



REQUEST FOR AUDIT/RECERTIFICATION

DATE:

ORGANIZATION INFORMATION

COMPLETE
BUSINESS NAME:

ADDRESS:

CITY/POSTAL CODE:

PHONE NUMBER:

WCB ACCOUNT
NUMBER

WCB RATE CODE

NUMBER OF
EMPLOYEES

MULTIPLE SHIFTS YES
 NO

SHIFT START TIMES

ARE SHIFT ACTIVITIES SIMILAR

YES NO

IF SHIFT ACTIVITIES ARE NOT SIMILAR, PLEASE EXPLAIN

CONTACT INFORMATION

PERSON
REQUESTING AUDIT

PHONE NUMBER

EMAIL

AUDIT SCOPE

WHICH FACILITY(S)/AREA(S) ARE TO BE AUDITED?

IS YOUR ORGANIZATION COMMITTED TO PROVIDE ALL RESOURCES REQUIRED TO COMPLETE THE AUDIT IN A TIMELY FASHION?

YES NO

IS A ESCORT REQUIRED FOR THE AUDIT TEAM WHILE PERFORMING OBSERVATIONS ON THE WORK FLOOR?

YES NO

WHAT PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED?

STEEL TOE SHOES/BOOTS

SAFETY GLASSES

BUMP CAP/HARD HAT

FIRE RESISTANT CLOTHING/COVERALLS

SAFETY GLOVES

HIGH VISIBILITY GARMENT

Other

COMPLETE FORM AND MAIL, EMAIL OR FAX TO:

MOTOR SAFETY ASSOCIATION OF SASK.
673 HENDERSON DRIVE
REGINA, SK S4N 6A8

EMAIL: INFO@MOTORSAFETY.CA
FAX: 306-790-1098
PHONE: 306-721-0688