

# **Audit of the INAC Occupational Health and Safety Management Control Framework**

**September 25, 2009**

## **Initialisms and Abbreviations**

AES	Audit and Evaluation Sector
CLC-II	Canada Labour Code Part II
CSP	Contaminated Sites Program
DG	Director General
EHS	Environmental Health and Safety
HRSDC	Human Resources and Skills Development Canada
HRWSB	Human Resources and Workplace Services Branch
HS	Health and Safety
IIA	Institute of Internal Auditors
INAC	Indian and Northern Affairs Canada
NCSP	Northern Contaminated Sites Program
OHS	Occupational Health and Safety
PWGSC	Public Works and Government Services Canada
RDG	Regional Director General
SOHS	Security and Occupational Health and Safety Division
TB	Treasury Board Secretariat

## Executive Summary

At the request of Indian and Northern Affairs Canada's ("INAC") Director of Security, Occupational Safety and Health, an audit of Occupational Health and Safety ("OHS") at INAC was conducted between January and May 2009 to provide information that would support OHS priority setting and planning processes. Upon the recommendation of the Chief Audit and Evaluation Executive, the request was considered and approved by the Audit Committee as an addition to the 2008-09 Risk-Based Audit Plan.

The audit objectives were to evaluate the adequacy of INAC's OHS Management Control Framework, assess compliance with selected OHS requirements contained in the Canada Labour Code Part II ("CLC-II") and the Treasury Board Secretariat ("TB") OHS Directive, and to identify best practices.

The scope of the audit included an assessment of (1) management and employee awareness of, and compliance with, duties specified in the INAC OHS Statement of Roles and Responsibilities; (2) the existence and sufficiency of OHS program documentation required by law or TB; (3) the sufficiency of actions taken by management for protection of employees performing specific hazardous work activities carried out in INAC; (4) the existence and functioning of OHS committees, representatives, and advisors across INAC; and (5) compliance with the program documentation and activity record keeping requirements of the Contaminated Sites Program ("CSP"), at Headquarters and in the selected Regions.

Audit criteria were derived from select requirements set out in the INAC Statement of Roles and Responsibilities, CLC-II, Canada Occupational Health and Safety Regulations, TB OHS Directives, and the EHS Management Systems Manual – Edition 2 – March 2008. Data collection was conducted via telephone interviews, a written request for documentation and e-mail surveys. Some audit criteria were assessed on a population basis while others were assessed on a sample basis.

The audit found that the OHS Management Control Framework, while sound in design, is essentially non-operational in practice. There is an overall low level of compliance with the CLC-II and TB requirements relating to OHS program documents and records, and to the functioning of Health and Safety Representatives and Workplace and Regional Health and Safety Committees. Reasons for the low level of compliance include a generalized lack of knowledge of internal OHS requirements and regulations, insufficient resources to carry out prescribed tasks, and an absence of procedures and systems to carry out OHS related activities.

The current state of affairs potentially exposes the Department to OHS charges for non-compliance, Criminal prosecutions in the event of a serious injury or death, exposes

employees to potentially harmful risks in the course of their work, and other impacts that have been described in this report.

Ten recommendations are provided to address current conditions and the underlying causes of identified deficiencies.

On the basis of the audit findings, no assurance can be provided to support the fact that INAC's Occupational Health and Safety Management Control Framework is adequate. Assurances also cannot be provided to support the fact that controls either ensure compliance with the OHS Directive of the Treasury Board Secretariat ("TB"), or ensure that INAC OHS policies, procedures and responsibilities are communicated, documented and understood.

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## 1.0 Statement of Assurance

The audit of Indian and Northern Affairs Canada's ("INAC") Occupational Health and Safety ("OHS") Management Control Framework was conducted in accordance with the auditing standards specified by the INAC Internal Audit Manual, Version 1, dated April 25, 2008 and the Treasury Board of Canada's Policy on Internal Audit.

The objectives of the audit were to (1) provide reasonable assurance on the adequacy of INAC's OHS Management Control Framework; (2) provide reasonable assurance on the adequacy and effectiveness of controls for ensuring that the OHS Directive of the Treasury Board Secretariat ("TB") is complied with, and that INAC OHS policies, procedures and responsibilities are communicated, documented and understood; and (3) identify, where possible, potential OHS best practices for implementation within the department.

The audit evaluated management and employee awareness of, and compliance with, duties specified in the INAC OHS Statement of Roles and Responsibilities, on an INAC-wide basis (i.e. across all programs, sectors and regions); the existence and sufficiency of OHS program documentation required by law or Treasury Board, on an INAC-wide basis; the sufficiency of actions taken by management for protection of employees performing specific hazardous work activities carried out in INAC; the existence and functioning of OHS committees, representatives, and advisors across INAC; and compliance with the program documentation and activity record keeping requirements of the CSP Contaminated Sites Program, at headquarters and in the relevant Regions.

The audit was conducted in accordance with INAC's Internal Audit Manual (April 2008) with an amount of rigor and due professional care necessary for the provision of a reasonable level of assurance, as envisioned in the TB *Policy on Internal Audit* and related directives and in the Institute of Internal Auditors (IIA) *International Standards for the Professional Practice of Internal Auditing* (the IIA Standards).

The audit procedures developed were sufficient to gather evidence to support the accuracy of the conclusions reached and contained in this report. The conclusions were based on the information that existed at the time of the audit and are only applicable for the areas audited.

## 2.0 Background

INAC and its personnel are subject to OHS requirements contained in the Canada Labour Code Part II and regulations, and the Treasury Board Secretariat OHS Directive. These OHS requirements are broad in scope, and include specific management practices, document production and record-keeping, information collection and reporting,

monitoring and evaluation activities, work practices, equipment and facility requirements, organizational structures and systems, investigation and review procedures, committee structures and functions, training and instruction, etc.

Contraventions of OHS requirements can have impacts ranging from the insignificant to the catastrophic, depending primarily upon the degree of harm to persons associated with the contravention. Legal consequences can include prosecution of the Department and its personnel under the Canada Labour Code and the Criminal Code, as well as exposure to civil liability in certain circumstances.

INAC has created a document entitled “INAC OHS Statement of Roles and Responsibilities”, which assigns a large number of specific OHS responsibilities to personnel across a variety of job functions and ranks at INAC<sup>1</sup>. The Statement gives all INAC employees in all Programs and Regions certain basic OHS responsibilities, and gives a variety of more complex responsibilities to personnel with supervisory, managerial and executive roles. There are also specific additional responsibilities assigned to health and safety committees and representatives and health and safety staff specialists. The ultimate intent of this “Statement” is to provide guidance to employees in performance of activities that will ensure compliance and protection of personnel in the performance of work.

INAC has also established a Security and OHS Directorate, located at the Gatineau corporate office, which has been assigned a variety of program development, administration and monitoring functions via the OHS Statement of Roles and Responsibilities.

INAC has established a number of Workplace Health and Safety (“HS”) Committees, and a Policy HS Committee. These Committees have statutory and regulatory functions, and additional functions as defined in the INAC OHS Statement of Roles and Responsibilities.

INAC manages and delivers a variety of programs. One program that has the potential to be particularly hazardous is the Northern Contaminated Sites Program (“NCSP”), which is mandated to remediate contaminated properties in the North. This Program has established an EHS Management Manual that prescribes a variety of supplementary health and safety roles, responsibilities and actions to be taken by specific corporate and regional personnel within the NCSP to ensure protection of personnel in field work settings and at contaminated sites.

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<sup>1</sup> The INAC OHS Statement of Roles and Responsibilities specifies approximately 100 duties and functions, allocated to 14 different occupational ranks of INAC personnel, plus health and safety representatives, workplace health and safety committees, and the INAC Policy Health and Safety Committee.

At the request of the INAC Director of Security, Occupational Safety and Health, an audit of OHS was initiated by INAC's Audit and Evaluation Sector in order to characterize current conditions in the Department and provide information for OHS priority setting and planning purposes.

### **3.0 Objectives**

The objectives of the audit were to:

1. Provide reasonable assurance on the adequacy of INAC's OHS Management Control Framework.
2. At selected INAC sites, provide reasonable assurance on the adequacy and effectiveness of controls for ensuring that
  - i. the OHS Directive of the Treasury Board Secretariat ("TB") is complied with,
  - ii. and INAC OHS policies, procedures and responsibilities are
    1. communicated
    2. documented and
    3. understood.
3. Identify, where possible, potential OHS best practices for implementation within the department.

### **4.0 Scope**

The scope of the audit included:

- (1) Management awareness of, and compliance with empirically-measurable duties specified in the INAC OHS Statement of Roles and Responsibilities, on an INAC-wide basis (i.e. across all programs, sectors and regions), with the target groups being principally Directors General, Directors, Managers and Supervisors.
- (2) Existence and sufficiency of OHS program documentation required by law or Treasury Board, on an INAC-wide basis.
- (3) Sufficiency of actions taken by management for protection of employees performing some of the more hazardous work activities carried out in INAC, such as: work at construction or remediation sites; work in wilderness areas; travel by small airplane, helicopter, snow mobile, or small boat; and work in isolated areas where assistance could not readily be provided in emergency situations.



- (4) Existence of OHS committees, representatives, and advisors, in all INAC workplaces where required by law or the INAC OHS Statement of Roles and Responsibilities; and extent to which the activities of committees, representatives and advisors comply with legislated functions, Treasury Board directives, and the INAC OHS Statement of Roles and Responsibilities. This was assessed on an INAC-wide basis.
- (5) Compliance with the program documentation and activity record keeping requirements of the Contaminated Sites Program (“CSP”), at corporate and regional offices; and for a sample of site remediation projects, compliance with project safety management requirements specified in the CSP EHS Management Systems Manual.

The following were excluded from the audit scope:

- (1) Management duties specified in the INAC OHS Statement of Roles and Responsibilities that are either (i) not operationally defined, or (ii) not empirically measurable, or (iii) for which measurement would not yield unequivocal findings, or (iv) for which the execution of the duty would be “need dependant”, and the extent of need could not be fairly assessed in the audit.
- (2) Employee duties specified in law, Treasury Board directives, or in the INAC OHS Statement of Roles and Responsibilities. These duties are substantially limited to self-protection, compliance with employer instructions, and hazard reporting, and are not considered to be OHS “management controls”.
- (3) Direct assessment of compliance at workplaces with specific work practice, facility-related, and equipment-related standards (this was excluded by the audit terms of reference prepared by the Audit and Evaluation Sector).

The audit covered activities and documentation between January 1<sup>st</sup> 2008, and May 2009. Sufficient investigations and evaluations were conducted to provide a representative portrayal of conditions.

## **5.0 Approach**

### **5.1 Audit Criteria**

Audit criteria were derived directly from requirements specified by:

- (1) The INAC OHS Statement of Roles and Responsibilities

- (2) Sections 134.1 through 137 of the Canada Labour Code Part II (pertaining to Policy HS Committees, Workplace HS Committees, and HS Representatives), the Health and Safety Committees Regulation made under the Canada Labour Code Part II, and portions of the Treasury Board OSH Directive pertaining to Policy HS Committees, Workplace HS Committees, and HS Representatives.
- (3) Employer duties pertaining to preparation and maintenance of OHS program documentation, contained in the Canada Labour Code Part II, the Canada Occupational Health and Safety Regulations, and the Treasury Board OHS Directive.
- (4) OHS program document and record production and maintenance duties of INAC corporate EHS staff, regional EHS staff, and contaminated sites project managers, as set out in the Contaminated Sites Program EHS Management Systems Manual – Edition 2 – March 2008.

The requirements contained in the following documents were also considered for purposes of formulating audit criteria, and were deemed suitable:

- TB Occupational Health and Safety Policy
- TB Manager's Handbook – Canada Labour Code Part II

However, these documents contained no requirements that would result in any additional criteria beyond those referenced in (1), (2) and (3) above.

The requirements contained in the following documents would require “direct assessment of compliance at workplaces”, and were excluded:

- TB Smoking in the Workplace Policy 1-01
- TB Motor Vehicle Operations Directive - Chapter 2-11
- TB Occupational Health Evaluation Standard
- TB Procedures for Liaison with Private Contractors
- TB Safety Guide for Field Operations - Chapter 5-4
- TB Safety Guide for Operations Over Ice
- TB Employees Working Alone - Chapter 6-1
- TB Occupational Exposure to Sunlight - Chapter 6-5
- TB Effects of Extreme Cold - Chapter 6-3

The consolidated listing of audit criteria is presented in Appendix 1. The listing also shows sources for all criteria.

## 5.2 Methodology

Audit conduct consisted of data collection and analysis activities in relation to four areas:

1 - Compliance with Requirements of the INAC OHS Roles and Responsibilities Statement Pertaining to OHS Management Controls

- The “Statement” assigns approximately 100 responsibilities to 17 parties (staff, committees). Management awareness of, and compliance with empirically-measurable duties specified in the INAC OHS Statement of Roles and Responsibilities was evaluated on an INAC-wide basis (i.e. across all programs, sectors and regions), with the target groups being Directors General, Directors, Managers, Supervisors, HS Committees and Representatives, and Human Resources Advisors with labour portfolio responsibilities.

2 - Compliance with Canada Labour Code Part II (“CLC-II”) and TB Requirements Respecting the Existence of Prescribed Policies, Procedures, Programs, Reports and Records pertaining to OHS Management Controls

- The Canada Labour Code Part II (“CLC-II”) and the TB OHS Directive require the Department to maintain a variety of specific documents, which can be broadly characterized as OHS Program Documents and OHS Activity Records. Information used to determine compliance with these requirements was gathered via interviews with, and document submissions from, both Regional and Corporate human resources and HS personnel, HS representatives and HS committee co-chairs.

3 - Compliance with CLC-II and TB Requirements Respecting Establishment and Operation of Policy and Workplace HS Committees

- Under CLC-II, 24 INAC work locations require HS representatives, but only 14 locations were in compliance. Nine HS Representatives were selected for this audit and seven were successfully interviewed.
- CLC-II also prescribes one Workplace Health and Safety Committee for each workplace with 20 or more employees. Using this criterion, INAC should have a total of 35 Committees. Of the locations requiring Committees, seven Committees were successfully audited.

4 - Compliance with Requirements of the INAC Contaminated Sites Program – EHS Management Manual – Edition 2 – March 2008

- The audit evaluated the existence and content of all HS program documents and activity records required in the Manual, by asking the CSP Corporate EHS Section and key management personnel in the Regions to provide those documents and records.

Audit forms and checklists used for audit activities are presented in the following Appendices:

- E-mailed surveys – Appendix 2
- Documentation reviewed – Appendix 3

Some audit criteria were assessed on a population-basis (e.g. all HS Representatives, all HS Committee Co-Chairs, all OHS corporate program documents, existence of OHS committees at all workplaces where required), while others were assessed on a sample basis (e.g. compliance with responsibilities by certain groups of senior managers, adequacy of protective measures for a sample of employees performing specific high-hazard work operations, compliance with CSP EHS Management System requirements for a sample of remediation projects in the relevant regions).

Entire populations were reviewed where the size of the sample frame was small and all members of the population could be easily assessed, and sampling was used where the sample frames were too large to conduct a census of the entire population.

Audit planning and conduct was performed between February 3<sup>rd</sup>, 2009 and May 20<sup>th</sup>, 2009.

## **6.0 Conclusions**

### **6.1 Objective 1: Adequacy of INAC's Occupational Health and Safety ("OHS") Management Control Framework**

The design of INAC's OHS Management Control Framework is generally sound but there is a need for the preparation of additional management and operational procedures to provide specific instruction to personnel on how to perform more complex OHS functions and to incorporate explicit OHS objective setting and planning.

The degree of implementation of the OHS Management Control Framework is very low. As a result, there are many OHS statutory and regulatory requirements and TB OHS requirements that the Department has not complied with.

## **6.2 Objective 2: At specific INAC sites, provide reasonable assurance on the adequacy and effectiveness of controls**

There are not adequate or effective controls in any Region or Program to ensure compliance with the TB OHS Directive and the level of compliance with most requirements is very low.

INAC OHS policies, procedures and responsibilities have not been effectively communicated to, and are poorly understood by, personnel at all levels of the organization, and in all Regions and Programs. Most of the requisite OHS documents and activity records are not being produced or maintained.

## **6.3 Objective 3: Identify, where possible, potential OHS best practices for implementation within the department**

No OHS practices were identified that could be considered “best practices” for implementation throughout the Department.

## **6.4 Implications**

Health and safety is not adequately managed or controlled in any of the Regions or Programs within the Department. This state of affairs has several potential consequences:

- i. It exposes the Department to the potential for orders and charges under the Canada Labour Code Part II.
- ii. It renders it difficult for the Department to demonstrate due diligence in the event of a mishap.
- iii. It may result in some employees being exposed to unacceptable health and safety risks in the performance of their work.
- iv. It creates the potential for adverse publicity.
- v. It could expose Departmental managers to risk of Criminal Code prosecution in the event of the occurrence of any accidental workplace death or serious injury.
- vi. It results in inefficient and ineffective deployment of staff and financial resources in relation to OHS issues.
- vii. It presents potential for unfavourable perceptions of the Department by staff.

## 7.0 Observations and Recommendations

### 7.1 Compliance with the INAC OHS Statement of Roles and Responsibilities

- For all of the parties named in the “Statement”, the levels of compliance with specified roles and responsibilities are uniformly very low. In other words, most of the required functions and activities are not being carried out most of the time.
- The “Statement” assigns approximately 100 responsibilities to 17 parties (staff, committees), and is the paramount OHS management controls document for the Department.
- The content of the “Statement”, and manner in which roles and responsibilities are allocated, is basically sound. Specifically,
  - i. The roles and responsibilities that are assigned can and should reasonably be carried out by the parties to which they are assigned and should be consistent with their broader job responsibilities and scope of organizational authority and accountability.
  - ii. The overall scheme of allocation is consistent with the OHS statutory principal that the “employer” has ultimate responsibility and accountability for compliance and protection of personnel and that this duty is fulfilled in practice by the actions of management.
  - iii. Where CLC-II assigns specific responsibilities to a party or a committee, the “Statement” appropriately re-states and assigns such responsibilities.
  - iv. In total, the responsibilities specified by the “Statement” reconcile with many of the management and control activities recommended by prevailing occupational health and safety management system standards, such as CSA Z1000<sup>2</sup>.
- If the roles and responsibilities were performed as written in the “Statement”, the level of OHS compliance across the Department would be high, OHS programs would be well-managed and effective, and management practices would be consistent with many of the requirements of CSA Z1000.

