

## Canada's Safest Employers Award

### Eligibility

Have you been an employer in Canada for the last five years or more?

Yes No

Do you have more than 20 employees?

Yes No

Are you willing to administer an employee perception survey provided by the Canada's Safest Employers organizing committee to your workforce should you be shortlisted?

(See FAQ section for details.)

Yes No

*Note: If you answered No to any of the questions above, you are not eligible to participate in the selection process for Canada's Safest Employers Awards.*

In the last five years, has your company been charged under occupational health and safety, workers' compensation and/or the Criminal Code legislation? (If yes, please give details)

Yes No

In the last five years, has your company been convicted under the occupational health and safety, workers' compensation and/or the Criminal Code legislation? (If yes, please explain.)

Yes No

In the last five years, have you incurred any workplace fatalities? (If yes, please explain)

Yes No

### **Industry category**

To which industry does the company being nominated belong? Please check the box that applies (one answer only).

Building and Construction

Health care

Chemistry (includes manufacturers, distributors and wholesalers)

Manufacturing

Mining and Natural Resources

Oil and gas

Public Sector / Non-profit

Services (includes service-dominated businesses, retail, distribution and hospitality)

Transportation

Utilities and Electrical

### **Contact information**

Employer name

Telephone  
Website

Street address  
City  
Province  
Postal code

Contact person (Person responsible for this application)  
Title  
E-mail address  
Telephone number

Alternate contact name  
Title  
E-mail address  
Telephone number

### **About the organization**

Brief description of the organization / scope of operations.

Employee profile  
Total number of employees  
Full-time  
Part-time  
Contract

*Please note that each question now has a 7,000 character maximum.*

### **OHS management system (10 points)**

Describe your company's occupational health and safety management system.

### **Demonstrated management commitment (10)**

Describe how your most senior leaders participate in leading the OHS Management System in your organization and how they show commitment to OHS.

### **Joint health and safety committee (5)**

Explain how participation in the JHSC works at your organization, as well as how often it meets, how meetings are documented and any training participants receive.

### **Hazard / risk assessment (5)**

Describe any hazard / risk assessments that have been done for specific role / jobs in the organization, or within the overall work environment.

### **Training (10)**

Describe how you ensure that employees are adequately trained to perform their work effectively and safely.

**Workplace inspections (10)**

Describe how often inspections are conducted, the inspection process, and follow-up processes.

**Emergency response / organizational continuity plan (5)**

Describe your organization's emergency response / continuity plans and procedures, including the types of emergencies / threats it covers, the steps employees should take in response, and training.

**Employee engagement (10)**

What initiatives and activities do you do to keep your workers engaged in safety?

**Communication strategies (5)**

Describe how you are communicating safety messages.

**Health and wellness (10)**

Describe your health and wellness program.

**Innovative approach (10)**

Describe, if any, some of the innovative approaches and programs around health and safety (not previously mentioned) that you have implemented and the result of those programs.

**Injury / incident investigation (5)**

Please describe the steps taken when an injury or "near miss" incidents occur. How do you ensure that recommended corrective actions are implemented?

**Injury statistics in the last three years (5)**

Total number of lost-time injury

Total number of medical aid incidents

Total number of other incidents (with no lost-time and no medical aid)

Full time equivalents (includes full time, part-time and casual employees)

If you wish, you can use the space below to provide more information or elaborate on your injury statistics.

**Statement of Truth**

I'm the person named in, and who subscribed in, this application form for Canada's Safest Employers. To the best of my knowledge and belief, the matters and facts in it are true. Where matters specifically stated in it are made upon information and belief, I

believe them to be true. I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath.

I understand if my company is a gold winner we need to participate in a phone interview with a journalist as well as an on-site video shoot. I understand I am not able to see the article or the video prior to publication as they are both pieces of journalism, not personalized marketing items.

Name Title Date