**Write company name here**

**BASE**

**N.O.A.A.**

**Notice of Audit Activities**

**2024**

**Write lead auditor name here**

**Designed for large employers with 20 or more employees or dependant contractors and their employees**

**Instructions**

**The auditor does not need to include these instructions with the NOAA submission, but neither are they required to remove them. The auditor may instead fill out the applicable pages at the end of the full BASE submission and submit only those pages.**

| **Section** | **Instructions** |
| --- | --- |
| all | * Double-click any tick box to turn on/off
* Please email or phone the Council with any questions
* Please email or phone the Council with any form bugs, suggestions for improvement, etc.
 |
| A | * Select as many boxes as required
 |
| B | * Fill in the SAFE certification number unless this is a certification audit
* Fill in the company name EXACTLY as it appears on the WorkSafeBC clearance letter
 |
| C & D | * This section gets completed BOTH before and after auditing. Once using planned information, then finally with the actual dates.
 |
| E | * Fill out the count chart
* Example

|  |
| --- |
| Total count per month for last 12 months: (Total = owners + management + supervisors + workers + workers of dependent contractors) |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Year(yyyy) | 2020 | 2020 | 2020 | 2020 | 2020 | 2020 | 2021 | 2021 | 2021 | 2021 | 2021 | 2021 |
| Month(mmm) | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Count | 82 | 85 | 82 | 35 | 7 | 4 | 45 | 60 | 80 |
| [ ]  | Attach an Organizational Chart or other description of the structure of the company. |

* Attach an organization chart or a text description of the organization’s structure
 |
| F | * Not allowed to be left blank on the pre-audit NOAA
* List the time-scope of the audit records. Must be at least 6 months.
* Scope of cases is for occupational injury/illness only. Exclude non-work cases even if company system includes non-occupational injury/illness.
* Provide number of occupational IMRTW cases (including SAW) in the company
* Provide number of occupational cases sampled
 |
| G | * If you are a student auditor, write ‘student’
 |
| I | * Fill in the account and CU information, both pre- and post-audit
* List ALL the CU’s that the company has and whether you intend to audit that CU or not
* List ALL the sites that the company has and whether or not you intend to visit that site.
* Each unique CU / location requires its own row. If there are 2 CU’s at 2 locations and a 3rd location with only one of those CU’s, there needs to be 5 lines
* ‘WSBC Fixed site name’ refers to the permanent site address(es) registered with WSBC. The auditor should contact the Council for this information
* ‘Audit site name’ refers to the local name of the site being audited (shop, block 420, Queen Charlotte operations, etc.). Each site name receives its own line for each CU (i.e. site name is a subset of the fixed location for each CU)
* Complete the sampling plan, with the number of employees by type for totals, planned and actual.
* Complete this both before and after the audit, once with plans, once with actual.
* Write notes in case of unique circumstances.
* List all the sites in the company, whether or not they will be visited this audit.
* For this year AND the previous 3 years, mark if the sites were visited (obtain directly from company)
* For mobile companies without fixed sites, supervisor or crew names may be more appropriate than place names
* For the pre-audit version, mark how many people are intended to be interviewed
* For the post-audit version, mark the actual numbers interviewed.
* Many companies will only have 1 CU, 1 WSBC fixed site and 3-5 audit sites.
* Complete the ‘Min interviews’ field based on the total personnel as per auditor manual.
* Indicate which auditor(s) will be where for each site.
 |
| K | * Submit Signed copy of this page (post-audit only)
* If the internal auditor is also a management representative, please sign twice
 |

**Company Profile**

**Complete All Information Answer all questions**

|  |  |  |
| --- | --- | --- |
| Company’s audit due date: | **This form is a Pre-Audit NOAA** | [ ]  |
|  | **This form is a Post-Audit NOAA** | [ ]  |
| 1. **Type of Audit** – check all that apply (double-click each box to activate)
 |
| [ ]  | Certification | [ ]  | Student | [ ]  | Verification | [ ]  | Administrative  |
| [ ]  | Maintenance | [ ]  | Gap Analysis | [ ]  | A.M.A.P. yr 1 | [ ]  | Limited Scope |
| [ ]  | Recertification | [ ]  | Teamlist members in sec I. | [ ]  | A.M.A.P. yr 2 | [ ]  | Phased – part  |  | of |  |
| [ ]  | Combined (joint) | [ ]  | MAGSAFE 1 | [ ]  | W.I.V.A. | [ ]  | SAFE Only – no COR |
| [ ]  | ConversionCP: | [ ]  | BASE 4 | [ ]  | Internal  | [ ]  | External |
| 1. **Company Information – for joint use multiple rows per cell in a consistent order**
 |
| Legal Company Name: | Company Trade Name/*dba*: |
|  |  |
| WorkSafeBC Account: | SAFE Certification #: |
|  |  |
| Mailing Address: | City: | Province: | Postal Code: |
|  |  |  |  |
| Street Address: (if different from mailing address) | City: | Province: | Postal Code: |
|  |  |  |  |
| Company Contact: | Position: |
|  |  |
| Phone: | Email: |
|  |  |
| 1. **Audit Period**
 |
| **Complete estimated for pre-audit.** **Complete both for post-audit.** | **Start Date** | **Date of last data collection** | **Report Submission Date** |
| **Estimated** |  |  |  |
| **Actual** |  |  |  |