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<sup>2</sup> Canadian Standards Association standard number CSA Z1000 – Occupational Health and Safety Management Systems.

- The actual level of employee awareness and understanding of roles and responsibilities, however, is very low across the entire organization (all regions, all program areas) and at all staff levels. This is also the case for employees who have been designated as HS Representatives and for HR Advisors with labour portfolio responsibilities<sup>3</sup> (which includes the HS roles and responsibilities assigned to HR Advisors by the “Statement”) and the HS Committee Co-Chairs.
- The reasons for the low level of compliance with the requirements of the “Statement” are likely:
  - i. There appears to have been little or no communication to Departmental personnel (verbal, e-mail, posted, or other) to explain OHS roles and responsibilities.
  - ii. While some of the responsibilities are simple for a layperson to understand and perform without special training or skill<sup>4</sup>, there are many complex responsibilities<sup>5</sup> that a layperson could not reasonably be expected to carry out without benefit of specific procedures explaining how to perform those functions, and no such procedures exist.
  - iii. Many responsibilities cannot be carried out without devoting sufficient time<sup>6</sup>, and / or financial resources<sup>7</sup>, and / or assistance from OHS specialists (whether staff or consultants)<sup>8</sup>, and there are no formalized mechanisms to ensure that these enablers are present.

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<sup>3</sup> Labour portfolio responsibilities includes providing advice, guidance and support regarding OHS matters; participating in the development of departmental policies, directives, guidelines and procedures; co-ordinating and monitoring the implementation of OHS training and awareness requirements; providing advice on workers compensation matters; monitoring regional OHS reporting; and other responsibilities outlined in the “Statement”.

<sup>4</sup> Examples include promoting and supporting departmental OHS initiatives, designating regional Health and Safety Advisors and keeping employees informed of applicable OHS matters.

<sup>5</sup> Examples include overseeing and monitoring the implementation of the OHS program, ensuring employees are adequately informed, instructed, trained and knowledgeable of applicable OHS hazards, and monitoring the departmental Occupational Health and Safety program.

<sup>6</sup> Examples include ensuring that employees are adequately informed, instructed, trained and knowledgeable of applicable OHS hazards, keeping and maintaining health and safety records.

<sup>7</sup> Examples include implementing a general departmental OHS training and awareness program, monitoring regional OHS reporting through departmental or regional OHS databases.

<sup>8</sup> Examples include ensuring that corporate OHS policies, directives, procedures and guidelines are implemented and monitored, periodic health evaluations are carried out.

- iv. The Department has no programs to instruct or train personnel in the OHS roles and responsibilities specified in the “Statement”, nor in the procedures that need to be followed to discharge the more complex responsibilities.
- v. There are a variety of responsibilities that cannot be fulfilled without easy access to accurate information on OHS compliance and performance<sup>9</sup>. The “Statement” describes a range of information collection and internal reporting activities, and makes reference to an OHS database. There is no such database, however, and there are no procedures for information collection and reporting. In fact, very little of the requisite information is being collected and reported in the manner envisioned by the “Statement”. Without such information, many responsibilities cannot be fulfilled.

## **7.2 Compliance with CLC-II and TB Requirements Respecting the Existence of Prescribed Policies, Procedures, Programs, Reports and Records pertaining to OHS Management Controls**

- The Canada Labour Code Part II (“CLC-II”) and the TB OHS Directive require the Department to maintain a variety of specific documents.
- These documents fall into two categories: (a) OHS program documents (e.g. policies, procedures, standards, plans); and (b) records relating to OHS activities and events (e.g. inspection reports, hazardous occurrence reports, reports on evaluations and reviews of mandated programs).
- Some of these documents are program-specific, location-specific, or job-specific in nature, and should reasonably be produced and maintained at the Regional level. Others have department-wide application, and should reasonably be produced and maintained at the Corporate level.
- The specific OHS program documents and records that should reasonably be maintained by Corporate and each of the Regions are shown in Appendix 4A.
- The following table shows the numbers of program documents and categories of records that should be present at the Regional and Corporate levels:

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<sup>9</sup> Examples include planning and budgeting for OHS initiatives, monitoring regional OHS reporting.



<b>Party</b>	<b>No. OHS Program Documents<sup>10</sup></b>	<b>No. Categories of OHS Activity Records<sup>11</sup></b>
Each Region	16	24
Corporate	12	9

- There is a very low level of compliance with requirements relating to prescribed program documents and records at both the Corporate and Regional level. Detailed findings with respect to Corporate and all regions are shown in Appendix 4B, and are summarized below:
  - i. Of the 16 program documents required to be maintained in each of the Regions, eight were not provided by any Region. Of the 24 OHS activity records required to be maintained in the Regions, 11 did not exist in any Region.
  - ii. To help illustrate the low level of compliance, the following table shows overall regional compliance with OHS program document and OHS activity record requirements:

<b>Regions' Document Compliance Profile</b>		
<b>No. of Regions</b>	<b>No. OHS Program Documents/Categories Observed</b>	<b>No. Categories of OHS Activity Records Observed</b>
1	7/16	11/24
1	6/16	6/24
3	2/16	0/24
6	1/16	0/24

- Corporate was only able to provide two of the required corporate OHS program documents (a Hazard Prevention Plan per Part 19 of the Canada OHS Regulations, in draft form, and a Corporate building emergency plan), and produced none of the required OHS activity records.

<sup>10</sup> Examples of program documents include a Hazard Prevention Program, and Emergency Procedures. A full listing is provided in Appendix 6A.

<sup>11</sup> Examples of activity records include noise exposure investigations, health and safety training records, and emergency evacuation drills. A full listing is provided in Appendix 6A.

- The reasons for the low level of compliance with documentation requirements are likely:
  - i. Little understanding of the requirements by parties with responsibilities for document preparation and maintenance.
  - ii. Absence of specific instructions and procedures for creating, maintaining and reporting OHS activity records.
  - iii. Absence of OHS specialist staff resources in the Regions to prepare and maintain documents, and to assist / support other parties in doing so.
  - iv. Prior absence of OHS specialist staff resources at Corporate to prepare and maintain documents, and to assist / support other parties in doing so.
  - vi. The absence of Departmental OHS information management standards and a suitable database.

### **7.3 Compliance with CLC-II and TB Requirements Respecting Establishment and Functioning of HS Representatives, and Policy and Workplace Health & Safety Committees**

#### **7.3.1 HS Representatives**

- There is a low level of compliance with the requirement for HS representatives and of those locations that do comply, no HS representatives were able to demonstrate full compliance with their prescribed functions.
- Under CLC-II, 24 INAC work locations require HS representatives, but only 14 locations comply with this requirement.
- All seven HS Representatives interviewed had volunteered for their positions and had not been selected or appointed in the manner prescribed by CLC-II.
- Five of the seven interviewed HS Representatives were not performing any of the 11 specific functions prescribed by CLC-II and the INAC OHS Statement of Roles and Responsibilities. The other two performed only one prescribed function each.
- The reasons for the low level of compliance with functional requirements are likely:

- i. Lack of awareness of, and absence of instruction and training in prescribed functions.
- ii. Lack of procedures and systems to allow management and SOHS Directorate to monitor HS Representatives' and Workplace HS Committees' activities.

### **7.3.2 Workplace Health and Safety Committees**

#### **7.3.2.1 Workplace and Regional Representation Structure**

- CLC-II allows for either Workplace HS Committees or Multi-site Regional Committees (where permission is granted), however, INAC is non-compliant with either type of Committee structure.
- A Workplace HS Committee is required at every workplace location where 20 or more persons are normally employed, unless consent has been granted for a multi-site regional structure from the Minister of Human Resources and Skills Development ("HRSDC") in the form of an Exemption Order or Validation Order under subsection 135(3) of CLC-II, or written approval by a Labour Program Health and Safety Officer in accordance with HRSDC Operations Program Directive 907-1. None of the co-chairs or the SOHS Directorate staff interviewed knew whether such consent had been obtained previously by the Department.
- According to the INAC employee directory<sup>12</sup>, 35 INAC work locations have 20 or more employees. Therefore, there should be 35 Workplace HS Committees.
- INAC has adopted a regional Workplace HS Committee structure, with 11 regional committees covering the following regions: Alberta, Atlantic, British Columbia, Manitoba, Nunavut, Northwest Territories, Ontario, National Capital Region, Quebec, Saskatchewan, and Yukon.
- In addition to the regional committees, there are eight site-specific committees at the following Ontario locations - Thunder Bay, Brantford, five Schools in Southwestern Ontario – and one at Prince Albert, Saskatchewan.
- While notionally, there are 19 Workplace HS Committees, there are 18 functioning ones as the co-chair of the National Capital Region Workplace HS Committee reports that it is not operating.

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<sup>12</sup> As provided by INAC Audit and Evaluation Sector, February 2009.

- According to the INAC employee directory, the following regions - Alberta, Atlantic Provinces, Yukon and Nunavut - have only one workplace location with 20 or more persons normally employed, and these regional committees all operate from those workplace locations having 20 or more persons. Therefore, in these four regions, the regional Workplace HS Committees comply with CLC-II requirements relating to the establishment of a Workplace HS Committee at every workplace with 20 or more persons.
- Since there are four regional committees that comply with the “one Workplace HS Committee per workplace of 20” requirement, and eight site-specific committees that comply with this requirement, a total of 12 INAC workplaces comply with this requirement, and 23 workplaces do not.
- The reasons for the non-compliance with committee location establishment requirements are likely:
  - i. Little understanding of the statutory requirements within the Department, and failure to recognize that the current structure is non-compliant.
  - ii. The fact that this regional model is commonplace in other federal government Departments and agencies (but in those cases, the requisite approvals may have been obtained).
  - iii. The prior absence of Departmental OHS internal audits to recognize the problem.
- While the current structure is technically non-compliant, a regional structure can work well. We see no compelling reasons to establish additional Committees, and we expect that the current structure would be acceptable to HRSDC if INAC made proper application for approval.

### **7.3.2.2 Selection of Co-Chairs and Members**

- With the exception of one employee co-chair, all interviewed management and employee co-chairs (14 representing seven functioning Regional Workplace HS Committees) were appointed by the correct procedure.
- Workplace HS Committee composition and co-chairing practices are compliant.

### 7.3.2.3 Performance of Functions

- Through co-chair interviews, review of minutes and documents submitted by co-chairs in response to our requests, the seven audited Regional Workplace HS Committees are not performing a number of prescribed functions.
- Committees were compliant with regards to dealing with HS issues brought to their attention, involvement in studies and investigations, holding meetings, and retaining minutes.
- Committees were non-compliant with respect to the following prescribed functions:
  - i. Involvement in Hazard Prevention Programs: Only two of the seven Regional Workplace HS Committees (Quebec and Yukon) were aware of the development of a national Hazard Prevention Program and none reported having been consulted thus far on program development, nor seeing any draft documents.
  - ii. Annual Reports: Only two of the seven Regional Workplace HS Committees (British Columbia and Yukon) reported having produced in the past year the annual Workplace HS Committee report required to be filed with HRSDC by March 1<sup>st</sup> of each year, but neither of these Workplace HS Committees have posted the report in their workplaces (as is required).
  - iii. HS Program Development, Implementation, Monitoring: Four of the seven Regional Workplace HS Committees reported some manner of work relating to Regional HS program development, implementation and monitoring, and this was reflected in the minutes.
  - iv. Personal Protective Equipment Program Development, Implementation, Monitoring: Only two of seven Regional Workplace HS Committees reported activities relating to implementation of personal protective equipment programs.
  - v. Workplace HS Inspections: Four Regional Workplace HS Committees have been performing monthly inspections while the remaining reviewed inspections done by others or were not performing/reviewing inspections at all. None of the Committees have formally assigned inspection duties in the manner prescribed. Where Committees were performing inspections, these inspections were not explicitly performed to evaluate compliance with prescribed requirements in CLC-II, the Canada Occupational Health and Safety Regulations, or TB OHS Directives and Standards. Consequently these Committee HS inspections provide no assurance that compliance deficiencies are recognized and addressed.

- The reasons for the non-compliance with requisite Committee functions are likely:
  - i. Little understanding of the statutory requirements by Committee members and within the Department.
  - ii. Absence of training to render Committee members competent to perform their functions.
  - iii. Lack of standardized procedures and checklists to guide workplace HS inspection activities.
  - iv. Absence of procedures and mechanisms to monitor, track and report on Committee activities and to intervene where necessary in order to address functional deficiencies when recognized.
  - v. Absence of understanding by local managers of their responsibilities to perform Committee functions when the Committee itself fails to do so.

### **7.3.3 Policy Health and Safety Committee**

- While the membership of the Policy HS Committee is properly constituted as prescribed and the Committee met the requisite four times in 2008, and produces and distributes minutes of its meetings, the Committee does not appear to have a proactive long-range agenda dealing with “strategic departmental health and safety matters”.
- Co-chairs and the minutes indicate that a variety of issues have been placed on the agenda of the Policy HS Committee for information and discussion, including:
  - The possibility of arranging on-line OHS training for INAC personnel
  - Safety issues in delivery of treaty payments
  - Potable water
  - Field safety issues (contaminated sites, laboratories, firearms warehouse, travel by small plane or helicopter)
  - Workplace violence issues
  - Review of the draft Chapter 2 (hazard prevention program)
  - A proposed corporate OHS manual
- While these matters have come before the Policy HS Committee, it does not appear that the Committee has played an active role in developing, implementing or monitoring related programs. The Policy HS Committee's

involvement appears to be limited to receiving information and providing commentary.

- While the issues listed above are Department-wide in character, the minutes of 2008 also reflect considerable focus on Region-specific issues.
- The Policy HS Committee's agenda appears to be formed primarily by "reactive" issues that are presented to the Committee. This is likely due to the absence of Departmental processes for OHS needs assessment, enterprise objective setting, and long-range planning relating to OHS conditions, performance and compliance.

#### **7.4 Compliance with Requirements of the INAC Contaminated Sites Program – Environmental Health and Safety (“EHS”) Management Manual – Edition 2 – March 2008**

##### **7.4.1 Adequacy of the EHS Management Manual**

- The contents of this Management Manual apply to employees and operations of INAC's Northern Contaminated Sites Program (“NCSP”) and addresses both environmental and OHS requirements associated with the Program's operations.
- The contents of the Manual are consistent with recommendations of two standards – ISO 14001, and BSI OHSAS 18001.<sup>13</sup> These are voluntary standards that have received wide acceptance internationally amongst employers as guidelines for development of environmental and OHS management systems.

##### **7.4.2 Corporate and Regional Compliance with OHS Documentation Requirements**

- Corporate and Northern Regions were unable to demonstrate full compliance with OHS documentation requirements of the NSCP.
- Neither the CSP Corporate EHS Section, nor two of the three NCSP Regions (Northwest Territories and Nunavut) were able to supply us with any of the required OHS activity records. Yukon supplied us with two OHS activity records, both of which were OHS audit reports (but neither audit was conducted in accordance with the NCSP EHS Audit Program Guide).

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<sup>13</sup> ISO 14001 – Environmental Management Systems & BSI OHSAS 18001 Occupational Health and Safety.

- CSP Corporate EHS Section provided only two of the required Departmental CSP program documents – an EHS Audit Program Guide, and an EHS Management System Standard Operating Procedures Manual. Neither Northwest Territories nor Nunavut provided any of the required Regional NCSP program documents. Yukon Region supplied us with several additional documents that appear to be Departmental CSP program documents.
- None of the NCSP Regions reviewed had a comprehensive set of OHS instructions and procedures applicable to their field operations. A coordinated effort led by Corporate EHS specialists, involving consultation with all Regions, to develop such documents would assist the Regions in attaining compliance with the NCSP.
- The reasons for the low level of compliance with NCSP OHS Management documentation requirements are likely:
  - i. Failure to perform the requisite activities that are to be recorded and documented.
  - ii. Little understanding of the requirements by parties with responsibilities for document preparation and maintenance.
  - iii. Absence of specific instructions and procedures for creating, maintaining and reporting OHS activity records.
  - iv. Insufficient OHS specialist staff resources in the NCSP Regions to prepare and maintain documents and to assist / support other parties in doing so.
  - vii. The absence of Departmental OHS information management standards and a suitable NCSP OHS database.

#### **7.4.3 NCSP Project Manager Compliance with OHS Documentation Requirements**

- NCSP Project Managers were unable to demonstrate full compliance with OHS documentation requirements of the CSP.
- The Manual requires NCSP Project Managers to prepare, or ensure the production of, the following documents for each contaminated sites project:
  - Specifications containing relevant OHS terms and conditions (to be prepared by PWGSC)



- A project specific safety plan (to be prepared by the contractor / consultant)
  - Project-level programs to achieve the annual EHS objectives and targets.
  - Project start-up meeting minutes
  - Documents describing site-specific EHS reporting, inspections and auditing requirements
  - Documents describing how the CSP EHS Policy is communicated to all persons involved in a project.
  - Pre-project hazard assessments
  - Project EHS inspection records - prepared by any party
  - Project-specific EHS plan reviews performed by third party professionals
  - Procedures developed by any of NCSP Project Managers, consultants or contractors that describe the way their processes and work activities are monitored and controlled, including workplace and project inspections.
  - Root causes analysis reports for any identified instances of non-compliance or non-conformance.
  - Quarterly non-conformance and non-compliance reports of Project Managers
  - Project-level detailed work plans that contain annual EHS objectives and targets for the project
  - Written warnings on record
  - Training records for all EHS training sessions and site orientations delivered by INAC personnel for the project
- A review of requisite project-specific OHS documents for four of the five projects completed between January 2008 and 2009 revealed:
    - In the case of one project, no OHS documents were available, and the responsible NCSP project manager indicated that no such documents were produced for the project.
    - In the case of three projects, the only OHS documents provided were the specifications prepared by PWGSC (which included the requisite OHS terms and conditions), and the project-specific safety plans prepared by the contractors. None of the OHS documents required to be produced and / or collected by the NCSP Project Managers during the course of the project were supplied, and were reported not to exist.
- The reasons for the low level of compliance with project-specific OHS documentation requirements are likely to be as follows:
    - i. Failure to perform the requisite activities that are to be recorded and documented.

- ii. Little understanding of the requirements by parties with responsibilities for document preparation and maintenance.
- iii. Absence of specific instructions and procedures for creating, maintaining and reporting OHS activity records.
- iv. Absence of training for project managers to explain and develop skills in the requirements.
- viii. Absence of procedures and systems to track performance of OHS project safety activities, and to intervene where appropriate.

