiry *(if applicable)*

**\*\*WCB Account number(s):** Account Number(s) **\*\*WCB Industry Code (s):** Industry Code(s)

**\*\*Total Number of Employees:** # of Employees **\*\*Total Number of Sites:** # of Sites

*\*\*Please ensure that* **all** *locations, WCB Account numbers and industry codes and number of employees are indicated on this form to ensure an accurate sampling for the audit.*

**List the name of at least one Employee with the following training:**

*\*\*Enter at least one name. Internal Auditors must have all 3 course and be certified to perform their audit or a Peer Audit. If utilizing an External Auditor, at least one key employee must have Safety Basics (Mandatory), and we highly recommend Hazard Assessment and Safety Auditor.*

**MHSA Safety Basics:** List at least one name

**MHSA Hazard Assessment:** List at least one name

**MHSA Safety Auditor:** List at least one name

**Please indicate the name of the Auditor(s) performing the audit for internal or peer reciprocal.**

*\*\*Please note: If a reciprocal audit is not performed within the current year the company will be charged for the audit. Please indicate whom will be performing the audit internally or as a reciprocal peer auditor.*

**Auditor Name:**Auditor name

**Auditor Email:** Auditor email

**Comments regarding this years Audit:**

*Please indicate here if this is a Team Audit and whom the Lead Auditor will be, a Group Audit, or for ISO 45001/CSA Z45001.*

Click here to enter text.

**AUDIT INFORMATION**

**Site #/Name:** # and Name

**WCB Account #:** WCB Account # **WCB Industry Code:** WCB Industry Code

**Company Physical Address:** Address **City:** City

**Postal Code:** Postal Code **Phone Number:** Phone Number

**Company H&S Representative:** First/Last Name **Email:** Email

**Senior Management:** First/Last Name **Email:** Email

**Total Number of Employees at this location:** # of Employees

Indicate operating hours and any additional shift schedules:

|  |  |  |  |
| --- | --- | --- | --- |
| **Shift Title** | **Start** | **Lunch** | **End** |
| Shift | time | time | time |
| Shift | time | time | time |
| Shift | time | time | time |
| Shift | time | time | time |

**Site #/Name:** # and Name

**WCB Account #:** WCB Account # **WCB Industry Code:** WCB Industry Code

**Company Physical Address:** Address **City:** City

**Postal Code:** Postal Code **Phone Number:** Phone Number

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**Senior Management:** First/Last Name **Email:** Email

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| Shift | time | time | time |
| Shift | time | time | time |
| Shift | time | time | time |

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**Company Physical Address:** Address **City:** City

**Postal Code:** Postal Code **Phone Number:** Phone Number

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**Senior Management:** First/Last Name **Email:** Email

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