1. **High Risk Company Activity Types**

|  |
| --- |
| Check all that apply  |
| [ ]  | Hiring Contractors | [ ]  | Creating a multi-employer workplace |
| [ ]  | Lockout | [ ]  | Camps and Remote Accommodations |
| [ ]  | Manual Tree Falling | [ ]  | Working near High Voltage Power Lines |
| [ ]  | Commercial Vehicles | [ ]  | High Hazard Materials |
| [ ]  | Heavy Equipment Operations | [ ]  | Working at Heights |
| [ ]  | Respiratory Protection | [ ]  | Combustible Dust |
| [ ]  | Hot Work | [ ]  | Confined Space |
| [ ]  | Having Young Workers (under age 25) | [ ]  | Working over or on Water |

1. **Personnel Count**

|  |
| --- |
| Total personnel count per month for last 12 months: (Total = owners + management + supervisors + workers + workers of dependent contractors)For multiple companies, use the same order as in section B, with multiple rows per cell |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Year(yyyy) |  |  |  |  |  |  |  |  |  |  |  |  |
| Month(mmm) |  |  |  |  |  |  |  |  |  |  |  |  |
| Count |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | Attach an Organizational Chart or other description of the structure of the company. |

1. **Lead Auditor Information**

|  |  |
| --- | --- |
| Audit Completed by:  | Auditor Number (or ‘Student’): |
| Lead |  |
| Lead auditor email: | Lead auditor cell: |
| Team |  |
| Team |  |
| 1. **Accompanied by Company Representative(s) / Hosts (complete in post-audit version only)**
 |
| Name:  |  |  |  |  |  |
| Occupation: |  |  |  |  |  |

1. **Scope of audit**

| List all WorkSafeBC CUs, their fixed locations, and operating sites. Indicate if work activity is intended (pre-) and actually present in the audit.If the company contact is unsure of their CUs or locations, please contact the BC Forest Safety Registrar.Insert additional rows above the total line if necessaryTotal interviews performed are automatically calculated with <CTRL-A><f9> (or when opening or printing) |
| --- |
| **C U** | **LOCATION**WSBC fixed location name or address(list separately for each CU) | **SITE**Audit site name (if more than one site per location) | **COUNT** Total personnel at each site | Sites selected for visit | Number of personnel interviewed for current audit | Scheduling for current audit |
| This year | 1 yr ago | 2 yrs ago | 3 yrs ago | Pre-NOAA = *planned* Post-NOAA = *actual*  | Auditor  | Start Date | End Date |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | M |  | S |  | W |  |  |  |  |
| Maximum count from table E on previous page: |  | Total interviews | 0 | M | 0 | S | 0 | W | 0 |  |  |  |
| Minimum interviews required for count on line above based on table J on following pages: |  | % of total interviews that are worker interviews: |  | Min 80% worker interview target |

\*\*Please note: Post dates = The actual dates you started and ended on that particular site

|  |
| --- |
| Comments, notes, descriptions regarding sampling plan (pre- or post-): (Attach additional pages for proposals for and/or outcomes of special time frames, unique sampling protocols, etc. This space can be used on the post-audit form for justifying why a particular plan was not met. |
|  |
| Describe the overall scope (nature and type) of the company’s activities. Include reference to the company’s locations as they relate their WorkSafeBC Classification Unit(s) making mention of locations and sites included in this audit: |
|  |
|  |
| For multiple employer audits (joint audits), please describe what degree of common* ownership that the companies in this audit share
* safety management system that the companies in this audit share
* structure that the companies in this audit share
* business functions that the companies in this audit share
* business activities that the companies in this audit share.

Specify if any company may conduct separate activities where they would not follow the common health and safety management system |
|  |

1. Field Level Risk Assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Category 1 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| Safety High Risk  | Working Alone |  |  |  |
| Mechanical Energy |  |  |  |
| Electrical Energy |  |  |  |
| Pneumatic Energy |  |  |  |
| Working at Heights |  |  |  |
| Walking/ Working Surface  |  |  |  |
| Mobile Equipment |  |  |  |
| Resource Road Driving  |  |  |  |
| Extreme Weather |  |  |  |
| Fire and Explosion |  |  |  |
| Restricted or Confined Spaces |  |  |  |
| Unstable Ground |  |  |  |
| Sharp edges |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Category 2 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| **Physical** | Noise |  |  |  |
| Vibration |  |  |  |
| Extreme Temperature |  |  |  |
| Radiation |  |  |  |
| Air Quality (includes wildfire smoke) |  |  |  |
| Lighting |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Category 3 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? Include managing the spread of contamination to others if you may be or are infected or affected. |
| **Biological** | Bacteria  |  |  |  |
| Communicable Diseases\* | Yes |  |  |
| Insects |  |  |  |
| Plants |  |  |  |
| Birds |  |  |  |
| Animals |  |  |  |
| Skin Irritants |  |  |  |
| Allergens |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Category 4 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| MSD | Awkward working posture |  |  |  |
| Repetitive Task |  |  |  |
| Excessive Force |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Category 5 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| Chemical | Designated Substance: (Silica, Lead, Isocyanates) |  |  |  |
| Hazardous Product Exposure: Inhalation |  |  |  |
| Hazardous Product Exposure: Absorption |  |  |  |
| Hazardous Product Exposure: Ingestion |  |  |  |
| Hazardous Product Exposure: Injection |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard Category 6 | Hazard Details/Risk Factors | This Hazard **WILL BE** Present  | This Hazard **WILL NOT** BE Present | If the hazard **WILL BE** present, how will you protect yourself (Identified Controls)? |
| Psychosocial | Working in a community-based setting |  |  |  |
| Working with unstable or volatile clients |  |  |  |
| Mobile workplaces/working alone |  |  |  |
| Contact with clients |  |  |  |
| Fit for Work (state of self) |  |  |  |
| Own Household interactions |  |  |  |
| Travel to or through areas, or via modes of travel, where non-essential travel is restricted |  |  |  |