## **8.0 Recommendations**

1. OHS knowledge and competency requirements for all categories of managers and employees should be defined. Appropriately detailed instructional procedures should be developed. Training and instruction standards and programs should be established and implemented using a risk-based approach (i.e. higher hazard program areas and occupations) to ensure that personnel understand and can discharge their OHS roles and responsibilities.
2. Specific OHS governance requirements and procedures, applicable to Corporate and the Regions should be established for: (1) OHS objective setting, (2) development of formal plans to achieve objectives; (3) OHS auditing and evaluation; (4) HS opinion surveys of the workforce; (5) internal reporting on the foregoing; and (6) senior management review of findings and recommendations arising therefrom. These requirements should be incorporated into the existing INAC OHS Statement of Roles and Responsibilities.
3. The scope of support to be provided to internal departmental clients by SOHS Directorate and other departmental HS resources, as well as the performance standards, mechanisms for delivering such support, resource requirements for success, and procedures for monitoring delivery and impacts should be developed.
4. A blueprint for future corporate OHS program development (policies, standards, procedures), determining resource requirements, obtaining senior management approval should be developed and implemented in consultation with the Policy HS Committee.
5. An enterprise information management system requirements and procedures to support department-wide HS management and record keeping should be assessed, specified and implemented.

6. Department-wide OHS programs, guidelines and procedures required for the higher risk operations carried out by departmental personnel should be identified, developed and implemented.
7. Procedures to ensure proper flow of information between SOHS Directorate, HR / HS Advisors, HS Representatives, and HS Committees should be established and implemented.
8. The selection and appointment of health and safety representatives at those additional locations where required should be conducted.
9. The need for additional HS specialist staff, and optimal organizational placement, to adequately support the organization should be assessed.
10. HRSDC approval of the existing HS committee structure, to avoid the need for creation of additional HS committees, should be obtained.

## 9.0 Management Action Plan

Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
<p>1. OHS knowledge and competency requirements for all categories of managers and employees should be defined. Appropriately detailed instructional procedures should be developed. Training and instruction standards and programs should be established and implemented using a risk-based approach (i.e. higher hazard program areas and occupations) to ensure that personnel understand and can discharge their OHS roles and responsibilities.</p>	<p>Development of a national OHS training program is underway with specific modules for:</p> <ul style="list-style-type: none"> <li>a) managers (4-5 hours),</li> <li>b) local committees (4-5 hours) and</li> <li>c) employees (60-90 minutes)</li> </ul> <p>All modules will meet legislative and Treasury Board requirements.</p> <p>Training delivery will be prioritized in high-risk areas – expected to start in October 2009.</p> <p>All 3 modules can be delivered in a given Region during a 4-5 day span.</p> <p><b>Committed to provide ongoing training to new employees and refreshers to employees who have already received training sessions.</b></p>	<p>DG, HRWSB</p>	<p>Delivery of training for <b>high risk area</b> in February 2010 and, depending on available financial and human resources, will be virtually completed by March 2012. It should be noted that training will be ongoing beyond March 2012 to train new committee members, new managers, new employees, and to retrain according to new hazards or legislative changes.</p> <p><b>Training will be an ongoing activity.</b></p>

Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
<p>2. Specific OHS governance requirements and procedures, applicable to Corporate and the Regions should be established for: (1) OHS objective setting, (2) development of formal plans to achieve objectives; (3) OHS auditing and evaluation; (4) HS opinion surveys of the workforce; (5) internal reporting on the foregoing; and (6) senior management review of findings and recommendations arising therefrom. These requirements should be incorporated into the existing INAC OHS Statement of Roles and Responsibilities.</p>	<p>A 3-year OHS Strategic Plan is being developed and will address five major areas:</p> <ul style="list-style-type: none"> <li>• Policies / guidelines / procedures</li> <li>• Training</li> <li>• Committees and representatives</li> <li>• Reporting</li> <li>• Communications</li> </ul> <p><b>All policies, guidelines and/or procedures will include statements of roles and responsibilities.</b></p> <p><b>Inspections, audits and evaluations will be part of regular cycle and will be defined in guidelines (Chapter 7).</b></p> <p><b>A tracking system is being developed and will be used to report back to the National Policy Health and Safety Committee.</b></p>	<p>DG, HRWSB</p>	<p>The strategic plan implementation date is February 2010, as reported to the Audit Committee on September 25, 2009.</p> <p><b>Inspections, audits and evaluations will be ongoing activities.</b></p> <p><b>Once in place in the first quarter of 2010-11, reporting will be done on a quarterly basis.</b></p>

Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
	<p>The strategic plan will rely heavily on active regional participation through monthly exchanges with OHS Coordinators.</p> <p>A first face-to-face meeting is planned for November 2009 at which clear objectives and timelines will be established for monitoring, reporting and evaluation of the OHS Program.</p>		
<p>3. The scope of support to be provided to internal departmental clients by SOHS Directorate and other departmental HS resources, as well as the performance standards, mechanisms for delivering such support, resource requirements for success, and procedures for monitoring delivery and impacts should be developed.</p>	<p>The 8 Chapters of INAC's National OHS Program clearly identify all these elements, under different headings. The last 5 Chapters were reviewed and approved by the National Policy H&amp;S Committee on June 15, 2009 and are currently being reviewed by the local committees in the regions.</p> <p>Presentation to senior management is scheduled for early December 2009.</p>	<p>DG, HRWSB</p>	<p>December 2009</p>
<p>4. A blueprint for future corporate OHS</p>	<p>The OHS Strategic Plan will outline</p>	<p>DG, HRWSB</p>	<p>At the Nov. 2009 conference with</p>

Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
<p>program development (policies, standards, and procedures), determining resource requirements, and obtaining senior management approval should be developed and implemented in consultation with the Policy HS Committee.</p>	<p>ongoing OHS activities and requirements for the next 3 years (2012). It is based on legislative and Treasury Board requirements with a focus on INAC's particular activities and programs.</p> <p>All new policies, standards and/or procedures will be developed in consultation with the National Policy H&amp;S Committee.</p>		<p>Regional OHS Coordinators, priorities for development of <b>policies</b>, standards and procedures were identified.</p> <p><b>To review policies and guidelines on a periodic basis</b></p>
<p>5. An enterprise information management system requirements and procedures to support department-wide HS management and record keeping should be assessed, specified and implemented.</p>	<p>A tracking system is currently being developed to capture all OHS reporting requirements, by law or by TB Directive. The system will allow for quarterly reporting on the status of the Departmental OHS Program for internal and external stakeholders.</p> <p>The system will be introduced at the November 2009 meeting with the Regional OHS Coordinators. Data collection is expected to begin in the first quarter of 2010-11.</p>	<p>DG, HRWSB</p>	<p>The system was discussed at the November 2009 conference with the Regional OHS Coordinators who are in agreement with the proposal. The spreadsheet-type report is currently being customized for every site controlled by INAC. It should be ready for testing in the 4<sup>th</sup> quarter of 2009-10, and for full use in the first quarter of 2010-11.</p>
<p>6. Department-wide OHS programs,</p>	<p>National policies and guidelines are</p>	<p>DG, HRWSB</p>	<p>December 2009</p>

Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
<p>guidelines and procedures required for the higher risk operations carried out by departmental personnel should be identified, developed and implemented.</p>	<p>completed and have been vetted at the National Policy Health and Safety Committee on June 15, 2009. Once reviewed by the Regions by August 21, they will be submitted to senior management.</p> <p>Working groups of Regional OHS Coordinators will be formed at the November meeting to identify and develop, or review existing procedures for high-risk operations, such as site decontamination.</p>		<p>(National Policies)</p> <p>Nov. 2009 (working groups)</p>
<p>7. Procedures to ensure proper flow of information between SOHS Directorate, HR / HS Advisors, HS Representatives, and HS Committees should be established and implemented.</p>	<p>These procedures are included in the national policies and guidelines (8 Chapters).</p> <p>The OHS training sessions will include many references to the procedures to ensure a constant and consistent approach in the flow of information.</p>	<p>DG, HRWSB</p>	<p>Starting December 2009</p>
<p>8. The selection and appointment of health and safety representatives at those additional locations where required should be conducted.</p>	<p>We have requested a list of all local committee members and health and safety representatives, at all sites controlled by INAC.</p>	<p>DG, HRWSB in collaboration with RDGs and the Responsible Senior Manager</p>	<p>One training session for OHS Committee members and representatives will take place in the NCR December 4, 2009. Training at the national level</p>



Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
	<p>We are advising Regional Management on the requirement to nominate H&amp;S representatives. All H&amp;S representatives and local committee members will be prioritized for training in the fall of 2009.</p> <p>The Regional OHS Coordinators will be tasked with the monitoring and will report back to Corporate OHS.</p>	(for satellite offices).	<p>should be completed by February 2010.</p> <p>The Regional OHS Coordinators have received training November 23 to 27 and will now be in a better position to schedule training for OHS Committees and representatives in their regions.</p>
<p>9. The need for additional HS specialist staff, and optimal organizational placement, to adequately support the organization should be assessed.</p>	<p>Regional OHS Coordinators have been identified in every region. A 3 to 4 day training session is planned for November 2009.</p> <p>The session will outline clear objectives and provide them with tools to support the delivery of the OHS Program in the regions.</p> <p>We will monitor the activities related to the delivery of the OHS Program and assess the need for additional H&amp;S staff on an annual basis.</p>	DG, HRWSB	<p>A 5-day training session took place November 23 to 27 for Regional OHS Coordinators, as planned.</p>

Recommendations	Management Actions	Responsible Manager (Title)	Planned Implementation Date
<p>10. HRSDC approval of the existing HS committee structure, to avoid the need for creation of additional HS committees, should be obtained.</p>	<p>Regions have been advised at a June 2009 teleconference of the requirement to obtain exemptions to form committees – some regions only have one regional committee.</p> <p>Assistance was offered and provided, in obtaining exemptions. We are still gathering information on regional and local committee structures and we will seek updates at the next teleconferences. All committees should be legally structured and operational by December 31, 2009.</p>	<p>DG, HRWSB in collaboration with RDGs</p>	<p>February 2010.</p> <p>Regional OHS Coordinators have confirmed active committees in their regions and the need for either representatives or regional committees.</p>

## **Appendix 1 – Consolidated List of Audit Criteria**

**Appendix 1  
Consolidated Listing of Audit Criteria**

Key: CLCII = Canada Labour Code Part II  
 COHSR = Canadian Oo  
 EHSCSM = National Contaminated Sites Program EHS Management Systems Manual  
 HSCRR = Health and Safety Committees and Representatives Regulation  
 OHSSRR = INAC OHS Statement of Roles and Responsibilities  
 TBOHSD = Treasury Board OHS Directive

AUDIT AREA	SOURCE	RESPONSIBILITIES	DESIGNATED RESPONSIBLE PARTY (X), PARTY OF INQUIRY (HIGHLIGHT)															
			Departments (TBD)	Deputy Minister (INAC)	Assistant Deputy Ministers (INAC)	Chief Financial Officer (INAC)	Director General - Human Resources and Workplace Services (INAC)	Director General - Communications (INAC)	Chief Audit and Evaluation Executive (INAC)	Executive Director - Inuit Relations Secretariat and Corporate Secretary (INAC)	Directors General (INAC)	Directors (INAC)	Managers (INAC)	Supervisors (INAC)	Employees (INAC)	Security and Occupational Health and Safety Directorate (INAC)	Health and Safety Advisors and/or Human Resources Officers (INAC)	Health and Safety Representatives (INAC)
1	OHSSRR	Provides overall accountability in developing and maintaining a healthy and safe work environment.	x															
1	OHSSRR	Provide advice, guidance and support regarding OHS matters to managers, employees, workplace health and safety committees and health and safety representatives in their respective regions or their area of responsibility.																x
1	OHSSRR	Provides functional direction, information and advice on legislative, administrative and technical health and safety matters to management, employees, Health and Safety Advisors and Human Resource Officers.															x	
1	OHSSRR	Provides subject matter expertise to the Policy Health and Safety Committee.															x	
1	OHSSRR	Appointing a Co-Chairperson, at the Director General level or above, to the Policy Health and Safety Committee.	x															
1	OHSSRR	Employee health and safety representatives are appointed to address OHS issues for each workplace controlled by INAC where there are less than 20 employees.																x
1	OHSSRR	Identify senior representatives to serve on the Policy Health and Safety Committee.		x	x	x	x	x	x									
1	OHSSRR	Policy Health and Safety Committee shall include employee representatives and senior management representatives.																
1	OHSSRR	Committees shall include employee and management representatives.																
1	OHSSRR	Committees shall (be established) in a workplace of 20 or more employees.																
1	OHSSRR	Where applicable, designate regional Health and Safety Advisors.		x	x	x	x	x	x									
1	OHSSRR	Assign departmental OSH personnel according to the size, complexity and operating risks of the department.	x															
1	OHSSRR	Communicates the commitment of senior management in developing and maintaining a healthy and safe work environment.	x															
1	OHSSRR	Inform the Security and Occupational Health and Safety Directorate of regional OHS strategic plans, initiatives and emerging issues.																x
1	OHSSRR	Keep employees informed of applicable OHS matters.									x	x	x	x				
1	OHSSRR	Liaise with the Security and Occupational Health and Safety Directorate.																x
1	OHSSRR	Liaises with central agencies by representing INAC's interests and needs, and reports back on issues affecting the Department.															x	
1	OHSSRR	Participates with central agencies and departments on OHS issues of national importance such as SARS, Avian Flu, Pandemics, etc..															x	
1	OHSSRR	Provide all regulatory and statistical data as requested by the Security and Occupational Health and Safety Directorate.																x
1	OHSSRR	Refer matters and issues that cannot be resolved, and that have been referred to them by workplace committees and representatives, to the Policy Health and Safety Committee for their consideration.																x
1	OHSSRR	Make recommendations and report its activities to the Deputy Minister through the National Union Management Consultation Committee.																
1	OHSSRR	Committees shall report to the most senior officer responsible for that workplace, or to their delegate.																
1	OHSSRR	Undertake or assume the role of the person in authority to whom workplace health and safety committees report, when they are the most senior officer of the physical location.		x	x	x	x	x	x		x	x	x	x				



**Appendix 1  
Consolidated Listing of Audit Criteria**

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1	OHSSRR	Monitors and reports on the effectiveness of the program and on the Employer's Annual Hazardous Occurrence Report.					x											
1	OHSSRR	Monitors the departmental Occupational Health and Safety program through investigations, inspections, surveys and audits													x			
1	OHSSRR	Monitors the performance of workplace health and safety committees													x			
1	OHSSRR	Oversee and monitor the implementation of the OHS program within their area of responsibility.																x
1	OHSSRR	The Security and Occupational Health and Safety Directorate shall monitor the implementation of this document.													x			
1	OHSSRR	Develop programs, guidelines and procedures in consultation with the Security and Occupational Health and Safety Directorate to meet specific requirements in their area of responsibility.														x		
1	OHSSRR	Develops policies, directives, standards and procedures in consultation with the OHS policy committee													x			
1	OHSSRR	Ensure development of this document at all departmental workplaces		x														
1	OHSSRR	Signing off on departmental OHS policies.		x														
1	OHSSRR	Issue and approve regional, directorate, OHS guidelines, directives or procedures in accordance with this document to meet specific operational needs.			x	x	x	x	x	x								
1	OHSSRR	Issues internal departmental OHS policies, directives and guidelines in consultation with the Policy Health and Safety Committee.					x											
1	OHSSRR	Post a copy of a general policy statement worded this way: "A high priority in the Public Service of Canada is providing working conditions conducive to the safety and health of employees. This department is committed to promoting occupational safety and	x															
1	OHSSRR	Post a copy of the Canada Labour Code, Part II.	x															
1	OHSSRR	Post any printed notices or other material prescribed by Human Resources Development Canada - Labour Program or the Treasury Board Secretariat.	x															
1	OHSSRR	Keep and maintain health and safety records for their area of responsibility.											x	x	x	x		
1	OHSSRR	Maintains program records.													x			
1	OHSSRR	Manages the departmental OHS database													x			
1	OHSSRR	Ensure that employees have adequate resources to meet OHS requirements.			x	x	x	x	x	x								
1	OHSSRR	Ensure that managers have adequate resources to meet OHS requirements.			x	x	x	x	x	x								
1	OHSSRR	Plan and budget for OHS initiatives within their organizations.			x	x	x	x	x	x								
1	OHSSRR	Plans and budgets for essential OHS resources, including training.					x											
1	OHSSRR	Ensure that all known OHS incidents, accidents and occupational illnesses are reported to the INAC Health and Safety Advisors.											x	x	x	x		
1	OHSSRR	Ensure timely and effective hazardous occurrence investigation, recording and reporting and use this as a monitoring tool.											x	x	x	x		
1	OHSSRR	Investigate, record and report all accidents, occupational illnesses and other hazardous occurrences known.											x	x	x	x		
1	OHSSRR	Report internally and externally on INAC's OHS program performance, including the analysis of accident trends.													x			
1	OHSSRR	Submits an annual written report on the 1st of March of each year to the HRSDC Labour Program, outlining the number of accidents, occupational diseases and other hazardous occurrences for each identified workplace of which management is aware.													x			
2	TBOHSD	Part 1, General Procedure for resolution of "qualified person" dispute	x															

