



SEBASE & ISEBASE Submission

Version 3

2021 edition

Designed For:

- 1-person employers that hire contractors;
- Small employers with 2-5 employees or dependant contractors and their employees;
- Small employers with 6-19 employees or dependant contractors and their employees.



Instructions

The SEBASE and ISEBASE Audit Submission Package is designed to help employers satisfy the submission requirements of the SEBASE audit. This submission document is intended for companies with

1. An average size in its operating* months for the year of 19.99 or less.
2. A peak size for any month of the year of 24 or less.

*an operating month is any month that the company is at least 25% of its peak size. Companies at 19.99 average and 24 peak may still use this package.

If your company has had any changes in ownership, business activities, name, WorkSafeBC account or classification(s), please contact the Council prior to your audit.

Completing the package

The person completing this package must be a small company internal auditor. This means the person must have attended the Small Employer Occupational Health and Safety (SEOHS) training course. To be eligible for WorkSafeBC's 2021 Certificate of Recognition (COR) incentive cheque, your company's internal auditor may need to take the COR refresher training before submitting your 2021 audit if their Small Employer OHS course was taken before 2018. The WorkSafeBC Certificate of Recognition program requires small employer auditors receive seven hours of refresher training every three years. Please carefully read every question. Each numbered question, plus the CAL and the training chart are worth one point each. Questions 2A, 2B, 9A and 9B are worth half a point each. A successful score is 80% or 19/24 points.

Submissions which score less than 70% (17 points) will be returned as unsuccessful. A full re-submission is then required from the company in order to be successful.

For further assistance contact our office at 1-877-741-1060 and ask to speak to a Safety Advisor.

Audit Submission Package

Preferred:

- Online Audit Tool (OAT) **New!** [Online Audit Tool \(OAT\) | BC Forest Safety Council](#)
- online submission: <http://app.bcforestsafe.org/upload/>
- email audit@bcforestsafe.org for files under 10MB

Optional:

- Paper reports (**No staples, binding, glue or plastic sleeves**), CD or thumb drive Registered mail, courier or hand-deliver to:
BC Forest Safety Council
420 Albert Street
Nanaimo, BC V9R 2V7 1-877-741-1060

Your submission package will not be returned to you – do not include important original documents.

Results

Please check our website to confirm your audit has been received.

http://www.bcforestsafe.org/other/who_is_SAFE/SAFE_Companies_audits_submitted.pdf

Your audit results letter and SAFE Certificate (where applicable) will be emailed. Hard copies can also be mailed via Canada Post upon request.



SEBASE / ISEBASE Company Profile

Type of Audit

| |
|--|
| <input type="checkbox"/> Certification Audit |
| <input type="checkbox"/> Maintenance Audit |
| <input type="checkbox"/> Recertification Audit |

| | |
|---|--|
| Date this audit was completed | |
| Existing SAFE Certification # (if any) | |
| Size of certification that the company wants (check one): | <input type="checkbox"/> SEBASE Audit (up to 19) <input type="checkbox"/> ISEBASE Audit (up to 5) |

Company Information

| | | | | |
|---|------|------------------------|----------|-------------|
| Legal Company Name | | Company Trade Name/dba | | |
| Company Owner(s) | | Title/Position | | |
| Mailing Address: | | City | Province | Postal Code |
| Street Address: (if different from mailing address) | | City | Province | Postal Code |
| Phone | Cell | Fax | Email | |

Activities

| | | | | |
|---|---|--|--|--|
| WSBC account # OR check here if none <input type="checkbox"/> | What does your company do as its main activities? | | | |
| | | | | |
| List all the company's WSBC Classification Unit(s) : | | | | |
| List which CUs this audit is intended to cover: | | | | |
| List the Operating Location(s) this audit applies to (head office city and any branch names/cities) | | | | |
| | | | | |
| List any locations, activities or classification units excluded from this audit | | | | |
| | | | | |

Additional Contact Information (if different from company owner above)

| | | | | |
|--|------------|------------|---------------|--|
| Company Safety Contact Person OR Check if same address as owner above <input type="checkbox"/> | | | Job Title | |
| | | | | |
| Office Telephone | Fax | Cell Phone | Email address | |
| | | | | |
| Name of Trained Person Preparing Audit OR Check if same as safety contact person above <input type="checkbox"/> | | | Job Title | |
| | | | | |
| Office Tel. (if different than above) | Cell Phone | | Email address | |
| | | | | |



