

AUDIT SITE INFORMATION SHEET – Site ___

Company:		Site Location:		#Current Employees at Site:			
Date:		Completed By:		#Sub-contractors on Site:			
COMPLETE SECTION A OR B, AS APPROPRIATE – ONE PER SITE VISITED							
SECTION A - Less than 10 employees are employed at this workplace							
<input type="checkbox"/> WHS Designate/Representative	Name		Confirm Availability of Training Certificate	Expiry Date			
			<input type="checkbox"/>				
SECTION B - 10 or more employees are employed at this workplace							
<input type="checkbox"/> OHS Committee					*If applicable		
Employee Members Names		Confirm Availability of Training Certificate *	Expiry Date	Management Member Names		Confirm Availability of Training Certificate *	Expiry Date
Co-Chair		<input type="checkbox"/>		Co-Chair		<input type="checkbox"/>	
Member		<input type="checkbox"/>		Member		<input type="checkbox"/>	
Member		<input type="checkbox"/>		Member		<input type="checkbox"/>	
Member		<input type="checkbox"/>		Member		<input type="checkbox"/>	
Member		<input type="checkbox"/>		Member		<input type="checkbox"/>	
Member		<input type="checkbox"/>		Member		<input type="checkbox"/>	
OHS Committee Meetings							
OHS Committees must meet within 2 weeks of initial formation and at least once every 3 months thereafter. Please include the dates of OHS Committee Meetings that have taken place in the past twelve months. Where the committee has not met every 3 months, please provide an explanation (i.e. season shut down etc.)							
January - March		April - June		July - September		October - December	
SECTION C - Verify the following is available/posted at the worksite:							
OHS Program		ESRTW Policy		Names of First Aiders & Level of Training			
OHS Policy		Injury Reporting Procedure		Emergency Response Numbers			
Safety Data Sheets		Names of OHS Committee/WHS Rep		Emergency Response Plan			
First Aid Kits/Fire Extinguishers		OHS Committee Meeting Minutes *		OHS Act/Regulations			