



COMPETENT SAFETY LEADER (CSL) APPLICATION

CURRENT EMPLOYER:	
APPLICANTS NAME:	
ADDRESS:	
PHONE:	
EMAIL:	

REQUIREMENTS TO OBTAIN DESIGNATION

1. CLAIMS MANAGEMENT

Workshop Location:

Date of Workshop:

The following information must be submitted:

- RTW Policy & Plan,*
- Three completed Job Information Worksheets*
- Injured Employee Package*

2. SAFETY FUNDAMENTALS FOR SUPERVISORS/MANAGERS

Workshop Location:

Date of Workshop:

- Provide a copy of certificate*

3. OHC LEVEL I

Workshop Location:

Date of Workshop:

- Provide a copy of certificate*

4. OHC LEVEL II

Workshop Location:

Date of Workshop:

- provide a copy of certificate*

5. WHMIS/GHS

Workshop Location:

Date of Workshop:

- provide a copy of certificate*

6. ERGONOMICS

Workshop Location:

Date of Workshop:

- Provide copies of certificate*
- Submit an Ergonomic Assessment to MSA or have MSA assist with an Ergonomic Assessment*

7. SAFETY MANAGEMENT SYSTEM

- Submit a copy of a safety management system*

Workshops or training taken prior to 2010 will be recognized if valid certificates are produced.

Please note: All information can be submitted to MSA by either:

Mailing to: Motor Safety Association
673 Henderson Drive
Regina, Sask.
S4N 6A8

Or electronically to: info@motorsafety.ca