SEBASE / ISEBASE Company Profile

Type of Work Activities: (Check all activities that this audit applies to)

| | |
|---|--|
| <input type="checkbox"/> Mechanical Harvesting | <input type="checkbox"/> Custom Wood Kiln / Co-Generation |
| <input type="checkbox"/> Hand Falling / Bucking | <input type="checkbox"/> Laminated Wood Structural Support Products |
| <input type="checkbox"/> Scaling / Sorting | <input type="checkbox"/> OSB manufacture |
| <input type="checkbox"/> Yarding / Loading | <input type="checkbox"/> Sawmill or Planing Mill |
| <input type="checkbox"/> Integrated Forest Management | <input type="checkbox"/> Portable Wood Mill |
| <input type="checkbox"/> Forestry Consulting | <input type="checkbox"/> Pressed Board Manufacture / Pellet Mill |
| <input type="checkbox"/> Silviculture | <input type="checkbox"/> Shake or Shingle Mill |
| <input type="checkbox"/> Water Operations | <input type="checkbox"/> Veneer or Plywood Manufacturing |
| <input type="checkbox"/> Log Hauling / Trucking | <input type="checkbox"/> Wood Chip Mill |
| <input type="checkbox"/> Heli-Logging | <input type="checkbox"/> Wood Preserving |
| <input type="checkbox"/> Road Building / Deactivation / Site Prep | <input type="checkbox"/> Wooden Components (not elsewhere specified) |
| <input type="checkbox"/> Forest / Road Engineering | <input type="checkbox"/> Wooden Post or Pole |
| <input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Other (Specify): |

Total Personnel Count per Month for past 12 months

(Total = owners + management + office + supervisors + workers +workers of dependent contractors)
(Maximum peak = 24 per month) (Maximum average permitted is 19.99)

| Year | | | | | | | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Month | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Count | | | | | | | | | | | | |

Authorizations

Company Management Representative

I hereby acknowledge that I have provided true and accurate information to the best of my abilities and that the audit provides a representative sample of the company:

| Name | Initials (Typing OK – you do not need to print this form and initial by hand) | Date |
|------|---|------|
| | | |

Person Preparing Audit

I hereby acknowledge that I have reviewed the submission to the best of my abilities and that the audit provides a representative sample of the company.

- I am a permanent employee or an owner of the company, and/or;
- I am a certified BASE external auditor and have read, understood, and followed the terms and conditions of the British Columbia Forest Safety Council Auditor Code of Ethics, Auditor Manual and COR Standards and Guidelines. I am not in a conflict of interest in performing this audit.

| Name | Initials (Typing OK – you do not need to print this form and initial by hand) | Date |
|------|---|------|
| | | |



Corrective Action Log (if not using CAL from last audit)

Use the CAL from the last audit's success letter unless this is the first audit.

| | |
|---------------------|-------------------|
| Company Name | Audit Year |
| | |

| # | Identified Item | Required Corrective Action | Person Responsible | By When dd/mm/yyyy | Date Completed dd/mm/yyyy |
|---|-----------------|----------------------------|--------------------|-----------------------|------------------------------|
| | | | | | |
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Note: Submitting a complete Corrective Action Log in any format related to the company safety program is worth one point in the audit.



Worker / Contractor Training List

List all personnel in the company; owners, management, supervisor, workers (include field and office) and workers of dependent contractors. If the company has this information in an alternate layout (including electronic), please use your format. Use additional pages as necessary.

| | NAME | POSITION | BCDL class / expiry | 1st Aid level / expiry | Faller # | Small Employer / refresher date | Other | Other | Other | Check if contractor |
|----|------|----------|---------------------|------------------------|----------|---------------------------------|-------|-------|-------|--------------------------|
| 1 | | | | | | | | | | <input type="checkbox"/> |
| 2 | | | | | | | | | | <input type="checkbox"/> |
| 3 | | | | | | | | | | <input type="checkbox"/> |
| 4 | | | | | | | | | | <input type="checkbox"/> |
| 5 | | | | | | | | | | <input type="checkbox"/> |
| 6 | | | | | | | | | | <input type="checkbox"/> |
| 7 | | | | | | | | | | <input type="checkbox"/> |
| 8 | | | | | | | | | | <input type="checkbox"/> |
| 9 | | | | | | | | | | <input type="checkbox"/> |
| 10 | | | | | | | | | | <input type="checkbox"/> |
| 11 | | | | | | | | | | <input type="checkbox"/> |
| 12 | | | | | | | | | | <input type="checkbox"/> |
| 13 | | | | | | | | | | <input type="checkbox"/> |
| 14 | | | | | | | | | | <input type="checkbox"/> |
| 15 | | | | | | | | | | <input type="checkbox"/> |
| 16 | | | | | | | | | | <input type="checkbox"/> |
| 17 | | | | | | | | | | <input type="checkbox"/> |
| 18 | | | | | | | | | | <input type="checkbox"/> |
| 19 | | | | | | | | | | <input type="checkbox"/> |

'Other' training could include orientation, incident investigation, supervisory skills, injury management, etc. The headings above are samples and do not indicate that any particular company should track any particular training. Note: Submitting a training list in any format is worth 1 point in the Audit.