1. **Minimum Interview Table**

The minimum number of interviews required for an audit is based on the annual monthly peak value for staff count in the 12 months before the audit. The staff count is equal to the total number of personnel in the company, including owners, management, supervisors, field personnel, office personnel, shop personnel and the total staff of dependent contractors. This applies whether they are permanent or temporary and counts each unique person rather than as full time equivalents. Two people each working half time count as 2 (not 1) staff.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Staff** | **Minimum Interviews** |  | **Total Staff** | **Minimum Interviews** |  | **Total Staff** | **Minimum Interviews** |
| <5 | all |  | 234-240 | 35 |  | 560 | 66 |
| 5 | 4 |  | 241-249 | 36 |  | 561-570 | 67 |
| 6-7 | 5 |  | 250-299 | 37 |  | 571-580 | 68 |
| 8 | 6 |  | 300-302 | 38 |  | 581-595 | 69 |
| 9 | 7 |  | 303-309 | 39 |  | 596-605 | 70 |
| 10-11 | 8 |  | 310-312 | 40 |  | 606-615 | 71 |
| 12-14 | 9 |  | 313-315 | 41 |  | 616-625 | 72 |
| 15-16 | 10 |  | 316-320 | 42 |  | 626-638 | 73 |
| 16-17 | 11 |  | 321-325 | 43 |  | 639-645 | 74 |
| 18-20 | 12 |  | 326-329 | 44 |  | 646-655 | 75 |
| 21-24 | 13 |  | 330-332 | 45 |  | 656-665 | 76 |
| 25-27 | 14 |  | 333-335 | 46 |  | 666-678 | 77 |
| 28-30 | 15 |  | 336-338 | 47 |  | 679-689 | 78 |
| 31-36 | 16 |  | 339-341 | 48 |  | 690-699 | 79 |
| 37-44 | 17 |  | 342-348 | 49 |  | 700-705 | 80 |
| 45-49 | 18 |  | 349-354 | 50 |  | 706-719 | 81 |
| 50-64 | 19 |  | 355-359 | 51 |  | 720-729 | 82 |
| 65-74 | 20 |  | 360-364 | 52 |  | 730-740 | 83 |
| 75-88 | 21 |  | 365-369 | 53 |  | 741-749 | 84 |
| 89-99 | 22 |  | 370-374 | 54 |  | 750-790 | 85 |
| 100-120 | 23 |  | 375-379 | 55 |  | 791-840 | 86 |
| 121-149 | 24 |  | 380-389 | 56 |  | 841-959 | 87 |
| 150-199 | 25 |  | 390-399 | 57 |  | 960-1000 | 88 |
| 200-204 | 26 |  | 400-475 | 58 |  | 1001-1499 | 89 |
| 205-209 | 27 |  | 476-499 | 59 |  | 1500-1800 | 90 |
| 210-212 | 28 |  | 500-509 | 60 |  | 1801-2500 | 91 |
| 213-214 | 29 |  | 510-519 | 61 |  | 2501-4000 | 92 |
| 215-220 | 30 |  | 520-529 | 62 |  | 4001-4999 | 93 |
| 221-222 | 31 |  | 530-539 | 63 |  | 5000-9999 | 94 |
| 223-226 | 32 |  | 540-549 | 64 |  | 10000-24999 | 95 |
| 227-230 | 33 |  | 550-559 | 65 |  | 25000+ | 96 |
| 231-233 | 34 |  |  |  |  |  |  |

1. **Submission**

|  |
| --- |
| Submit completed NOAA via: <http://app.bcforestsafe.org/upload/> **DO NOT PROCEED with the audit until NOAA is approved (not just acknowledged).** Receipt of your pre-audit NOAA will be acknowledged by email within one business day.Approval will be sent by email to the auditor and to the company contact indicated on page 1, within 5 business days of receipt of the NOAA.If you have not received approval within one (1) week of submission, please contact our office.**THIS FORM IS MACHINE-READ. LEAVE FONT IN ARIAL** |