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2	TBOHSD 16.1.2	Procedures respecting the availability of first-aid services	X														
2	TBOHSD 16.2.2	Written record of every injury or illness that requires first-aid treatment	X														
2	TBOHSD 18.7	Rules of procedure for Policy Committees	X														
2	TBOHSD 18.9	Policy Committee Minutes	X														
2	TBOHSD 18.10	Regional policy HS committee terms of reference	X														
2	TBOHSD 18.14	Workplace HS committee rules of procedure	X														
2	TBOHSD 18.16	Records of all matters brought before workplace committee	X														
2	TBOHSP 1.0	Copy of a general policy statement	X														
2	CLCI 1251.(d)(2)	Health and Safety policy	X														
2	CLCI 125.1(z.03)	Program for the prevention of hazards in the work place	X														
2	CLCI 125.1(z.13)	Program for the provision of personal protective equipment, clothing, devices or materials	X														
2	CLCI 125.1(z.10)	Written response to recommendations made by work place and policy committee	X														
2	CLCI 125.1(z.17)	Name, work telephone numbers and work locations of work place committee members / HS representative	X														
2	CLCI 135.1(9)	Meeting minutes	X														
2	CLCI 135.1(9)	Records of complaints, investigations	X														
2	CLCI 135.2(g)	Annual record report of activities	X														
2	HSCRR 9	Minutes of safety and health committee meetings	X														
2	HSCRR 10	Report of the safety and health committee's activities	X														
2	COHSR 2.27(1)	Procedure for investigating situations in which the health or safety of an employee in the work place is or may be endangered by the air quality	X														
2	COHSR 2.27(7)	Records of every indoor air quality complaint and investigation for at least five years	X														
2	COHSR 7.3(5)	Report of noise exposure investigation	X														
2	COHSR 7.7(2)(a)	Procedures for hearing protection fit, care and use of hearing protector	X														
2	COHSR 10.3	Record of all hazardous substances that, in the work place, are used, produced, handled, or stored	X														
2	COHSR 10.5	Written reports of investigation into exposure to hazardous substance	X														
2	COHSR 10.5(b)	Written procedure for the control of the concentration or level of the hazardous substance in the work place	X														
2	COHSR 10.15	Employee education program	X														
2	COHSR 10.15	Record of instruction and training for hazardous substances	X														
2	COHSR 10.49(d)	Maintenance and operating procedures to prevent the escape of flammable liquids and combustible liquids.	X														
2	COHSR 12.14(1)	Record of all protection equipment provided by the employer	X														
2	COHSR 12.15(1)	Written instructions in the use, operation and maintenance of the equipment.	X														
2	COHSR	Written emergency procedures	X														
2	COHSR 14.20	Record of maintenance, use and testing before initial use	X														
2	COHSR 14.23(4)	Record of training for operators	X														
2	COHSR 14.29(4)	Record of any repair or modification work and of any restriction on use imposed	X														
2	COHSR 15.4	Records of any motor vehicle accident	X														
2	COHSR 15.7(1)	Record of each minor injury	X														
2	COHSR 15.8	Record describing the hazardous occurrence (incl. time, date and location), the cause of the occurrence and corrective measures taken?	X														
2	COHSR 15.10	Written yearly summary to Minister	X														
2	COHSR 16.2(1)	Written first aid instructions that provide for the prompt rendering of first aid to an employee for an injury, an occupational disease or an illness	X														

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AUDIT AREA	SOURCE		RESPONSIBILITIES	DESIGNATED RESPONSIBLE PARTY (X), PARTY OF INQUIRY (HIGHLIGHT)																
				Departments (TBD)	Deputy Minister (INAC)	Assistant Deputy Ministers (INAC)	Chief Financial Officer (INAC)	Director General - Human Resources and Workplace Services (INAC)	Director General - Communications (INAC)	Chief Audit and Evaluation Executive (INAC)	Executive Director - Inuit Relations Secretariat and Corporate Secretary (INAC)	Directors General (INAC)	Directors (INAC)	Managers (INAC)	Supervisors (INAC)	Employees (INAC)	Security and Occupational Health and Safety Directorate (INAC)	Health and Safety Advisors and/or Human Resources Officers (INAC)	Health and Safety Representatives (INAC)	
2	COHSR	17.10(2)	Record of each Emergency Warden meeting and emergency evacuation drill	x																
2	COHSR	19.1	Hazard Prevention Program	x																
2	COHSR	19.5(2)	Preventive Maintenance Program	x																
2	COHSR	19.6(5)	Records of health and safety education, including education relating to ergonomics	x																
2	COHSR	19.8	Hazard prevention program evaluation report	x																
2	COHSR	20.9	Records of investigation of employee reports	x																
2	COHSR	20.5	Assessment of potential for work place violence	x																
2	COHSR	20.6(3)	Procedures for appropriate follow-up maintenance and corrective measures	x																
2	COHSR	20.7	Record of review of the effectiveness of the work place violence prevention measures	x																
2	COHSR	20.10	Records on the information, instruction and training provided to each employee exposed to work place violence or a risk of work place violence	x																
3	CLCII	136(5)(b)	Shall ensure that adequate records are maintained pertaining to work accidents, injuries, health hazards and the disposition of complaints related to the health and safety of employees and regularly monitor data relating to those accidents, injuries, hazards and complaints;																x	
3	CLCII	136(5)(d)	Shall participate in the implementation and monitoring of the program referred to in paragraph 134.1(4)(c);																	x
3	CLCII	136(5)(e)	Where the program referred to in paragraph 134.1(4)(c) does not cover certain hazards unique to that work place, shall participate in the development, implementation and monitoring of a program for the prevention of those hazards that also provides for the education of employees in health and safety matters related to those hazards;																	x
3	CLCII	136(5)(g)	Shall participate in all of the inquiries, investigations, studies and inspections pertaining to the health and safety of employees, including any consultations that may be necessary with persons who are professionally or technically qualified to advise the representative on those matters;																	x
3	CLCII	136(5)(i)	Shall participate in the implementation of changes that may affect occupational health and safety, including work processes and procedures and, where there is no policy committee, shall participate in the planning of the implementation of those changes;																	x
3	CLCII	136(5)(j)	Shall inspect each month all or part of the work place, so that every part of the work place is inspected at least once each year;																	x
3	CLCII	136(5)(k)	Shall participate in the development of health and safety policies and programs;																	x
3	CLCII	136(5)(l)	Shall assist the employer in investigating and assessing the exposure of employees to hazardous substances; and																	x
3	CLCII	136(5)(m)	Shall participate in the implementation and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials and, where there is no policy committee, shall participate in the development of the program.																	x
3	CLCII	136(1)	Every employer shall, for each work place controlled by the employer at which fewer than twenty employees are normally employed or for which an employer is not required to establish a work place committee, appoint the person selected in accordance with subsection (2) as the health and safety representative for that work place.																	x



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3	CLCII	134.1(1)	Every employer who normally employs directly three hundred or more employees shall establish a policy health and safety committee and, subject to section 135.1, select and appoint its members.																
3	CLCII	134.1(4)(f)	Shall meet during regular working hours at least quarterly and, if other meetings are required as a result of an emergency or other special circumstances, the committee shall meet as required during regular working hours or outside those hours.																
3	CLCII	134.1(4)(g)	Shall monitor data on work accidents, injuries and health hazards; and																
3	CLCII	134.1(4)(c)	Shall participate in the development and monitoring of a program for the prevention of hazards in the work place that also provides for the education of employees in health and safety matters;																
3	CLCII	134.1(4)(e)	Shall participate in the development and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials;																
3	CLCII	134.1(4)(a)	Shall participate in the development of health and safety policies and programs;																
3	CLCII	134.1(4)(h)	Shall participate in the planning of the implementation and in the implementation of changes that might affect occupational health and safety, including work processes and procedures.																
3	CLCII	134.1(4)(d)	Shall participate to the extent that it considers necessary in inquiries, investigations, studies and inspections pertaining to occupational health and safety;																
3	CLCII	135.1(8)	The chairpersons of a committee shall jointly designate members of the committee to perform the functions of the committee under this Part as follows: (a) if two or more members are designated, at least half of the members shall be employee members; or (b) if one member is designated, the member shall be an employee member.																
3	CLCII	135.1(6)	The employer and employees may select alternate members to serve as replacements for members selected by them who are unable to perform their functions. Alternate members for employee members shall meet the criteria set out in paragraphs (1)(a) and (b).																
3	CLCII	135.1(9)	A committee shall ensure that accurate records are kept of all of the matters that come before it and that minutes are kept of its meetings. The committee shall make the minutes and records available to a health and safety officer at the officer's request.																
3	CLCII	135.1(7)	A committee shall have two chairpersons selected from among the committee members. One of the chairpersons shall be selected by the employee members and the other shall be selected by the employer members.																
3	CLCII	135.1(1)	A policy committee or a work place committee shall consist of at least two persons and at least half of the members shall be employees who (a) do not exercise managerial functions; and (b) subject to any regulations made under subsection 135.2(1), have been selected by (i) the employees, if the employees are not represented by a trade union, or (ii) the trade union representing employees, in consultation with any employees who are not so represented.																
3	CLCII	135.1(9)	A committee shall ensure that accurate records are kept of all of the matters that come before it and that minutes are kept of its meetings. The committee shall make the minutes and records available to a health and safety officer at the officer's request.																

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3	CLCII	135.1(1)	A policy committee or a work place committee shall consist of at least two persons and at least half of the members shall be employees who (a) do not exercise managerial functions; and (b) subject to any regulations made under subsection 135.2(1), have been selected by (i) the employees, if the employees are not represented by a trade union, or (ii) the trade union representing employees, in consultation with any employees who are not so represented.																		
3	CLCII	135(1)	Every employer shall, for each work place controlled by the employer at which twenty or more employees are normally employed, establish a work place health and safety committee and, subject to section 135.1, select and appoint its members.																		
3	CLCII	135.1(5)	If (there is no committee), the employer shall perform the functions of the committee until a person is selected and the committee is established.																		
3	CLCII	137	If an employer controls more than one work place referred to in section 135 or 136 or the size or nature of the operations of the employer or those of the work place precludes the effective functioning of a single work place committee or health and safety representative, as the case may be, for those work places, the employer shall, subject to the approval or in accordance with the direction of a health and safety officer, establish or appoint in accordance with section 135 or 136, as the case may require, a work place committee or health and safety representative for the work places that are specified in the approval or direction.																		
3	CLCII	135.1(7)(j)	Shall assist the employer in investigating and assessing the exposure of employees to hazardous substances;																		
3	CLCII	135.1(7)(a)	Shall consider and expeditiously dispose of matters concerning health and safety raised by members of the committee or referred to it by a work place committee or a health and safety representative;																		
3	CLCII	135.1(7)(h)	Shall cooperate with health and safety officers;																		
3	CLCII	135.1(7)(g)	Shall ensure that adequate records are maintained on work accidents, injuries and health hazards relating to the health and safety of employees and regularly monitor data relating to those accidents, injuries and hazards;																		
3	CLCII	135.1(7)(k)	Shall inspect each month all or part of the work place, so that every part of the work place is inspected at least once each year; and																		
3	CLCII	135.1(7)(e)	Shall participate in all of the inquiries, investigations, studies and inspections pertaining to the health and safety of employees, including any consultations that may be necessary with persons who are professionally or technically qualified to advise the committee on those matters;																		
3	CLCII	135.1(7)(c)	Shall participate in the development, implementation and monitoring of a program for the prevention of those hazards (not covered by the hazard prevention program) that also provides for the education of employees in health and safety matters related to those hazards;																		
3	CLCII	135.1(7)(f)	Shall participate in the implementation and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials and, where there is no policy committee, shall participate in the development of the program;																		
3	CLCII	135.1(7)(b)	Shall participate in the implementation and monitoring of the program referred to in paragraph 134.1(4)(c);																		

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3	CLCII 135.1(10)	Work place committee shall meet during regular working hours at least nine times a year at regular intervals and, if other meetings are required as a result of an emergency or other special circumstances, the committee shall meet as required during regular working hours or outside those hours.																
3	HSCRR 8	Quorum of a safety and health committee shall consist of the majority of the members of the committee, of which at least half are representatives of the employees and at least one is a representative of the employer.																
3	HSCRR 9(4)	A copy of the minutes referred to in subsection (1) shall be kept by the employer at the work place to which it applies or at the head office of the employer for a period of two years from the day on which the safety and health committee meeting is held in such a manner that it is readily available for examination by a safety officer.																
3	HSCRR 5(1)	A safety and health committee shall have two chairmen selected from among the members of the committee, one being selected by the representatives of the employees and the other by the representatives of the employer.																
3	HSCRR 10	The chairman selected by the representatives of the employer shall (a) not later than March 1 in each year, submit a report of the safety and health committee's activities during the 12-month period ending on December 31 of the preceding year, signed by both chairmen referred to in subsection 5(1), in the form set out in the schedule and containing the information required by that form, where the safety and health committee is established, (v) in respect of employees to whom the Canada Occupational Safety and Health Regulations apply, to a regional safety officer; and (b) as soon as possible after submitting the report referred to in paragraph (a), post a copy of the report in the conspicuous place or places in which the employer has posted the information referred to in subsection 135(5) of the Act and keep the copy posted there for two months.																
3	HSCRR 9(2)	The chairman selected by the representatives of the employer shall provide, as soon as possible after each safety and health committee meeting, a copy of the minutes referred to in subsection (1) to the employer and to each member of the safety and health committee.																
3	HSCRR 5(2)	The chairmen referred to in subsection (1) shall act alternately for such period of time as the safety and health committee specifies in its rules of procedure.																
3	HSCRR 3	The employer shall select the member or members of a safety and health committee to represent him from among persons who exercise managerial functions.																
3	HSCRR 9(3)	The employer shall, as soon as possible after receiving a copy of the minutes referred to in subsection (2), post a copy of the minutes in the conspicuous place or places in which the employer has posted the information referred to in subsection 135(5) of the Act and keep the copy posted there for one month.																
3	HSCRR 9(1)	The minutes of each safety and health committee meeting shall be signed by the two chairmen referred to in subsection 5(1).																
3	HSCRR 7	Where a member of a safety and health committee resigns or ceases to be a member for any other reason, the vacancy shall be filled within 30 days after the next regular meeting of the committee.																

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4	EHSCSM	A.2.3	4. Crown to review the Prime's EHS Plan <ul style="list-style-type: none"> <li>If issues are identified, work shall be done to resolve the issues</li> <li>If the Crown's issues are not addressed, the authorities having jurisdiction will be informed</li> </ul>																			
4	EHSCSM	A.2.3	INAC and PWGSC parties will determine and implement site-specific reporting, inspections and auditing requirements																			
4	EHSCSM	A.2.4	→ Identify and assess the significance of EHS aspects (risk factors and hazards) and potential impacts associated with their plans, activities and operations;																			
4	EHSCSM	A.2.4	→ Identify and keep up to date with legal and other requirements;																			
4	EHSCSM	A.2.4	→ Focus management priorities by setting EHS objectives and targets;																			
4	EHSCSM	A.2.4	→ Establish management programs to achieve EHS objectives and targets;																			
4	EHSCSM	A.2.4	→ Establish roles, responsibilities and requirements to meet EHS objectives and targets;																			
4	EHSCSM	A.2.4	→ Establish effective internal and external communication methods regarding EHS management;																			
4	EHSCSM	A.2.4	→ Develop EHS documentation, document control and records management practices;																			
4	EHSCSM	A.2.4	→ Ensure compliance with EHS requirements through monitoring and measurement, internal and external audits, non-conformance investigations and effective corrective actions; and																			
4	EHSCSM	A.2.4	→ Conduct regular management review to assess EHS performance and performance of the MS.																			
4	EHSCSM	Policy Statement	Senior managers are responsible for ensuring that all the requirements of this EHS Policy are fully implemented.																			
4	EHSCSM	Policy Statement	All managers and supervisors are responsible for ensuring that their employees are trained in safe work procedures, to undertake their assigned duties without accidents, injuries or harm to the environment, and for ensuring that employees follow safe work methods and all related regulations.																			
4	EHSCSM	Policy Statement	All personnel are required to support and comply with the EHS program, making safety, health and protection of the environment a part of their daily routine, and ensuring that they follow safe work methods and relevant regulations.																			
4	EHSCSM	Policy Statement	All personnel will be held accountable for implementing, and adhering to, the requirements of the EHS program.																			
4	EHSCSM	Policy Statement	All personnel are accountable for reporting to their immediate supervisor any unsafe practices or areas in need of improvement. Personnel are further accountable for bringing such reports to the attention of higher levels in the organization, without fear of reprisal, if the situation is not addressed appropriately.																			
4	EHSCSM	Policy Statement	All relevant Territorial and Federal laws, regulations and policies, including the requirements of INAC's NAO Northern Contaminated Sites Program Management Framework, are incorporated into our program as minimum standards.																			
4	EHSCSM	Policy Statement	Pollution prevention practices and programs to achieve continuous improvement will be implemented as an ongoing requirement of the program.																			

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4	EHSCSM Policy Statement	Each Region shall establish EHS Procedures consistent with the ISO 14001 and OHSAS 18001 requirements, appropriate to the nature, scale and EHS impacts of all Northern Contaminated Sites Program activities. These Procedures shall be documented in a Regional EHS Manual and shall include a commitment to: <ul style="list-style-type: none"> <li>• Continual improvement of the EHS program;</li> <li>• Prevention of pollution or other adverse environmental impacts;</li> <li>• Prevention of accidents and lost-time injuries;</li> <li>• Compliance with all relevant EHS legislation, regulations and other applicable federal policies and requirements;</li> <li>• Development of objectives and targets approved by senior management, to ensure the requirements of the EHS management system are met; and</li> <li>• Regular monitoring and reporting of the performance against EHS objectives and targets to senior management.</li> </ul>																
4	EHSCSM Policy Statement	Project and Site Level EHS Procedures shall be developed and implemented where: <ul style="list-style-type: none"> <li>• Required to ensure full implementation of this EHS Policy, and/or</li> <li>• Where the project level risk assessment identifies significant risks not covered by the NAO Corporate EHS Manual or Regional Procedures.</li> </ul>																
4	EHSCSM Policy Statement	Overall responsibility for the EHS Policy rests with the Assistant Deputy Minister (ADM).																
4	EHSCSM Policy Statement	Senior Management (Director General, and Program Directors)																
4	EHSCSM Policy Statement	Approve EHS policies and programs,																
4	EHSCSM Policy Statement	Ensure regional and project level EHS programs are in place, and																
4	EHSCSM Policy Statement	Ensure the EHS Policy is being implemented as intended.																
4	EHSCSM Policy Statement																	
4	EHSCSM Policy Statement	Project and Program Managers																
4	EHSCSM Policy Statement	Develop project level EHS procedures as required for all EHS risks,																
4	EHSCSM Policy Statement	Ensure all individuals involved with a project (i.e., including Site Operator and INAC employees, consultants and contractors, and visitors) are aware of and comply with the EHS policy,																
4	EHSCSM Policy Statement	Provide public access to the EHS policy,																
4	EHSCSM Policy Statement	Review the EHS policy periodically with senior management and other managers of the project and make necessary revisions to reflect changes in site or project conditions, regulatory or other requirements,																
4	EHSCSM Policy Statement	Maintain original copies of the EHS policy and revisions, signed by Senior Management, and																
4	EHSCSM Policy Statement	Coordinate the communication of the EHS policy internally and externally,																

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4	EHSCSM Policy Statement	Are aware of and understand the EHS Policy and Procedures, and																
4	EHSCSM Policy Statement	Perform work activities consistent with the EHS Policy and Procedures.																
4	EHSCSM Policy Statement																	
4	EHSCSM Policy Statement	Site Visitors																
4	EHSCSM Policy Statement	Are aware of and understand the EHS Policy and Procedures.																
4	EHSCSM 2.1.3.1	The EHS HQ Coordinator shall prepare a composite list of EHS aspects and hazards from the INAC NCSP Risk Register and review this list at least annually, based on the risk assessments done at the project-level as part of the annual detailed work planning process, and other relevant information. The list shall be based primarily on the following risk categories: human health and safety, environmental impact, and legal obligations. All EHS aspects and hazards ranked as 'Moderate Risk' or higher shall be considered significant for the purposes of the EHS MS.																
4	EHSCSM 2.1.3.2	The EHS HQ Coordinator shall document and maintain the EHS aspects and hazards in the EHS Aspects and Hazards Register (Appendix B, Register of EHS Aspects).																
4	EHSCSM 2.1.3.3	The EHS HQ Coordinator shall prepare a summary analysis of the EHS Aspects and Hazards Register in January of each year and provide recommendations related to the management of program-level aspects and hazards to the Director – NCSP HQ, which will be considered in annual work planning.																
4	EHSCSM 2.1.3.4	Regional Directors, with support from the EHS Regional Coordinator shall analyse EHS risks, assign actions related to the management of regional aspects and hazards to appropriate individuals, provide these individuals with the necessary resources and monitor progress as part of the general operation of this EHS MS. Project Managers will analyse EHS risks, assign actions related to the management of project aspects and hazards to appropriate individuals, provide these individuals with the necessary resources and monitor progress as part of the general operation of this EHS MS. Project staff are required to communicate to their supervisors any EHS risks that are not covered by the EHS MS.																
4	EHSCSM 2.1.3.5	A hazard assessment is required before commencing any project. Project specific job / task hazards will be identified by the site supervisor (or the Project Manager if no supervisor is assigned for a site) and addressed using the job safety analysis procedure found in the Standard Operating Procedures (SOP) Manual. Results of the hazard assessment are to be communicated to the appropriate staff.																
4	EHSCSM 2.1.3.6	Known hazards at non-active sites (i.e., those awaiting assessment, remediation or monitoring) shall be included in the Regional EHS aspects and hazards register to ensure such hazards are managed.																
4	EHSCSM 2.2.3.1	The EHS HQ Coordinator shall maintain an up-to-date register of federal laws, regulations, policies and other requirements that apply to the NCSP in the Regulatory Summary (Appendix C – <a href="#">Applicable Acts, Regulations and Guidelines</a> ).																

