

**List of Active Worksites**

Auditors must list all worksites that are active at the time of the audit and provide the number of management/supervisors and workers that are working at each location. Auditors must indicate by "Y" or "N", which site(s) were visited for the purpose of conducting the audit. Additionally, they should indicate how many interviews were conducted and from which category (management/supervisors or workers). This allows for an up to date summary of the operations of the company, at the time of the audit. If there are more sites to list than the page has allowed for, please attach a listing of the additional sites.

**Criteria for Determining Representative Worksite Sampling**

For the purposes of the NLCSA COR™ Audit, a worksite means "a place where a worker or self-employed person is engaged in an occupation and includes a vehicle or mobile equipment used by a worker in an occupation." Worksites included in the audit must be representative of the overall operations of the organization.

Main Office/Shop must always be included in the scope of every audit. If two main offices/shops exist, the auditor can alternate from one main site to the other on a rotating basis. **The number of worksites included in the audit scope must also meet the established minimum requirements, outlined below. One Site Information Sheet must be completed for each site visited during the audit.**

1 site - must be visited as well as the main office/shop

2 sites - both must be visited as well as the main office/shop

3-4 sites - at least 2 sites must be visited as well as the main office/shop

5-8 sites - at least 3 sites must be visited as well as the main office/shop

=>9 sites - one third of the sites must be visited as well as the main office/shop

Note: For service contractors, conducting daily service/maintenance calls, at least 1/3 of service technicians would be interviewed and observations noted on at least 1 site each.

Site Location(s):	Visited Y or N	Number of Site Employees			Number of Interviews Conducted		
		Managers/ Supervisors	OHS Committee WHS Rep/ Designate	Workers	Managers/ Supervisors	OHS Committee WHS Rep/ Designate	Workers
Main Office/Shop							
1.							
2.							
3.							
4.							
5.							
6.							
<b>Total</b>							

**List of Inactive Worksites**

Please list all worksites that were previously active during the last 12-months and verify that all OHS processes were in place at the time of activity

Site Location(s):	Start Date	Finish Date	No of Managers/ Supervisors on Site	No of Workers on Site	Verify all OHS Processes Completed*

\* Check column to indicate that the correct OHS committee/WHS representative/designate were in place, and the correct records (hazard assessments, workplace inspections etc.) are all available for review