Company OHS Submission

(Complete each question)

1 Submit the safety policy statement (for certification and recertification audits only)

| | | |
|---|----|---|
| 2 | 2A | Submit the progressive discipline policy (for certification and recertification audits only) |
| | 2B | Submit the Personal Protective Equipment (PPE) policy (for certification and recertification audits only) |

3 Submit one Emergency Response Plan (ERP) for the largest project of the year.

- Must include at least fire, injury, fatality and natural disasters

----- OR -----

Check here if the company did not work during the past 12 months and submit one ERP for the home/office location.

4 Submit one completed first aid assessment.
This may be for the company's home/office if the company did not work during the past 12 months.

5 Submit a list of first aid equipment locations. The following format is suggested but not required.

| Level | Location (i.e. in each machine, in the ETV, in the shop, etc.) |
|----------|--|
| Personal | |
| Basic | |
| Level 1 | |
| Level 2 | |
| ETV | |
| other | |

6 Submit one page out of a supervisor journal (or electronic equivalent) or other documentation showing that the supervisor is supervising workers and/or contractors.
e.g. a days' collection of worker assessments, inspections and hazard assessments, etc.

7 Submit one filled-out new worker orientation form that meets current regulatory requirements.

- If no new workers were hired, submit a compliant blank form that the company would use for the next new worker.
- Including the topic of Injury Management will also satisfy question I-8 of the optional Injury Management Audit

8 Submit one filled-out worker assessment.

- If the company has a new worker, the assessment must be for the new worker.

----- OR -----

Check here if the company did not work during the past 12 months and submit a blank form that the company would use for the next worker assessed.



Company OHS Submission

(Complete each question)

| | | |
|----|--|--|
| 9 | 9A | Provide a list of the company's Safe Work Procedures (SWPs) that the company uses. |
| | | 1. |
| | | 2. |
| | | 3. |
| | | 4. |
| | | 5. |
| | | 6. |
| | 9B | <p>SEBASE - Submit two Safe Work Procedures (SWPs) of your choice for evaluation</p> <p>ISEBASE – Submit one Safe Work Procedures (SWP) of your choice for evaluation</p> <ul style="list-style-type: none"> • These must be different than last year if this is not your first submission. • At least one of the SWP's submitted must include lockout (or a separate lockout procedure specific to that equipment) if the company has any equipment requiring lockout. This may require an ISEBASE company to submit 2 SWP's. |
| 10 | Submit one completed investigation form showing recognized investigation technique. (investigate a close call, near miss or property damage or use a training example if the company had no injuries) | |
| | <p style="text-align: center;">----- OR -----</p> <input type="checkbox"/> Check here if the company did not work during the past 12 months and submit a blank form that the company would use for the next investigation. | |
| 11 | <p>Submit completed monthly safety (or pre-work) meeting documentation for all operating months within the past 12 months.</p> <ul style="list-style-type: none"> • One meeting per operating month is required. Please submit only one per month. • For a one person company, these may be meetings with clients or with contractors. • Please mark which attendees are contractors, if any, or submit separate contractor meeting minutes. | |
| 12 | Submit one filled – out close call / hazard report. This may be a combined form or one form for each purpose. | |
| | <p style="text-align: center;">----- OR -----</p> <input type="checkbox"/> Check here if the company did not work during the past 12 months and submit (a) blank form(s) that the company would use for the next close call / hazard report. | |
| 13 | What is the most important hazard in your company? Why? (attach additional pages if necessary) | |
| 14 | What could your company be doing to help further reduce industry fatalities and serious injuries? (attach additional pages if necessary) | |



Company OHS Submission (Complete each question)