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AUDIT AREA	SOURCE	RESPONSIBILITIES	DESIGNATED RESPONSIBLE PARTY (X), PARTY OF INQUIRY (HIGHLIGHT)															
			Departments (TBD)	Deputy Minister (INAC)	Assistant Deputy Ministers (INAC)	Chief Financial Officer (INAC)	Director General - Human Resources and Workplace Services (INAC)	Director General - Communications (INAC)	Chief Audit and Evaluation Executive (INAC)	Executive Director - Inuit Relations Secretariat and Corporate Secretary (INAC)	Directors General (INAC)	Directors (INAC)	Managers (INAC)	Supervisors (INAC)	Employees (INAC)	Security and Occupational Health and Safety Directorate (INAC)	Health and Safety Advisors and/or Human Resources Officers (INAC)	Health and Safety Representatives (INAC)
4	EHSCSM 2.2.3.3	Applicable territorial laws and regulations, licences, policies and other requirements vary between sites and within sites, depending on type of site and the phase and nature of the work (e.g., assessment and monitoring vs. active remediation). The regions shall classify sites into two categories – assessment and remediation – and follow the sections of regulations applicable to sites of these two types (e.g., Part XV “Exploration” of the NWT Mine Health and Safety Act and Regulations could be followed in the case of assessment projects; other sections to remediation projects).																
4	EHSCSM 2.3.3.1	The EHS HQ Coordinator shall develop and recommend annual EHS objectives and targets for the NAO NCSP. The Director NCSP, as Chair of the Directors’ Committee, is responsible for approving these objectives and targets. NCSP EHS objectives and targets shall be documented in the Performance Measurement Strategy of the program RMAF.																
4	EHSCSM 2.3.3.2	The EHS Regional Coordinator shall develop and recommend annual EHS objectives and targets for their region. The Regional Director is responsible for approving these objectives and targets. These EHS objectives, targets, and programs shall be documented in regional-level work plans.																
4	EHSCSM 2.3.3.3	Project Managers shall develop and recommend annual EHS objectives and targets for their project. The Regional Director is responsible for approving these objectives and targets. These EHS objectives, targets, and programs shall be documented in project-level detailed work plans.																
4	EHSCSM 2.3.3.4	Programs to achieve objectives and targets will be identified and developed at the Program-level by the EHS HQ Coordinator, at the regional-level by the Regional Directors, and at the project-level by Project Managers, as part of annual NCSP work planning processes and EHS Management Review. .																
4	EHSCSM 3.1.3.2	* <b>Headquarters:</b> has the lead responsibility for monitoring implementation of the EHS Policy, monitoring implementation of the EHS MS, and high-level oversight in monitoring compliance with EHS legislative and contractual requirements.																
4	EHSCSM 3.1.3.2	* <b>Regions:</b> have responsibility for monitoring implementation of the EHS Policy, with an emphasis on implementation and monitoring of the EHS MS, and have a significant oversight role in monitoring compliance with EHS legislative and contractual requirements.																
4	EHSCSM 3.1.3.2	☼ <b>Projects:</b> have responsibility for on-site legislative, contractual and project-specific controls and adherence to EHS MS minimum requirements.																
4	EHSCSM 3.1.3.3	<b>HQ CSP Director</b> is responsible for:																
4	EHSCSM 3.1.3.3	* Approving EHS sub-policies, objectives, targets, programs and procedures;																
4	EHSCSM 3.1.3.3	* Ensuring clear roles and responsibilities for achieving EHS performance;																
4	EHSCSM 3.1.3.3	* Ensuring regional- and project-level EHS systems are in place and functioning as intended by receiving regular reports on performance and taking appropriate action;																
4	EHSCSM 3.1.3.3	* Participating in the annual Management Review of the EHS Policy and EHS MS to ensure they are implemented as intended and taking appropriate action as required;																
4	EHSCSM 3.1.3.3	* Reviewing quarterly reports; and																

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4	EHSCSM 3.1.3.4	☞ Developing and implementing processes for identifying, reporting and following-up on non-conformance with the EHS MS;																
4	EHSCSM 3.1.3.4	☞ Reviewing the EHS components of quarterly reports;																
4	EHSCSM 3.1.3.4	☞ Conducting the annual Management Review of the EHS MS;																
4	EHSCSM 3.1.3.4	☞ Planning and conducting EHS MS audits to monitor implementation of the EHS MS and identify any need for corrective action;																
4	EHSCSM 3.1.3.4	☞ Reporting on implementation of Corrective and Preventive Action Plans for audit findings related to HQ responsibilities;																
4	EHSCSM 3.1.3.4	☞ Monitoring the implementation of Corrective and Preventive Action Plans; and																
4	EHSCSM 3.1.3.4	☞ Preparing an annual status report on the EHS audit program.																
4	EHSCSM 3.1.3.5	<b>Regional Directors</b> are responsible for:																
4	EHSCSM 3.1.3.5	☞ Ensuring appropriate amplification of the EHS MS at the regional-level (including but not limited to the identification of legal and other requirements; objectives, targets and management programs; roles and responsibilities; training requirements; EHS communications; Standard Operating Procedures; environmental emergency response; and regional MS review);																
4	EHSCSM 3.1.3.5	☞ Providing resources for regional EHS MS training and awareness;																
4	EHSCSM 3.1.3.5	☞ Conducting the annual Management Review of the EHS MS;																
4	EHSCSM 3.1.3.5	☞ Providing input into the annual audit plan (e.g., selection of sites, scheduling);																
4	EHSCSM 3.1.3.5	☞ Reviewing the EHS audit report for audits in their region;																
4	EHSCSM 3.1.3.5	☞ Approving and monitoring implementation of Corrective and Preventive Action Plans;																
4	EHSCSM 3.1.3.5	☞ Reviewing Corrective and Preventive Action Plans implementation and/or close-out; and																
4	EHSCSM 3.1.3.5	☞ Reviewing the EHS component of quarterly reports.																
4	EHSCSM 3.1.3.6	<b>INAC Project Managers / Contaminated Sites Specialists</b> shall be responsible for:																
4	EHSCSM 3.1.3.6	☞ Ensuring all individuals involved with a project (i.e., including INAC employees, PWGSC, site operators, consultants, contractors, and visitors) are aware of and comply with the EHS Policy and associated MS requirements;																
4	EHSCSM 3.1.3.6	☞ Identifying project EHS aspects and hazards and developing project-level procedures and programs for all EHS aspects and hazards not covered by corporate or regional procedures, as required (i.e., amplifying the SOP Manual);																
4	EHSCSM 3.1.3.6	☞ Coordinating the communication of the EHS Policy to project staff;																
4	EHSCSM 3.1.3.6	☞ Ensuring all INAC employees involved in the project understand the EHS MS Manual and SOP Manual and conduct their activities to ensure compliance with these requirements;																
4	EHSCSM 3.1.3.6	☞ Ensuring the requirements of the EHS Policy, EHS MS Manual and SOP Manual are transferred to non-INAC project participants (e.g., PWGSC, contractors and consultants) as minimum requirements, through SSAs or contracts;																
4	EHSCSM 3.1.3.6	☞ Requesting and reviewing site specific EHS Plans to ensure EHS requirements are documented, and inspecting project activities and operations to ensure site activities conform to requirements;																



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4	EHSCSM 3.1.3.7	<input type="checkbox"/> Provide the SOP Manual to the contractors for guidance and as minimum requirements;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Forward project-specific EHS plan submittals to qualified professional for review;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Communicate known site hazards to contractor;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Participating in start-up meetings prior to initiation of site work that explicitly address EHS requirements;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Reviewing EHS practices relative to specification during each site visit;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Reviewing contractor's and Crown representative's inspection reports;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Reviewing incident reports;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Managing and implementing the EHS audit program for INAC NCSP sites;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Approving Corrective and Preventive Action Plans to respond to EHS audits;																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Monitoring Corrective and Preventive Action Plan implementation and/or close-out; and																	
4	EHSCSM 3.1.3.7	<input type="checkbox"/> Providing monthly reports that include EHS data, summary of inspection results and incident reports, and Corrective and Preventive Action Plan status to INAC PML																	
4	EHSCSM 3.2.3	The EHS HQ Coordinator shall develop an EHS MS awareness training package to communicate, as a minimum, the following: the EHS Policy; the process required to identify EHS aspects and hazards of contaminated work sites; the EHS objectives, targets, and performance measures of the NCSP; roles, responsibilities, and authorities of everyone involved with NCSP sites; legal compliance requirements and the consequences of non-compliance; the Internal Responsibility System (IRS); and due diligence.																	
4	EHSCSM 3.2.3	The EHS HQ Coordinator shall ensure the EHS MS awareness-training package is delivered to all employees, and to new employees, students, consultants and contractors as part of a new job / site orientation, and afterwards as circumstances require. Everyone must be aware of:																	
4	EHSCSM 3.2.3	<input type="checkbox"/> The importance of conforming to the EHS Policy;																	
4	EHSCSM 3.2.3	<input type="checkbox"/> The significant aspects and hazards of their work at the site;																	
4	EHSCSM 3.2.3	<input type="checkbox"/> Their roles and responsibilities for achieving compliance with the EHS MS within the IRS framework; and																	
4	EHSCSM 3.2.3	<input type="checkbox"/> The potential impacts of non-conformance with EHS Policy and procedures as described in 4.2 <i>Non-Conformance and Corrective and Preventive Action</i> .																	
4	EHSCSM 3.2.3	The EHS HQ Coordinator shall develop a training package on the Standard Operating Procedures Manual to support EHS programs and provide NCSP personnel with the knowledge required to mitigate EHS risks, hazards, and impacts. This training will be provided to INAC staff involved in operational activities and will be refreshed on a regular basis and whenever circumstances require retraining. Regional Directors are responsible to ensure that training is delivered as required.																	

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4	EHSCSM 3.2.3	Project Managers shall ensure that SSA and contract documents contain specifications regarding EHS competencies of key site personnel (e.g., site manager, EHS site supervisor) and that contractors are selected with due regard for the EHS competencies of the proposed teams.																
4	EHSCSM 3.2.3	Training records for all EHS training sessions and site orientations delivered by INAC personnel shall be maintained on file at the appropriate location (i.e., project site, regional office, or HQ) for a minimum of five years. The party responsible for overseeing delivery of the program (i.e., EHS HQ Coordinator, EHS Regional Coordinator or Project Manager) is responsible for ensuring training records is maintained.																
4	EHSCSM 3.3.3	NCSP Directors and Managers shall add EHS items to the standing agenda of existing monthly (or more frequent) staff meetings to:																
4	EHSCSM 3.3.3	<input type="checkbox"/> Share information on the performance of the EHS MS (e.g., performance against EHS objectives and targets), non-conformances, EHS incidents, remediation actions, lessons learned, and other EHS concerns;																
4	EHSCSM 3.3.3	<input type="checkbox"/> Receive and discuss progress reports on EHS programs; and																
4	EHSCSM 3.3.3	<input type="checkbox"/> Report on EHS audits and management review.																
4	EHSCSM 3.3.3	Significant changes to the EHS MS including objectives and targets, programs, procedures and responsibilities shall be communicated internally to appropriate personnel. Methods for communication include e-mails, postings on an intranet site and bulletin boards, awareness training sessions and staff meetings.																
4	EHSCSM 3.3.3	Required changes to SOPs identified by regional staff shall be communicated to the Regional Director for review and approval and acted upon by the HQ EHS Coordinator.																
4	EHSCSM 3.3.3	Required changes to regional amplification of SOPs identified by regional staff shall be communicated to the Regional Director and acted upon by the regional EHS Coordinator.																
4	EHSCSM 3.3.3	The Project Manager shall ensure that contractor and consultant EHS requirements are documented in the contract documents. The Project Manager will ensure that start-up meetings are held with contractors and consultants to review the work requirements, including health & safety and environmental protection requirements, prior to starting work. In addition, contractors and consultants will issue progress reports that include an EHS reporting component, via e-mail, progress meetings and/or conference calls. Communication will take place within an appropriate timeframe, which may be weekly, monthly, or as required.																
4	EHSCSM 3.3.3	Concerns or issues related to sites where the site operator is a PWGSC contractor shall be communicated between the EHS HQ Coordinator and the RD, OGGO PWGSC.																
4	EHSCSM 3.3.3	Anyone who becomes aware of an unsafe situation shall take immediate action to manage the risk in the case of serious situations. In all other cases, the risk shall be communicated and documented in writing to the immediate supervisor, with copy to PWGSC (if the site operator is a PWGSC contractor) and to the Regional EHS Coordinator.																

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4	EHSCSM 3.5.3	<input type="checkbox"/> Uncontrolled copies of EHS MS documents, clearly identified as uncontrolled, are available from the EHS HQ Coordinator to individuals not on the distribution list (including the general public) if requested. These individuals are responsible for obtaining updates.																
4	EHSCSM 3.5.3	<input type="checkbox"/> All records shall be maintained for a period of seven years before destruction, unless a longer period is required.																
4	EHSCSM 3.6.3	The EHS HQ Coordinator shall develop the EHS MS SOP Manual, in consultation with the EHS Regional Coordinator and Program/Project Managers. The SOPs shall be designed to establish suitable controls for the significant aspects and hazards identified for the NCSP, and control situations where their absence could lead to the deviation from the EHS Policy, objectives and targets.																
4	EHSCSM 3.6.3	The EHS Regional Coordinator shall develop additional regional EHS SOPs where the regional risk assessment identifies significant aspects or hazards not covered by the EHS SOP Manual, or where procedures need to be customized to reflect regional circumstances. These regional procedures form an important component of the Regional EHS MS Manual.																
4	EHSCSM 3.6.3	All sites/projects require a site specific EHS Plan. The Project Manager shall ensure that a site specific EHS Plan has been developed that meets or exceeds all regulatory requirements, as well as meets or exceeds all of the requirements in the EHS Policy. When two or more regulatory requirements apply, the most stringent will be followed. Where the project level risk assessment identifies significant aspects or hazards not covered by the Corporate or Regional EHS SOPs, site specific SOPs must be developed. These regional procedures form an important component of the Site EHS Plan. Where the site operator is a PWGSC contractor, the PWGSC project manager makes sure that this requirement is met through the contractors' site specific EHS plan.																
4	EHSCSM 3.6.3	Any new activity on site shall undergo a risk assessment/job hazard analysis to ensure that mitigation measures appropriate to the hazard are developed and implemented. The Project Manager is responsible for ensuring the risk assessment/job hazard analysis is completed in advance of commencing any new activity.																
4	EHSCSM 3.6.4	The Project Manager shall ensure specific emergency preparedness and response procedures are developed for all sites/projects.																
4	EHSCSM 3.6.4	Each Project Manager shall ensure that health and safety and spill contingency emergency procedures for their sites are tested at least annually through either mock incidents or drills, or tabletop exercises. The results of these exercises shall be documented and maintained on file as an EHS MS record.																
4	EHSCSM 3.6.4	After the occurrence of accidents and emergency situations, the Project Manager shall ensure that emergency procedures are reviewed and revised, where necessary. A record of the critical review of each situation, and the identified corrective and preventive action, shall be maintained on file as an EHS MS record.																
4	EHSCSM 4.1.3	The EHS MS performance shall be monitored and measured through:																
4	EHSCSM 4.1.3	<input type="checkbox"/> Regular monitoring and reporting;																
4	EHSCSM 4.1.3	<input type="checkbox"/> Audits and inspections; and																
4	EHSCSM 4.1.3	<input type="checkbox"/> Management review.																

