



NBCSA Certificate of Recognition (COR™) Program Application for Equivalency

The Certificate of Recognition program (COR™) is an occupational health and safety accreditation program that verifies a fully implemented safety & health program which meets national standards. The objectives of COR™ are to provide industry employers with an effective safety and health management system to reduce incidents, accidents and injuries as well as their associated human and financial costs. COR™ is now frequently used as a pre-qualifying and/or condition of contract by public and private project owners across Canada.

Businesses possessing a valid Certificate of Recognition and valid Letter of Good Standing from their Provincial Construction Safety Association (CFCSA Member) AND do not have a base of operation in New Brunswick, are eligible to apply for a Letter of Good Standing-Equivalency with NBCSA.

Businesses seeking NBCSA Equivalency must:

- Be a Member or Associate Member of their Provincial Construction Safety Association
- Complete the attached application, declaration and NBCSA supplement (pages 2-6).
- Provide a valid Letter of Good Standing from their Provincial Construction Safety Association
- Provide a valid clearance certificate from their Provincial Worker's Compensation Board
- Pay the applicable fee (Invoices will be issued after the application has been processed. All invoices must be paid in full before receipt of the Letter of Good Standing-Equivalency.)



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Business Name:		
Operating Name : (if different from above)		
Mailing Address:		
Postal Code:		
Phone:		
Fax:		
Email:		
WorkSafeNB Employer* #:		
NAICS* #:		
Primary Contact:		
Name of COR trained employee:		

*WorkSafeNB employer # and NAICS # can be found on your Experience Rating form from WorkSafeNB.

Training Verification

Employee Name:	Valid to Date
Principles of Loss Control	
Principles of Loss Control Audit	
Leadership for Safety Excellence	
Hazard Identification and Control	
WHMIS	
Safety Orientation	

To be signed by the CEO, Manager or Owner of the above business

I have read the program summary and agree to the terms and conditions.	
Title:	
Name:	
Signature:	





NBCSA Occupational Health & Safety Compliance Declaration

As required by all employers in New Brunswick, _____ (*company name*) _____ has obtained a current copy the New Brunswick Occupational Health & Safety Act and Regulations, including Regulations 91-191 and any job specific Regulations pertaining to our business.

To the best of our knowledge, employee training meets the minimum safety standard in accordance with the New Brunswick Occupational Health & Safety Act and Regulations.

Business CEO/Manager/Owner:	
Signature:	
Date:	

Sign and attach documentation requested on page 1. Completed applications can be submitted to NBCSA via email: cor@nbcsa.ca or fax: 1-506-624-9581



SECTION 14- PROVINCIAL SUPPLEMENT

14.1 Companies with less than 19 employees: NBCSA COR standard requires at least one employee safety representative in place. Businesses with more than 19 employees may be required to have a Joint Occupational Health and Safety Committee. **NB OH & S Act Section 14**

14.2 Businesses with JOHSC, must hold meetings according to legislative requirements. Less than 19 employees, question can be excluded. **NB OH&S Act Sections 14(6) and 16**

14.3 Check training records for the JOHSC training- 3 day workshop. Companies not required to have a JOHSC must still provide training for the safety representative. **NB OH&S Act Sections 14.1(2)(a)(b)**

14.4 First aid treatment must be recorded. Acceptable methods are through the first aid kit log book or incident reports. **NB First Aid Regulation 2004-130 Section 10**


14.5 Verify through observation current Material Safety Data Sheets (MSDS). MSDS are to be updated every 3 years or most recent available from the supplier. Verify employee awareness through interviews. **NB WHMIS Regulation 13(3)-13(4)**

14.6 Clean washroom, lunchroom and water need to be accessible in the workplace. **NB OH&S Regulations 4-7**

14.7 Consideration should be given to a workplace accommodation program for injured workers, sometimes called a “modified light duty program’ or “return to work program”.

14.8 A documented policy to identify, properly address and prevent workplace harassment. Verify acknowledgement through interviews.

14.9 When work activities have potential for a direct environmental effect (i.e.: earth moving, trenching, disposal of contaminated soil or liquids, air pollutants, etc.) consideration should be given to an environmental policy to prevent negative impact. Should be documented.

	Health & Safety Program Verification	Score	Technique Employed			Points Awarded
14	Provincial Supplement		D	O	I	
14.1	Does the company have safety representative or JOHS committee?	2		AND		
14.2	Does the committee meet once per month?	4				
14.3	Does the safety representative or committee members have training?	3				
14.4	Is first aid treatment recorded?	3				
14.5	Are appropriate Material Safety Data Sheets (MSDS) up to date?	2			AND	
14.6	Do employees have access to clean lunchrooms, washrooms and water?	4			AND	
14.7	Is there a workplace accommodation program for injured employees?	2				
14.8	Does the company have a harassment policy?	4		AND		
14.9	Does the company have an environmental policy?	4		AND		
Total Points Possible/ Awarded		28				

***AND questions must have BOTH elements to awarded full points. Do no award partial points.**

Section 14- Interview Questions			
Employee	Positive	Negative	Overall Result?
14.1 Is there a safety rep. or a JOHSC?			
14.5 Where are the MSDS located?			
14.6 Do you always have access to clean washrooms, lunchrooms and water?			
14.8 Is there a harassment policy in place?			
14.9 Is there an environmental policy in place?			
Management			
14.1 Is there a safety rep. or a JOHSC?			
14.5 Where are the MSDS located?			
14.6 Are clean washrooms, lunchrooms and water accessible?			
14.8 Is there a harassment policy in place?			
14.9 Is there an environmental policy in place?			