Check one box in each of the following questions 15-22 on this and next page

| | |
|--|--|
| 15 - Pre-work planning | |
| <input type="checkbox"/> | Submit one filled-out pre-work or block plan. |
| ----- OR ----- | |
| <input type="checkbox"/> | Submit a blank pre-work if the company usually uses pre-work plans, but did not work during the past 12 months. |
| ----- OR ----- | |
| <input type="checkbox"/> | The company is not directly involved in an activity requiring formal pre-works. |
| 16 - Inspections | |
| <input type="checkbox"/> | Submit one filled-out site inspection for the company's field site, shop, office or home/office. |
| ----- OR ----- | |
| <input type="checkbox"/> | The company did not manage any work sites for 30 or more days in the past 12 months, including a shop, office or home/office. |
| 17 - Pickups, ATV's, snowmobiles, boats or other non-commercial vehicles | |
| <input type="checkbox"/> | Submit one current page from a maintenance log or maintenance invoices/records for one vehicle. |
| ----- OR ----- | |
| <input type="checkbox"/> | The company did not own or lease any pickups, ATV's, snowmobiles, boats or other non-commercial vehicles for any work activities in the past 12 months. |
| 18 - Heavy Equipment and Commercial Vessels (not including commercial vehicles) | |
| <input type="checkbox"/> | Submit one current page from a maintenance log or maintenance invoices/records for one piece of heavy equipment or commercial vessel (large boat / ship). |
| ----- OR ----- | |
| <input type="checkbox"/> | The company did not have any heavy equipment in the past 12 months. Commercial vehicles do not count as heavy equipment for the purposes of this question. |
| 19 - Commercial Vehicles | |
| <input type="checkbox"/> | Submit one Commercial Vehicle Inspection (CVI) page or include CVI report number here: |
| ----- OR ----- | |
| <input type="checkbox"/> | Submit one page of a maintenance log or maintenance invoices/records for one commercial vehicle from the past 12 months. |
| ----- OR ----- | |
| <input type="checkbox"/> | The company did not own or operate any commercial vehicles in the past 12 months. |

Check one box in every question 15-19 on this page



Company OHS Submission

(Complete each question)

Check one box in every question on this page

20 - Contractors

| | |
|---|--|
| <input type="checkbox"/> | Submit the company's contractor selection policy / criteria. This must include SAFE certification for direct hands-on forestry contractors. |
| <input type="checkbox"/> | If contractors include fallers, this must include evaluation of the competency of the company to perform manual falling. |
| 20A Assigning Prime Contractor Status to another company | |
| | Submit one completed inspection form where the company inspected the Prime Contractor. |
| | AND |
| <input type="checkbox"/> | Submit one Prime Contractor agreement <ul style="list-style-type: none"> • Only pages showing where Prime is assigned. • Do not send financial details please. |
| | ----- OR ----- |
| <input type="checkbox"/> | The company did not assign any Prime Contractors during the past 12 months |
| | ----- OR ----- |
| <input type="checkbox"/> | The company did not hire any contractors during the past 12 months |

21 - Company was a Prime Contractor

| | |
|--------------------------|--|
| <input type="checkbox"/> | Submit one copy of a Notice of Project if the company was a Prime Contractor during the past 12 months. |
| | ----- OR ----- |
| <input type="checkbox"/> | The company was not a Prime Contractor that was required by Regulation to submit a Notice of Project at any point during the past 12 months. |

22 – Worker Safety Representative

| | |
|--------------------------|--|
| <input type="checkbox"/> | Print Name of Worker Safety Representative here: |
| | ----- OR ----- |
| <input type="checkbox"/> | The company did not have more than 10 people at any point during the past 12 months. |

Check one box in every question 20-22 including 20A on this page

Space for Notes from Company (optional)



Company IM/RTW Submission

Injury management / return-to-work is optional and does NOT affect a company's SAFE-certification. New IM/RTW certifications are no longer being accepted by WorkSafeBC for the additional 5% IM/RTW incentive but existing certificates will be honoured if the company continues to submit a passing IM/RTW audit annually.

| INJURY MANAGEMENT / RETURN-TO-WORK | |
|------------------------------------|---|
| I-1 | Submit the company's Injury Management Policy or Letter of Intent. |
| I-2 | Submit the company's Injury Management / Return-to-Work (IM/RTW) program. |
| I-3 | State, highlight or mark in the Injury Management / Return-to-Work program where the light and/or modified duties section is found and include that text. |
| I-4 | State, highlight or mark in the Injury Management / Return-to-Work program where Stay-at-Work is found and include that text. |
| I-5 | State, highlight or mark in the Injury Management / Return-to-Work program where initial and ongoing contact is found and include that text. |
| I-6 | <input type="checkbox"/> Describe how the Injury Management / Return-to-Work Coordinator is qualified. |
| | ----- OR ----- |
| I-7 | <input type="checkbox"/> Attach proof of training. |
| | ----- OR ----- |
| I-8 | <input type="checkbox"/> Submit the training summary or meeting minutes where the Injury Management / Return-to-Work procedures are communicated to ALL personnel. |
| | <input type="checkbox"/> Submit other proof that the procedures are communicated to all personnel in the company. |
| I-9 | <input type="checkbox"/> Submit a copy of the Injury Management / Return-to-Work orientation form. |
| | ----- OR ----- |
| I-9 | <input type="checkbox"/> Check here if the Injury Management / Return-to-Work topic is included on the form submitted for question 7 of the OHS audit (page 7 of this submission form). |
| | ----- OR ----- |
| I-9 | <input type="checkbox"/> Submit a blank copy of the letter or package for the medical professional. |
| | <input type="checkbox"/> State, highlight or mark in the Injury Management / Return-to-Work program where the letter or package is found and include that package / text. |