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4	EHSCSM 4.1.3	<input type="checkbox"/> Awareness training;																
4	EHSCSM 4.1.3	<input type="checkbox"/> Health and safety training;																
4	EHSCSM 4.1.3	<input type="checkbox"/> Environmental training; and																
4	EHSCSM 4.1.3	<input type="checkbox"/> Other corrective actions.																
4	EHSCSM 4.1.3	The EHS HQ Coordinator shall be responsible for quarterly reporting on program EHS performance to Regional Directors and the Director HQ.																
4	EHSCSM 4.1.3	The EHS HQ Coordinator, in cooperation with the RD OGGO PWGSC, shall develop and oversee implementation of the EHS MS audit program (described in Section 4.4) , the purpose of which will be to determine conformance and compliance with EHS MS requirements, the EHS Policy and relevant legislation.																
4	EHSCSM 4.1.3	The EHS HQ Coordinator, in cooperation with the Regional EHS Coordinator and the RD OGGO PWGSC, shall organize and oversee site inspections on an as needed basis.																
4	EHSCSM 4.1.3	NCSP Project Managers, consultants and contractors shall develop procedures that describe the way their processes and work activities are monitored and controlled, including workplace and project inspections. These procedures shall include the required time intervals for tracking performance against EHS objectives and targets.																
4	EHSCSM 4.1.3	Project Managers, consultants and contractors shall develop procedures for the calibration and maintenance of monitoring equipment, which will include record maintenance and retention times.																
4	EHSCSM 4.2.3	At the Program level, non-conformance and non-compliance will be identified during:																
4	EHSCSM 4.2.3	<input type="checkbox"/> Monitoring and reporting of EHS performance;																
4	EHSCSM 4.2.3	<input type="checkbox"/> Investigations (by INAC, PWGSC, regulator);																
4	EHSCSM 4.2.3	<input type="checkbox"/> Audits; and																
4	EHSCSM 4.2.3	<input type="checkbox"/> Management reviews.																
4	EHSCSM 4.2.3	For non-conformance and non-compliance events identified in 4.2.3.1, a root cause analysis should be conducted to determine the direct cause of the non-conformance / non-compliance. Corrective and Preventive Action Plans shall be developed for all identified non-conformances / non-compliances using the Corrective and Preventive Action Plan template found in the EHS Audit Program Guide.																
4	EHSCSM 4.2.3	EHS Policy and SOPs Manual infractions by personnel will be dealt with through a system of verbal and written warnings with review.																
4	EHSCSM 4.2.3	Project Managers shall report results quarterly (as part of regular project quarterly reporting) and the reports will be used for assessing the effectiveness of the EHS MS.																
4	EHSCSM 4.2.3	The audit process, quarterly reporting, and the EHS MS management review will determine the effectiveness of the corrective and preventive actions.																
4	EHSCSM 4.4.3	The EHS HQ Coordinator, in cooperation with Regional Directors and the RD OGGO PWGSC when necessary, shall develop and coordinate an annual EHS MS audit plan according to the requirements of the NCSP EHS Audit Program Guide. The audit plan shall, at a minimum, detail the frequency of audits and the sites subject to upcoming audits.																

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4	EHSCSM 4.4.3	<input type="checkbox"/> EHS MS is effective in meeting EHS Policy and EHS procedures;																
4	EHSCSM 4.4.3	<input type="checkbox"/> EHS MS is effective in meeting EHS objectives and targets; and																
4	EHSCSM 4.4.3	<input type="checkbox"/> PWGSC contractors are meeting EH&S requirements, where applicable.																
4	EHSCSM																	
4	EHSCSM 4.4.3	The frequency of audits may be based on:																
4	EHSCSM 4.4.3	<input type="checkbox"/> The risk profile of sites;																
4	EHSCSM 4.4.3	<input type="checkbox"/> The results of previous audits;																
4	EHSCSM 4.4.3	<input type="checkbox"/> Public or regulatory concerns and complaints;																
4	EHSCSM 4.4.3	<input type="checkbox"/> Significant changes to the Program activities or significant aspects;																
4	EHSCSM 4.4.3	<input type="checkbox"/> Significant changes in regulatory requirements;																
4	EHSCSM 4.4.3	<input type="checkbox"/> Increases or decreases in non-conformances; and																
4	EHSCSM 4.4.3	<input type="checkbox"/> The frequency or occurrence of incidents.																
4	EHSCSM 4.4.3	Certified professional auditors shall conduct the audits in accordance with generally accepted audit principles and practices specified in the <i>Guidelines for Quality and/or Environmental Management System Auditing, ISO 19011</i> and as outlined in the NCSP EHS Audit Program Guide.																
4	EHSCSM 4.4.3	The audit findings shall be documented and considered in EHS MS management reviews (described in <a href="#">Section 5.1.3</a> ).																
4	EHSCSM 4.4.3	The person responsible for an activity or area that has been audited shall prepare Corrective and Preventive Action Plans to address the deficiencies found by the audit, following the requirements provided in the NCSP EHS Audit Program Guide.																
4	EHSCSM 5.1.3	The EHS HQ Coordinator shall prepare and present the EHS MS assessment report to the Steering Committee and/or the Directors Committee annually. The review may include items such as:																
4	EHSCSM 5.1.3	<input type="checkbox"/> An evaluation of the continuing suitability of the EHS Policy;																
4	EHSCSM 5.1.3	<input type="checkbox"/> Performance relative to annual EHS objectives and targets;																
4	EHSCSM 5.1.3	<input type="checkbox"/> Proposed EHS objectives and targets in consideration of changing program and site conditions, regulatory requirements and other information;																
4	EHSCSM 5.1.3	<input type="checkbox"/> Any significant incidents and repeated near misses, and the results of investigations, audits and inspections;																
4	EHSCSM 5.1.3	<input type="checkbox"/> Corrective and preventive actions taken as a result of investigations, audits and inspections following significant incidents;																
4	EHSCSM 5.1.3	<input type="checkbox"/> An evaluation of the suitability and adequacy of the EHS MS and SOP Manual; and																
4	EHSCSM 5.1.3	<input type="checkbox"/> Consideration of concerns among relevant interested parties.																
4	EHSCSM 5.1.3	The results of the review, including any changes to be made to the EHS MS and new EHS objectives and targets, shall be communicated to the HQ EHS Coordinator, Program Directors, regional health and safety personnel, and Project Managers. The results of the review shall be documented by the HQ EHS Coordinator and maintained on file as an EHS MS record.																

## Appendix 2 – E-mailed Surveys

## Appendix 2A

### E-mail Survey - Employees

Survey Name: Audit Questionnaire 1-2

1	Name the Sector you work in:
2	Name the Region/HQ you work in:
3	How long have you been in the Department?
4	As part of your job do you visit project sites where construction or remediation work is being performed?
5	Have you received training from INAC in the hazards associated with construction / remediation sites?
6	Does INAC provide you with any of the following types of personal protective equipment:
7	Have you received training from INAC in the use, wearing and care of any of this equipment?
8	As part of your job do you travel to remote isolated locations?
9	Do you travel to these locations exclusively by car, truck or SUV?
10	Is it equipped with any of the following emergency equipment:
11	Have you received training from INAC in the use, wearing and care of any of this equipment?
12	Do you ever travel to these locations by all-terrain vehicle?
13	Is it equipped with a roll-over protection bar or canopy?
14	Is it equipped with any of the following emergency equipment:
15	Have you received training from INAC in the use, wearing and care of any of this equipment?
16	Do you travel to these locations by snowmobile?
17	Is it equipped with any of the following emergency equipment:
18	Have you received training from INAC in the use, wearing and care of any of this equipment?
19	Do you ever travel to these locations by small airplane?
20	Have you received training in safety around small airplanes?
21	Do you ever travel to these locations by helicopter?
22	Have you received training in safety around helicopter?
23	Do you ever travel to these locations by boat?
24	Have you received training in safe operation and travel on boats?
25	Is it equipped with any of the following emergency equipment:
26	Before traveling, is a travel plan prepared and filed with someone in INAC or an external agency?
27	Does the travel plan require you to periodically check-in?
28	Does the travel plan identify how emergency search and rescue would occur if necessary?
29	Have you received wilderness survival training?
30	As part of your job do you periodically encounter situations where you experience or perceive threats to your personal security? If yes, please describe some examples of those situations.
31	Have you received training in any of the following:
32	What measures are in place or available to you for your protection against persons who may pose a threat of harm to you:

## Appendix 2B

### E-mail Survey – Managers & Supervisors

Survey Name: Audit Questionnaire 1-1

1	Name the Sector you work in:
2	Name the Region/HQ you work in:
3	How long have you been in the Department?
4	Does your program / sector / region have a Health and Safety Advisor?
5	If so, has the Health and Safety Advisor been helpful to you in any of the following:
6	Do you believe that your program / sector / region / organizational unit has:
7	Do you believe that you have an adequate understanding of the OHS hazards faced by the personnel for whom you are responsible?
8	What OHS training have you been provided by INAC?
9	Do you believe that you have adequate OHS policies, procedures, and guidelines for the work performed by your personnel?
10	Do you believe that your personnel have had sufficient OHS training to enable them to work safely?
11	Have you ever been unable to address an OHS need to your personnel because of insufficient budget / funding?
12	Do you or your personnel have any other specific OHS needs that you feel are not being met? If so, what are they?
13	Are you aware of an incident investigation procedure?
14	Have you been trained in incident investigation?
15	What are the reporting requirements?
16	How do you ensure incidents get reported and investigated?
17	Have you received instruction to identify the kinds of health and safety records that are to be kept?
18	Do you keep such health and safety records?
19	List the health and safety records INAC requires you to keep.
20	Are there any examples of OHS initiatives that you specifically planned and budgeted for from 2007 to present? If so, what were those OHS initiatives?
21	How much money did you budget for those OHS initiatives?
22	What do you consider to be examples of "essential OHS resources" for your area of responsibility (e.g. personal protective equipment, training services, etc.)?
23	Do you formally plan and budget for these essential OHS resources?
24	Approximately how much was spent on each of these essential OHS resources in 2008?
25	How much do you expect to spend on each of these essential OHS resources in 2009?



## Appendix 2C

### E-mail Survey - Director & Director Generals

Survey Name: Audit Questionnaire 1-1

1	Name the Sector you work in:
2	Name the Region/HQ you work in:
3	How long have you been in the Department?
4	Are there any examples of OHS initiatives that you specifically planned and budgeted for from 2007 to present? If so, what were those OHS initiatives?
5	How much money did you budget for those OHS initiatives?
6	What do you consider to be examples of "essential OHS resources" for your area of responsibility (e.g. personal protective equipment, training services, etc.)?
7	Do you formally plan and budget for these essential OHS resources?
8	Approximately how much was spent on each of these essential OHS resources in 2008?
9	How much do you expect to spend on each of these essential OHS resources in 2009?
10	Are you aware of an incident investigation procedure?
11	Have you been trained in incident investigation?
12	What are the reporting requirements?
13	How do you ensure incidents get reported and investigated?
14	Have you received instruction to identify the kinds of health and safety records that are to be kept?
15	Do you keep such health and safety records?
16	List the health and safety records INAC requires you to keep.

## **Appendix 3 – Documentation Reviewed**

## Appendix 3A

### Document Request List for Corporate and Regional HS Staff / Advisors

#### Audit Checklist 2-1 (Documents Required by CLC-II or Treasury Board)

**Audit Subjects:** Corporate and Regional Health and Safety Staff / Advisors

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE	MANDATORY DOCUMENTS / DOCUMENT REQUEST LIST	PROVIDED	NOT LOCATABLE
1	TBOHSD Part 1, General	Procedure for resolution of "qualified person" dispute		
2	TBOHSD 7.1	Report of any noise exposure investigation		
	COHSR 7.3(5)			
3	TBOHSD 9.2.7	Contingency procedures for cases in which there is a temporary interruption in the supply of drinking water and water for the removal of water-borne waste		
4	TBOHSD 10.1	Record of all hazardous substances that, in the work place, are used, produced, handled, or stored		
	COHSR 10.3			
5	TBOHSD 10.5	Written reports of any investigation or testing of exposure to hazardous substance		
	COHSR 10.5			
6	COHSR 10.5(b)	Written procedure for the control of the concentration or level of a hazardous substance in the work place		
7	COHSR 10.15	Records of instruction and training for hazardous substances		
8	TBOHSD 10.6	Asbestos management program		
9	CLCII 125.1(z.13)	Program for the provision of personal protective equipment, clothing, devices or materials		
10	COHSR 12.14(1)	Record of all protective equipment provided by the employer		
11	TBOHSD 15.1.1	Hazardous occurrence investigation procedures and methodology		
12	COHSR 15.7(1)	Record of each minor injury		
13	COHSR 15.8	Hazardous occurrence reports		
14	TBOHSD 16.1.2	Procedures respecting the availability of first-aid services		
15	TBOHSD 16.2.2	Written record of every injury or illness that requires first-aid treatment		
16	COHSR 16.2(1)	Written first aid instructions that provide for the prompt rendering of first aid to an employee for an injury, an occupational disease or an illness		
17	COHSR 16.13	On-site first aid-records		
18	COHSR 16.13(2)	Off-site first aid-records		
19	COHSR 16.13(6)	Record of the expiry dates of the first aid certificates of the first aid attendants		
20	TBOHSP 1.0	Health and Safety policy statement		
	CLCII 1251.(d)(2)			
21	CLCII 125.1(z.03)	Hazard prevention program document		
	COHSR 19.1			
22	COHSR 19.8	Hazard prevention program evaluation report		
23	COHSR 20.7	Record of review of the effectiveness of work place violence prevention measures		
24	COHSR 20.10	Records of information, instruction and training provided to each employee exposed to work place violence or a risk of work place violence		
25	CLCII 125.1(z.17)	Name, work telephone numbers and work locations of work place committee members and HS representatives		
26	COHSR 2.27(1)	Procedure for investigating situations in which the health or safety of an employee in the work place is or may be endangered by the air quality		
27	COHSR 2.27(7)	Records of every indoor air quality complaint and investigation for the past five years		
28	COHSR 7.7(2)(a)	Procedures for hearing protection fit, care and use		
29	COHSR 10.15	Employee education program for hazardous substances (e.g. WHMIS training)		
30	COHSR 19.6(5)	Records of health and safety education, including education relating to ergonomics		
31	COHSR 10.49(d)	Maintenance and operating procedures to prevent the escape of flammable liquids and combustible liquids.		
32	COHSR 12.15(1)	Written instructions in the use, operation and maintenance of the equipment.		
33	COHSR	Written emergency procedures		
34	COHSR 17.4(1)	Emergency procedures for spills,leaks, failure of lighting, fires		

## Appendix 3A

### Document Request List for Corporate and Regional HS Staff / Advisors

#### Audit Checklist 2-1 (Documents Required by CLC-II or Treasury Board)

**Audit Subjects:** Corporate and Regional Health and Safety Staff / Advisors

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE		MANDATORY DOCUMENTS / DOCUMENT REQUEST LIST	PROVIDED	NOT LOCATABLE
34	COHSR	17.4(1)	Emergency procedures for spills,leaks, failure of lighting, fires		
35	COHSR	17.8(2)	Record of all instruction and training provided to every emergency warden, deputy emergency warden and monitor		
36	COHSR	17.5(2)	Emergency evacuation plan, where applicable, or a plan for evacuating employees who require special assistance in the event of a fire		
37	COHSR	17.10(2)	Record of each Emergency Warden meeting		
38	COHSR	17.10(2)	Record of each emergency evacuation drill		
39	COHSR	14.20	Record of maintenance, use and testing of material handling equipment before initial use		
40	COHSR	14.23(4)	Record of training for operators of material handling equipment		
41	COHSR	14.29(4)	Record of any repair or modification work and of any restriction on use imposed on material handling equipment		
42	COHSR	15.4	Records of any motor vehicle accident		
43	COHSR	15.10	Annual report to HRSDC Labour Program, outlining the number of accidents, occupational diseases and other hazardous occurrences for each identified workplace of which management is aware.		
44	COHSR	17.9	Record of inspection of all fire escapes, exits, stairways and fire protection equipment in a building		
45	COHSR	20.9	Records of investigation of employee reports of violence		
46	COHSR	20.5	Assessment of potential for work place violence		
47	COHSR	20.6(3)	Procedures for appropriate follow-up maintenance and corrective measures for violence control measures that have been established		
48	COHSR	19.5(2)	Preventive maintenance program in respect of equipment or systems where failures could harm employees		

**Appendix 3B**

**Document Request List for Committees, HS Representatives and Designated Managers**

**Audit Checklist 3-1 (Functions of PHSC, WHSC, HSRs)**

**Audit Subject:**

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE		APPLI- CA- TION	AUDIT CRITERIA	AUDIT QUESTIONS	RESPONSE AFF/NEG	REQUIRED SUPPORTING EVIDENCE FOR AFFIRMATIVES
1	CLCII	136(2)	HSR	The health and safety representative for a work place shall be selected as follows: (a) the employees at the work place who do not exercise managerial functions shall select from among those employees the person to be appointed; or (b) if those employees are represented by a trade union, the trade union shall select the person to be appointed, in consultation with any employees who are not so represented, and subject to any regulations made under subsection (11).	How were you selected or appointed the HSR?		
2	CLCII	136(5)(b)	HSR	Shall ensure that adequate records are maintained pertaining to work accidents, injuries, health hazards and the disposition of complaints related to the health and safety of employees and regularly monitor data relating to those accidents, injuries, hazards and complaints	Who maintains records for work accidents, injuries, and any health and safety complaints for this workplace?		Hazardous occurrence / injury / accident reports.
3	CLCII	136(5)(b)	HSR	Shall ensure that adequate records are maintained pertaining to work accidents, injuries, health hazards and the disposition of complaints related to the health and safety of employees and regularly monitor data relating to those accidents, injuries, hazards and complaints	Do you periodically review monitor data relating to those accidents, injuries, hazards and complaints?		
4	CLCII	136(5)(b)	HSR	Shall ensure that adequate records are maintained pertaining to work accidents, injuries, health hazards and the disposition of complaints related to the health and safety of employees and regularly monitor data relating to those accidents, injuries, hazards and complaints	How many accidents, injuries, hazards and complaints have there been in this workplace in the past 12 months?		
5	CLCII	136(5)(d)	HSR	Shall participate in the implementation and monitoring of the hazard prevention program	Is there a hazard prevention program for your workplace?		Copy of program document.
6	CLCII	136(5)(d)	HSR	Shall participate in the implementation and monitoring of the hazard prevention program	What role do you play in implementation and monitoring the hazard prevention		
7	CLCII	136(5)(e)	HSR	Where the hazard prevention program does not cover certain hazards unique to that work place, shall participate in the development, implementation and monitoring of a program for the prevention of those hazards that also provides for the education of employees in health and safety matters related to those hazards	What information, instruction or training have employees received in this workplace on those additional hazards?		Copy of relevant information, instruction or training materials. Records of training delivery / attendance.
8	CLCII	136(5)(e)	HSR	Where the hazard prevention program does not cover certain hazards unique to that work place, shall participate in the development, implementation and monitoring of a program for the prevention of those hazards that also provides for the education of employees in health and safety matters related to those hazards	What additional hazards do employees in this workplace encounter that are not included in the hazard prevention program?		Copy of program document.
9	CLCII	136(5)(e)	HSR	Where the hazard prevention program does not cover certain hazards unique to that work place, shall participate in the development, implementation and monitoring of a program for the prevention of those hazards that also provides for the education of employees in health and safety matters related to those hazards	What role have you played in developing any programs for these additional hazards?		
10	CLCII	136(5)(g)	HSR	Shall participate in all of the inquiries, investigations, studies and inspections pertaining to the health and safety of employees, including any consultations that may be necessary with persons who are professionally or technically qualified to advise the representative on those matters	What health and safety inquiries, investigations, studies and inspections have you participated in?		Copies of any such studies or inspection records.
11	CLCII	136(5)(i)	HSR	Shall participate in the implementation of changes that may affect occupational health and safety, including work processes and procedures.	Have you been involved in planning or implementing changes in the workplace that may affect employee health or safety - for example, renovations, introduction of new equipment or materials, significant changes in work		

