



## Notice of Audit Activity Form

### Company

WorkSafeBC Account Number:		
Legal Name of Company (as registered with WorkSafeBC)		
Operating/Trade Name		
First & Last Name of Company Contact		Title
Company Address		City/Town
Province	Postal Code	Email
Company Phone Number		Company Website

### Audit/Auditor Details

<input type="checkbox"/> Large Employer (20 or more FTEs)	<input type="checkbox"/> Small Employer (Fewer than 20 FTEs)	* for Joint Audit list Companies included in Audit Scope here:		
		Legal Name of Company	WSBC Account Number	Classification Unit(s)
<input type="checkbox"/> Certification Audit <input type="checkbox"/> Maintenance Audit <input type="checkbox"/> Re-Certification Audit Other: _____	<input type="checkbox"/> Student Audit <input type="checkbox"/> Limited Scope Audit <input type="checkbox"/> Joint Audit *			
Auditor Certification Number		<input type="checkbox"/> External Auditor  <input type="checkbox"/> Internal Auditor  <input type="checkbox"/> I have submitted my COR Internal/External Auditor Declaration Form		
First & Last Name of Auditor				
Auditor Phone Number		Auditor Email		
Audit Start Date	Audit End Date	Audit Report Submission Date		

The Return-to-Work (RTW) COR certification program has been discontinued. As a result of a thorough review of the program, WorkSafeBC has decided to focus on other return-to-work programs and initiatives that provide the best outcomes for injured workers.

Classification Unit(s) Included in Audit Activities

- |   |  |
|---|--|
| <input type="checkbox"/> 761009 Campground  | <input type="checkbox"/> 761038 Ski Hill                                     |
| <input type="checkbox"/> 761028 Outdoor Sport Tour Concessions                                  | <input type="checkbox"/> 761045 Coffee Shops, Ice Cream Parlours, Other Food |
| <input type="checkbox"/> 761031 Golf Course, Driving Range, Pitch & Putt, Lawn Bowling Facility | <input type="checkbox"/> 761049 Park, Campground or Trail Maintenance        |
| <input type="checkbox"/> 761032 Private Park, Garden, or Zoo                                    | <input type="checkbox"/> 761056 Overnight and Short-term Accommodation       |
| <input type="checkbox"/> 761034 Pub, Bar, Night Club, or Lounge                                 | <input type="checkbox"/> 741013 General Retail                               |
| <input type="checkbox"/> 761035 Restaurant or Other Dining Establishment                        | <input type="checkbox"/> Other _____   |

## Audit Interviews

**Number of FTEs** (full-time equivalent employees, which includes temporary, permanent, part-time, full-time, seasonal, casual, etc.- calculated by dividing the total annual payroll hours by 2080)

	<b>Minimum Number of Interviews Required (as per Auditor Manual)</b>
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## Audit Sampling Plan

	Audit Site Name	Classification Unit(s) Represented	Sites Selected for Audit				Number of Employees Interviewed per Site during Current Audit ( <b>at least 80% of those interviewed should be workers and the remaining 20% should be supervisors/managers</b> ) (M – manager, S – supervisor, W – worker)		
			Current Audit	1 yr ago	2 yrs ago	3 yrs ago			
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	S	W
<b>TOTAL</b>									

Please list all sites, whether sampled or not. Attach additional sheet if required.

**TOTAL:**

Useful Resources for Auditors:

[Tips for Student Auditors Infosheet](#)

[Multiple Student Auditors Infosheet](#)

[Multiple Certified Auditors Infosheet](#)

[Mixed Student and Certified Team Auditors Infosheet](#)

**Please submit this form along with other required audit report documents to:**

Email: [safety@go2hr.ca](mailto:safety@go2hr.ca)

**For go2HR Office Use Only**

go2HR has verified auditor status is valid.