12	CLCII	136(5)(j)	HSR	Shall inspect each month all or part of the work place, so that every part of the work place is inspected at least once each year;	Do you inspect each month all or part of the work place, and is the entire workplace covered over the course of a	Inspection records.
13	CLCII	136(5)(k)	HSR	Shall participate in the development of health and safety policies and programs;	Have you been involved in planning or implementing health and safety policies or programs at the workplace?	Referenced health and safety policy and program documents.
14	CLCII	136(5)(l)	HSR	Shall assist the employer in investigating and assessing the exposure of employees to hazardous substances; and	Have you participated in any investigations of exposure of employees to hazardous substances?	Exposure assessment reports.
15	CLCII	136(5)(m)	HSR	Shall participate in the implementation and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials.	Have you participated in the implementation and monitoring any personal protective clothing use	Program documents.
16	OHSSRR		HSR	Oversee and monitor the implementation of the OHS program within their area of responsibility.	Do you ever conduct observations or reviews to determine if requirements of health and safety programs are being adhered to by personnel?	
17	OHSSRR		HSR	Oversee and monitor the implementation of the OHS program within their area of responsibility.	What kinds of observations or reviews have you performed (e.g. inspections, review of records, etc.)?	
18	OHSSRR		HSR	Oversee and monitor the implementation of the OHS program within their area of responsibility.	What have you observed / found?	
19	CLCII	134.1(4)(a)	PHSC	Shall participate in the development of health and safety policies and programs;	Has PHSC participated in the development of health and safety	Minutes reflecting these activities.
20	CLCII	134.1(4)(c)	PHSC	Shall participate in the development and monitoring of a program for the prevention of hazards in the work place that also provides for the education of employees in health and safety matters;	Has PHSC participated in the development and monitoring of a program for the prevention of hazards in the work place that also provides for the education of employees in health and	Minutes reflecting these activities, and the referenced hazard prevention program document.
21	CLCII	134.1(4)(d)	PHSC	Shall participate to the extent that it considers necessary in inquiries, investigations, studies and inspections pertaining to occupational health and safety;	Has PHSC participated to the extent that it considers necessary in inquiries, investigations, studies and inspections pertaining to occupational health and	Minutes reflecting these activities, and the referenced investigation / inspection reports and studies.
22	CLCII	134.1(4)(e)	PHSC	Shall participate in the development and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials;	Has PHSC participated in the development and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials?	Minutes reflecting these activities, and the referenced personal protective equipment program document.
23	CLCII	134.1(4)(g)	PHSC	Shall monitor data on work accidents, injuries and health hazards; and	Does PHSC monitor data on work accidents, injuries and health hazards?	Minutes reflecting this activity, and the data records.
24	CLCII	134.1(4)(h)	PHSC	Shall participate in the planning of the implementation and in the implementation of changes that might affect occupational health and safety, including work processes and procedures.	Does PHSC participate in the planning of the implementation and in the implementation of changes that might affect occupational health and safety, including work processes and	Minutes reflecting this activity.
25	CLCII	134.1(4)(i)	PHSC	Shall meet during regular working hours at least quarterly and, if other meetings are required as a result of an emergency or other special circumstances, the committee shall meet as required during regular working hours or outside those hours.	How many meetings has the PHSC held in 2008/2009?	Minutes of the meetings.
26	CLCII	135.1(1)	PHSC	A policy committee or a work place committee shall consist of at least two persons and at least half of the members shall be employees who (a) do not exercise managerial functions; and (b) subject to any regulations made under subsection 135.2(1), have been selected by (i) the employees, if the employees are not represented by a trade union, or (ii) the trade union representing employees, in consultation with any employees who are not so represented.	Is the PHSC comprised of at least 2 members?	Minutes, and / or records of appointment.
27	CLCII	135.1(1)	PHSC	A policy committee or a work place committee shall consist of at least two persons and at least half of the members shall be employees who (a) do not exercise managerial functions; and (b) subject to any regulations made under subsection 135.2(1), have been selected by (i) the employees, if the employees are not represented by a trade union, or (ii) the trade union representing employees, in consultation with any employees who are not so represented.	Are 50% or more of the PHSC members non-managerial personnel?	Job titles of personnel from INAC employee directory, with confirmation from INAC HR Directorate of the status of any positions where managerial / non-managerial status is uncertain.
28	CLCII	135.1(6)	PHSC	The employer and employees may select alternate members to serve as replacements for members selected by them who are unable to perform their functions. Alternate members for employee members shall meet the criteria set out in paragraphs (1)(a) and (b).	Does the PHSC have alternate members?	Minutes or records of appointment.

29	CLCII	135.1(7)	PHSC	A committee shall have two chairpersons selected from among the committee members. One of the chairpersons shall be selected by the employee members and the other shall be selected by the employer members.	Who are the management and non-management co-chairs?	Minutes or records of appointment.
30	CLCII	135.1(8)	PHSC	The chairpersons of a committee shall jointly designate members of the committee to perform the functions of the committee under this Part as follows: (a) if two or more members are designated, at least half of the members shall be employee members; or (b) if one member is designated, the member shall be an employee member	Have committee members been formally assigned responsibilities (e.g. inspections)?	Minutes evidencing same
31	CLCII	135.1(8)	PHSC	The chairpersons of a committee shall jointly designate members of the committee to perform the functions of the committee under this Part as follows: (a) if two or more members are designated, at least half of the members shall be employee members; or (b) if one member is designated, the member shall be an employee member	Are at least half of the members assigned specific functions non-management members?	Minutes
32	CLCII	135.1(9)	PHSC	A committee shall ensure that accurate records are kept of all of the matters that come before it and that minutes are kept of its meetings. The committee shall make the minutes and records available to a health and safety officer at the officer's request	Has the committee maintained minutes?	Minutes
33	OHSSRR		PHSC	Make recommendations and report its activities to the Deputy Minister through the National Union Management Consultation Committee.	Does the PHSC make recommendations and report on its activities to the National Union Management Consultation Committee?	Any written recommendations or reports to the National Union Management Consultation Committee, or Minutes of the NUMCC evidencing same.
34	OHSSRR		PHSC	Policy Health and Safety Committee shall address strategic departmental health and safety matters.	Do you believe that the PHSC deals primarily with OHS matters that are important and effect all or most of INAC, or employees facing the highest risks?	Minutes
35	HSCRR	3	WHSC	The employer shall select the member or members of a safety and health committee to represent him from among persons who exercise managerial functions.	How were the management members selected or appointed?	Minutes or records of appointment.
36	HSCRR	4	WHSC	Where any employees at a work place are not represented by a trade union, those employees shall select, by majority vote, the member or members of the safety and health committee to represent them.	How were the non-management members selected or appointed?	Minutes or records of appointment.
37	HSCRR	7	WHSC	Where a member of a safety and health committee resigns or ceases to be a member for any other reason, the vacancy shall be filled within 30 days after the next regular meeting of the committee.	Have vacancies been filled within 30 days?	Minutes
38	HSCRR	8	WHSC	Quorum of a safety and health committee shall consist of the majority of the members of the committee, of which at least half are representatives of the employees and at least one is a representative of the employer.	Do all meetings comply with quorum requirements?	Minutes
39	HSCRR	10	WHSC	The chairman selected by the representatives of the employer shall (a) not later than March 1 in each year, submit a report of the safety and health committee's activities during the 12-month period ending on December 31 of the preceding year, signed by both chairmen referred to in subsection 5(1), in the form set out in the schedule and containing the information required by that form, where the safety and health committee is established, (v) in respect of employees to whom the Canada Occupational Safety and Health Regulations apply, to a regional safety officer; and (b) as soon as possible after submitting the report referred to in paragraph (a), post a copy of the report in the conspicuous place or places in which the employer has posted the information referred to in subsection 135(5) of the Act and keep the copy posted there for two months.	Has the committee prepared the annual report?	Copies of past annual reports
40	HSCRR	10	WHSC	The chairman selected by the representatives of the employer shall (a) not later than March 1 in each year, submit a report of the safety and health committee's activities during the 12-month period ending on December 31 of the preceding year, signed by both chairmen referred to in subsection 5(1), in the form set out in the schedule and containing the information required by that form, where the safety and health committee is established, (v) in respect of employees to whom the Canada Occupational Safety and Health Regulations apply, to a regional safety officer; and (b) as soon as possible after submitting the report referred to in paragraph (a), post a copy of the report in the conspicuous place or places in which the employer has posted the information referred to in subsection 135(5) of the Act and keep the copy posted there for two months.	Have these annual reports been submitted to HRSDC?	Evidence of submittal.

41	HSCRR	10	WHSC	The chairman selected by the representatives of the employer shall (a) not later than March 1 in each year, submit a report of the safety and health committee's activities during the 12-month period ending on December 31 of the preceding year, signed by both chairmen referred to in subsection 5(1), in the form set out in the schedule and containing the information required by that form, where the safety and health committee is established, (v) in respect of employees to whom the Canada Occupational Safety and Health Regulations apply, to a regional safety officer; and (b) as soon as possible after submitting the report referred to in paragraph (a), post a copy of the report in the conspicuous place or places in which the employer has posted the information referred to in subsection 135(5) of the Act and keep the copy posted there for two months.	Have these annual reports been posted?	Evidence of posting
42	CLCII	135.1(1)	WHSC	A policy committee or a work place committee shall consist of at least two persons and at least half of the members shall be employees who (a) do not exercise managerial functions; and (b) subject to any regulations made under subsection 135.2(1), have been selected by (i) the employees, if the employees are not represented by a trade union, or (ii) the trade union representing employees, in consultation with any employees who are not so represented.	Is the WHSC comprised of at least 2 members?	Minutes, and / or records of appointment.
43	CLCII	135.1(10)	WHSC	Work place committee shall meet during regular working hours at least nine times a year at regular intervals and, if other meetings are required as a result of an emergency or other special circumstances, the committee shall meet as required during regular working hours or outside those hours.	Are 50% or more of the WHSC members non-managerial personnel?	Job titles of personnel from INAC employee directory, with confirmation from INAC HR Directorate of the status of any positions where managerial / non-managerial status is uncertain.
44	CLCII	135.1(6)	WHSC	The employer and employees may select alternate members to serve as replacements for members selected by them who are unable to perform their functions. Alternate members for employee members shall meet the criteria set out in paragraphs (1)(a) and (b).	Does the WHSC have alternate members?	Minutes or records of appointment.
45	CLCII	135.1(7)	WHSC	A committee shall have two chairpersons selected from among the committee members. One of the chairpersons shall be selected by the employee members and the other shall be selected by the employer members.	Who are the management and non-management co-chairs?	Minutes or records of appointment.
46	CLCII	135.1(7)(a)	WHSC	Shall consider and expeditiously dispose of matters concerning health and safety raised by members of the committee or referred to it by a work place committee or a health and safety representative;	Does the WHSC receive and discuss OHS concerns or complaints raised by employees?	Minutes evidencing same
47	CLCII	135.1(7)(b)	WHSC	Shall participate in the implementation and monitoring of the hazard prevention program.	Is there a hazard prevention program for your workplace?	Copy of program document.
48	CLCII	135.1(7)(b)	WHSC	Shall participate in the implementation and monitoring of the hazard prevention program.	What role does the WHSC play in implementation and monitoring the hazard prevention program?	Minutes evidencing same
49	CLCII	135.1(7)(c)	WHSC	Shall participate in the development, implementation and monitoring of a program for the prevention of those hazards (not covered by the hazard prevention program) that also provides for the education of employees in health and safety matters related to those hazards;	Has the WHSC participated in the development and monitoring of a program for the prevention of hazards in the work place that also provides for the education of employees in health and	Minutes reflecting these activities, and the referenced hazard prevention program document.
50	CLCII	135.1(7)(e)	WHSC	Shall participate in all of the inquiries, investigations, studies and inspections pertaining to the health and safety of employees, including any consultations that may be necessary with persons who are professionally or technically qualified to advise the committee on those matters;	What health and safety inquiries, investigations, studies and inspections has the WHSC participated in?	Minutes evidencing same
51	CLCII	135.1(7)(f)	WHSC	Shall participate in the implementation and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials and, where there is no policy committee, shall participate in the development of the program;	Has the WHSC participated in the development and monitoring of a program for the provision of personal protective equipment, clothing, devices or materials?	Minutes reflecting these activities, and the referenced personal protective equipment program document.
52	CLCII	135.1(7)(g)	WHSC	Shall ensure that adequate records are maintained on work accidents, injuries and health hazards relating to the health and safety of employees and regularly monitor data relating to those accidents, injuries and hazards;	Who maintains records for work accidents, injuries, and any health and safety complaints for this workplace?	Hazardous occurrence / injury / accident reports.
53	CLCII	135.1(7)(g)	WHSC	Shall ensure that adequate records are maintained on work accidents, injuries and health hazards relating to the health and safety of employees and regularly monitor data relating to those accidents, injuries and hazards;	Does the WHSC periodically review monitor data relating to those accidents, injuries, hazards and complaints?	Minutes evidencing same
54	CLCII	135.1(7)(i)	WHSC	Shall participate in the implementation of changes that might affect occupational health and safety, including work processes and procedures.	Has the WHSC been involved in planning or implementing changes in the workplace that may affect employee health or safety - for example, renovations, introduction of new equipment or materials, significant	Minutes evidencing same



55	CLCII	135.1(7)(j)	WHSC	Shall assist the employer in investigating and assessing the exposure of employees to hazardous substances;	Has the WHSC participated in any investigations of exposure of employees to hazardous substances?	Exposure assessment reports.
56	CLCII	135.1(7)(k)	WHSC	Shall inspect each month all or part of the work place, so that every part of the work place is inspected at least once each year; and	Does the WHSC inspect each month all or part of the work place, and is the entire workplace covered over the course of a year?	Inspection records.
57	CLCII	135.1(8)	WHSC	The chairpersons of a committee shall jointly designate members of the committee to perform the functions of the committee under this Part as follows: (a) if two or more members are designated, at least half of the members shall be employee members; or (b) if one member is designated, the member shall be an employee member.	Have committee members been formally assigned responsibilities (e.g. inspections)?	Minutes evidencing same
58	CLCII	135.1(8)	WHSC	The chairpersons of a committee shall jointly designate members of the committee to perform the functions of the committee under this Part as follows: (a) if two or more members are designated, at least half of the members shall be employee members; or (b) if one member is designated, the member shall be an employee member.	Are at least half of the members assigned specific functions non-management members?	Minutes
59	CLCII	135.1(9)	WHSC	A committee shall ensure that accurate records are kept of all of the matters that come before it and that minutes are kept of its meetings. The committee shall make the minutes and records available to a health and safety officer at the officer's request	Has the committee maintained minutes?	Minutes
60	HSCRR	5(1)	WHSC	A safety and health committee shall have two chairmen selected from among the members of the committee, one being selected by the representatives of the employees and the other by the representatives of the employer.	Are there management and non-management co-chairs for the WHSC?	Minutes
61	HSCRR	5(2)	WHSC	The chairmen referred to in subsection (1) shall act alternately for such period of time as the safety and health committee specifies in its rules of procedure.	How has the WHSC decided on which co-chair will chair which meetings?	Minutes or terms of reference explaining same.
62	HSCRR	9(1)	WHSC	The minutes of each safety and health committee meeting shall be signed by the two chairmen referred to in subsection 5(1).	Are minutes signed by the co-chairs?	Minutes
63	HSCRR	9(2)	WHSC	The chairman selected by the representatives of the employer shall provide, as soon as possible after each safety and health committee meeting, a copy of the minutes referred to in subsection (1) to the employer and to each member of the safety and health committee.	Are minutes distributed within a month of each meeting?	For minutes, check meeting dates against minutes issuance dates (if indicated).
64	HSCRR	9(3)	WHSC	The employer shall, as soon as possible after receiving a copy of the minutes referred to in subsection (2), post a copy of the minutes in the conspicuous place or places in which the employer has posted the information referred to in subsection 135(5) of the Act and keep the copy posted there for one month.	Are minutes posted in a conspicuous place	
65	HSCRR	9(4)	WHSC	A copy of the minutes referred to in subsection (1) shall be kept by the employer at the work place to which it applies or at the head office of the employer for a period of two years from the day on which the safety and health committee meeting is held in such a manner that it is readily available for examination by a safety officer.	Are minutes retained for at least two years?	
66	OHSSRR		WHSC	Committees shall report to the most senior officer responsible for that workplace, or to their delegate.	What senior officer does the WHSC report to?	

**Appendix 3C**  
**Document Request List for Corporate (HQ) and Regional CSMP EHS Coordinators**

**Audit Checklist 4-1 (Documents Required by EHS Contaminated Sites Manual - EHS Coordinators)**

**Audit Subject:**  
**INAC Location / Address:**  
**Data Collection Date(s):**  
**Auditor:**  
**Audit Record No.:**

AUDIT AREA	SOURCE	APPLICATION	AUDIT CRITERIA	DOCUMENT REQUEST LIST	PROVIDED?	PROPER STD IDENTIFIERS?	CONTENT MEETS SPECS?
4	EHSCSM 3.3.3	HQ EHSC	Significant changes to the EHS MS including objectives and targets, programs, procedures and responsibilities shall be communicated internally to appropriate personnel. Methods for communication include e-mails, postings on an intranet site and bulletin boards, awareness training sessions and staff meetings.	Any e-mails, internet postings or other internal communications advising of significant changes to the Contaminated Sites EHS Management System, in 2007 to date.			
4	EHSCSM 3.3.3	HQ EHSC	Concerns or issues related to sites where the site operator is a PWGSC contractor shall be communicated between the EHS HQ Coordinator and the RD, OGGO PWGSC.	Any e-mails to PWGSC respecting contractor EHS activities, EHS non-compliance, or EHS poor performance, 2007 to date.			
4	EHSCSM 4.1.3	HQ EHSC	The EHS HQ Coordinator, in cooperation with the Regional EHS Coordinator and the RD OGGO PWGSC, shall organize and oversee site inspections on an as needed basis.	Project Site inspection records.			
4	EHSCSM 2.1.3.3	HQ EHSC	The EHS HQ Coordinator shall prepare a summary analysis of the EHS Aspects and Hazards Register in January of each year and provide recommendations related to the management of program-level aspects and hazards to the Director – NCSP HQ.	Annual summary analysis of the EHS Aspects and Hazards Register, and recommendations.			
4	EHSCSM 2.3.3.1	HQ EHSC	The EHS HQ Coordinator shall develop and recommend annual EHS objectives and targets for the NAO NCSP. The Director NCSP, as Chair of the Directors' Committee, is responsible for approving these objectives and targets. NCSP EHS objectives and targets shall be documented in the Performance Measurement Strategy of the program RMAF.	The Performance Measurement Strategy of the Results-Based Management and Accountability Framework.			
4	EHSCSM 2.3.3.1	HQ EHSC	The EHS HQ Coordinator shall develop and recommend annual EHS objectives and targets for the NAO NCSP. The Director NCSP, as Chair of the Directors' Committee, is responsible for approving these objectives and targets. NCSP EHS objectives and targets shall be documented in the Performance Measurement Strategy of the program RMAF.	The 2007 and 2008 annual EHS objectives and targets provided to the Director - NCSP.			
4	EHSCSM 2.3.3.4	HQ EHSC	Programs to achieve objectives and targets will be identified and developed at the Program-level by the EHS HQ Coordinator, at the regional-level by the Regional Directors, and at the project-level by Project Managers, as part of annual NCSP work planning	Programs to achieve the annual EHS objectives and targets.			
4	EHSCSM 3.6.3	HQ EHSC	The EHS HQ Coordinator shall develop the EHS MS SOP Manual, in consultation with the EHS Regional Coordinator and Program/Project Managers. The SOPs shall be designed to establish suitable controls for the significant aspects and hazards identified for the NCSP, and control situations where their absence could lead to the deviation from the EHS Policy, objectives and targets.	EHS Management System Standard Operating Procedures Manual.			
4	EHSCSM 4.1.3	HQ EHSC	The EHS HQ Coordinator shall be responsible for quarterly reporting on program EHS performance to Regional Directors and the Director HQ.	Quarterly reports on program EHS performance to Regional Directors and the Director HQ, for 2007 to date.			
4	EHSCSM 4.4.3	HQ EHSC	The person responsible for an activity or area that has been audited shall prepare Corrective and Preventive Action Plans to address the deficiencies found by the audit, following the requirements provided in the NCSP EHS Audit Program Guide.	Corrective and Preventive Action Plans prepared as part of NCSP EHS Audits.			
4	EHSCSM 2.4	HQ EHSC	There shall be an EHS Audit Program Guide	The NCSP EHS Audit Program Guide			

4	EHSCSM	5.1.3	HQ EHSC	The EHS HQ Coordinator shall prepare and present the EHS MS assessment report to the Steering Committee and/or the Directors Committee annually. The review may include items such as: <ul style="list-style-type: none"> <li>• An evaluation of the continuing suitability of the EHS Policy;</li> <li>• Performance relative to annual EHS objectives and targets;</li> <li>• Proposed EHS objectives and targets in consideration of changing program and site conditions, regulatory requirements and other information;</li> <li>• Any significant incidents and repeated near misses, and the results of investigations, audits and inspections;</li> <li>• Corrective and preventive actions taken as a result of investigations, audits and inspections following significant incidents;</li> <li>• An evaluation of the suitability and adequacy of the EHS MS and SOP Manual; and</li> <li>• Consideration of concerns among relevant interested parties.</li> </ul>	Annual EHS Management System assessment reports for 2007 and 2008.			
4	EHSCSM	5.1.3	HQ EHSC	The results of the review, including any changes to be made to the EHS MS and new EHS objectives and targets, shall be communicated to the HQ EHS Coordinator, Program Directors, regional health and safety personnel, and Project Managers. The results of the review shall be documented by the HQ EHS Coordinator and maintained on file as an EHS MS record.	Documents describing the results of senior management reviews of the EHS Management System.			
4	EHSCSM	3.3.3	HQ EHSC	Required changes to SOPs identified by regional staff shall be communicated to the Regional Director for review and approval and acted upon by the HQ EHS Coordinator.	Changes made to SOPs in response to requests of Regional Directors.			
4	EHSCSM	4.4.3	HQ EHSC	The EHS HQ Coordinator, in cooperation with Regional Directors and the RD OGGO PWGSC when necessary, shall develop and coordinate an annual EHS MS audit plan according to the requirements of the NCSP EHS Audit Program Guide. The audit plan shall, at a minimum, detail the frequency of audits and the sites subject to upcoming audits.	The annual EHS Management System audit plans for 2008, 2009 and 2010.			
4	EHSCSM	4.4.3	HQ EHSC	Among other things, the EHS MS audit shall determine whether or not the:	Reports of EHS Management System audits, 2007 to date.			
4	EHSCSM	4.4.3	HQ EHSC	• EHS MS conforms to the ISO 14001 and OHSAS 18001 framework;				
4	EHSCSM	4.4.3	HQ EHSC	• EHS MS has been properly implemented and maintained according to internal standards;				
4	EHSCSM	4.4.3	HQ EHSC	• Regional and Project activities and management systems are conducted in conformance with the elements of the EHS MS Manual;				
4	EHSCSM	4.4.3	HQ EHSC	• EHS MS is achieving regulatory compliance;				
4	EHSCSM	4.4.3	HQ EHSC	• EHS MS is effective in meeting EHS Policy and EHS procedures;				
4	EHSCSM	4.4.3	HQ EHSC	• EHS MS is effective in meeting EHS objectives and targets; and				
4	EHSCSM	4.4.3	HQ EHSC	• PWGSC contractors are meeting EH&S requirements, where applicable.				
4	EHSCSM	4.4.3	HQ EHSC	The frequency of audits may be based on:				
4	EHSCSM	4.4.3	HQ EHSC	• The risk profile of sites;				
4	EHSCSM	4.4.3	HQ EHSC	• The results of previous audits;				
4	EHSCSM	4.4.3	HQ EHSC	• Public or regulatory concerns and complaints;				
4	EHSCSM	4.4.3	HQ EHSC	• Significant changes to the Program activities or significant aspects;				
4	EHSCSM	4.4.3	HQ EHSC	• Significant changes in regulatory requirements;				
4	EHSCSM	4.4.3	HQ EHSC	• Increases or decreases in non-conformances; and				
4	EHSCSM	4.4.3	HQ EHSC	• The frequency or occurrence of incidents.				
4	EHSCSM	4.4.3	HQ EHSC	Certified professional auditors shall conduct the audits in accordance with generally accepted audit principles and practices specified in the <i>Guidelines for Quality and/or Environmental Management System Auditing</i> , ISO 19011 and as outlined in the NCSP EHS Audit Program Guide.	Names and qualifications of auditors.			
4	EHSCSM	Policy Statement	HQ EHSC	All managers and supervisors are responsible for ensuring that their employees are trained in safe work procedures, to undertake their assigned duties without accidents, injuries or harm to the environment, and for ensuring that employees follow safe work methods and all related regulations.	Roster of EHS training programs offered and provided to NCSP employees.			

4	EHSCSM	3.2.3	HQ EHSC	The EHS HQ Coordinator shall develop an EHS MS awareness training package to communicate, as a minimum, the following: the EHS Policy, the process required to identify EHS aspects and hazards of contaminated work sites; the EHS objectives, targets, and performance measures of the NCSP; roles, responsibilities, and authorities of everyone involved with NCSP sites; legal compliance requirements and the consequences of non-compliance; the Internal Responsibility System (IRS); and due diligence.	The EHS MS Awareness Training Package			
4	EHSCSM	3.2.3	HQ EHSC	The EHS HQ Coordinator shall ensure the EHS MS awareness-training package is delivered to all employees, and to new employees, students, consultants and contractors as part of a new job / site orientation, and afterwards as circumstances require.	Records of training of NCSP employees in the EHS MS Awareness Training Package.			
4	EHSCSM	3.2.3	HQ EHSC	The EHS HQ Coordinator shall develop a training package on the Standard Operating Procedures Manual to support EHS programs and provide NCSP personnel with the knowledge required to mitigate EHS risks, hazards, and impacts. This training will be provided to INAC staff involved in operational activities and will be refreshed on a regular basis and whenever circumstances require retraining. Regional Directors are responsible to ensure that training is delivered as required.	The training package on the EHS MS Standard Operating Procedures Manual.			
4	EHSCSM	3.2.3	HQ EHSC	The EHS HQ Coordinator shall develop a training package on the Standard Operating Procedures Manual to support EHS programs and provide NCSP personnel with the knowledge required to mitigate EHS risks, hazards, and impacts. This training will be provided to INAC staff involved in operational activities and will be refreshed on a regular basis and whenever circumstances require retraining. Regional Directors are responsible to ensure that training is delivered as required.	Records of employee training in the EHS MS Standard Operating Procedures Manual.			
4	EHSCSM	3.2.3	HQ EHSC	The EHS HQ Coordinator and the EHS Regional Coordinator shall annually assess the effectiveness and delivery of the EHS MS training package and specific training programs. They shall ensure these programs are modified as required to meet specific training needs. Individual employee responsibilities, abilities, and risk factors of the work sites shall be used as criteria to assess training needs.	Records of assessments of the effectiveness and delivery of the EHS Management System Training Package, and the delivery of specific EHS training programs.			
4	EHSCSM	Policy Statement	REG EHSC	All managers and supervisors are responsible for ensuring that their employees are trained in safe work procedures, to undertake their assigned duties without accidents, injuries or harm to the environment, and for ensuring that employees follow safe work methods and all related regulations.	Roster of EHS training programs offered and provided to NCSP employees.			
4	EHSCSM	Policy Statement	REG EHSC	All managers and supervisors are responsible for ensuring that their employees are trained in safe work procedures, to undertake their assigned duties without accidents, injuries or harm to the environment, and for ensuring that employees follow safe work methods and all related regulations.	Records of EHS training of NCSP employees.			
4	EHSCSM	Policy Statement	REG EHSC	Each Region shall establish EHS Procedures consistent with the ISO 14001 and OHSAS 18001 requirements, appropriate to the nature, scale and EHS impacts of all Northern Contaminated Sites Program activities. These Procedures shall be documented in a Regional EHS Manual and shall include a commitment to: <ul style="list-style-type: none"> <li>• Continual improvement of the EHS program;</li> <li>• Prevention of pollution or other adverse environmental impacts;</li> <li>• Prevention of accidents and lost-time injuries;</li> <li>• Compliance with all relevant EHS legislation, regulations and other applicable federal policies and requirements;</li> <li>• Development of objectives and targets approved by senior management, to ensure the requirements of the EHS management system are met; and</li> <li>• Regular monitoring and reporting of the performance against EHS objectives and targets to senior management.</li> </ul>	Regional EHS Procedures			
4	EHSCSM	2.1.3.6	REG EHSC	Known hazards at non-active sites (i.e., those awaiting assessment, remediation or monitoring) shall be included in the Regional EHS aspects and hazards register to ensure such hazards are managed.	Regional EHS Aspects and Hazard Register			

4	EHSCSM	2.3.3.2	REG EHSC	The EHS Regional Coordinator shall develop and recommend annual EHS objectives and targets for their region. The Regional Director is responsible for approving these objectives and targets. These EHS objectives, targets, and programs shall be documented in regional-level work plans.	Regional-level workplans for 2007 to 2009 showing EHS Annual Objectives and Targets			
4	EHSCSM	3.6.3	REG EHSC	The EHS Regional Coordinator shall develop additional regional EHS SOPs where the regional risk assessment identifies significant aspects or hazards not covered by the EHS SOP Manual, or where procedures need to be customized to reflect regional circumstances. These regional procedures form an important component of the Regional EHS MS Manual.	Regional EHS Standard Operating Procedures.			
4	EHSCSM	3.3.3	REG EHSC	Required changes to regional amplification of SOPs identified by regional staff shall be communicated to the Regional Director and acted upon by the regional EHS Coordinator.	Examples of Regional EHS SOPs amended in response to requests of the Regional Director.			
4	EHSCSM	3.2.3	REG EHSC	The EHS Regional Coordinator shall review the job descriptions or other suitable vehicles for INAC project managers, field supervisors and field workers as new positions are created or before existing ones are posted for existence of EHS requirements, and shall recommend modifications where necessary to assure the appropriate EHS qualification.	Examples of job descriptions amended on the advice of the EHS Regional Coordinator to incorporate EHS qualifications requirements.			
4	EHSCSM	3.2.3	REG EHSC	Training records for all EHS training sessions and site orientations delivered by INAC personnel shall be maintained on file at the appropriate location (i.e., project site, regional office, or HQ) for a minimum of five years.	Records of EHS training (list of courses and dates, lists of attendees) that has been provided in the region.			
4	EHSCSM	2.3.3.4	REG EHSC	Programs to achieve objectives and targets will be identified and developed at the Program-level by the EHS HQ Coordinator, at the regional-level by the Regional Directors, and at the project-level by Project Managers, as part of annual NCSP work planning	Regional-level Programs to achieve EHS annual objectives and targets.			

**Appendix 3D**  
**Document Request List for CSMP Project Managers**

**Audit Checklist 4-2 (Documents Required by EHS Contaminated Sites Manual - Project Managers)**

Audit Subject:  
 INAC Location / Address:  
 Data Collection Date(s):  
 Auditor:  
 Audit Record No.:

AUDIT AREA	SOURCE	APPLICA-TION	AUDIT CRITERIA	DOCUMENT REQUEST LIST	PROVIDED?	PROPER STD IDENTIFIERS?	CONTENT MEETS SPECS?
4	EHSCSM 2.3.3.4	PROJ MGR	Programs to achieve objectives and targets will be identified and developed at the Program-level by the EHS HQ Coordinator, at the regional-level by the Regional Directors, and at the project-level by Project Managers, as part of annual NCSP work planning	Project-level programs to achieve the annual EHS objectives and targets.			
4	EHSCSM A.2.3	PROJ MGR	PWGSC will review and consolidate EHS requirements in specifications	Project specifications (sample size to be determined)			
4	EHSCSM A.2.3	PROJ MGR	At start-up meetings: <ul style="list-style-type: none"> <li>• It is the Crown's duty to communicate known risks</li> <li>• The Crown will provide its EHS MS as an example</li> <li>• PWGSC and INAC NCSP will review EHS requirements in contract documents</li> </ul>	Project start-up meeting minutes (sample size to be determined)			
4	EHSCSM A.2.3	PROJ MGR	Crown to review the Prime's EHS Plan <ul style="list-style-type: none"> <li>• If issues are identified, work shall be done to resolve the issues</li> <li>• If the Crown's issues are not addressed, the authorities having jurisdiction will be informed</li> </ul>	Prime Contractors EHS Plans for projects (sample size to be determined)			
4	EHSCSM A.2.3	PROJ MGR	INAC and PWGSC parties will determine and implement site-specific reporting, inspections and auditing requirements	Documents describing site-specific EHS reporting, inspections and auditing requirements (sample size to be determined)			
4	EHSCSM Policy Statement	PROJ MGR	Ensure all individuals involved with a project (i.e., including Site Operator and INAC employees, consultants and contractors, and visitors) are aware of and comply with the EHS policy,	Documents describing how the NCSP EHS Policy is communicated to all persons involved in a project.			
4	EHSCSM 2.1.3.5	PROJ MGR	A hazard assessment is required before commencing any project. Project specific job / task hazards will be identified by the site supervisor (or the Project Manager if no supervisor is assigned for a site) and addressed using the job safety analysis procedure found in the Standard Operating Procedures (SOP) Manual. Results of the hazard assessment are to be communicated to the appropriate staff.	Pre-project hazard assessments (sample size to be determined).			
4	EHSCSM 3.1.3.6	PROJ MGR	Identify project EHS aspects and hazards and develop project-level procedures and programs for all EHS aspects and hazards not covered by corporate or regional procedures, as required (i.e., amplifying the SOP Manual);	Project-level EHS procedures (sample size to be determined, will overlap with projects for which hazard assessments are requested)			
4	EHSCSM 3.1.3.6	PROJ MGR	Ensure the requirements of the EHS Policy, EHS MS Manual and SOP Manual are transferred to non-INAC project participants (e.g., PWGSC, contractors and consultants) as minimum requirements, through SSAs or contracts;	Project contracts (sample size to be determined).			
4	EHSCSM 3.1.3.6	PROJ MGR	Ensure the requirements of the EHS Policy, EHS MS Manual and SOP Manual are transferred to non-INAC project participants (e.g., PWGSC, contractors and consultants) as minimum requirements, through SSAs or contracts;	Project staff service agreements with PWGSC.			
4	EHSCSM 3.1.3.6	PROJ MGR	Request and review site specific EHS Plans to ensure EHS requirements are documented, and inspecting project activities and operations to ensure site activities conform to requirements;	Project site specific EHS plans (sample size to be determined, will overlap with projects for which hazard assessments are requested)			

4	EHSCSM	3.1.3.6	PROJ MGR	Request and review site specific EHS Plans to ensure EHS requirements are documented, and inspecting project activities and operations to ensure site activities conform to requirements;	Project EHS inspection records - prepared by any party (sample size to be determined, will overlap with projects for which hazard assessments are requested)			
4	EHSCSM	3.1.3.7	PROJ MGR	Forward project-specific EHS plan submittals to qualified professional for review;	Project-specific EHS plan reviews performed by third party professionals (sample size to be determined, will overlap with projects for which hazard assessments are requested)			
4	EHSCSM	4.1.3	PROJ MGR	NCSP Project Managers, consultants and contractors shall develop procedures that describe the way their processes and work activities are monitored and controlled, including workplace and project inspections. These procedures shall include the required time intervals for tracking performance against EHS objectives and targets.	Procedures developed by any of NCSP Project Managers, consultants or contractors that describe the way their processes and work activities are monitored and controlled, including workplace and project inspections.			
4	EHSCSM	4.2.3	PROJ MGR	For non-conformance and non-compliance events identified in 4.2.3.1, a root cause analysis should be conducted to determine the direct cause of the non-conformance / non-compliance. Corrective and Preventive Action Plans shall be developed for all identified non-conformances / non-compliances using the Corrective and Preventive Action Plan template found in the EHS Audit Program Guide.	Root causes analysis reports for any identified instances of non-compliance or non-conformance.			
4	EHSCSM	4.2.3	PROJ MGR	Project Managers shall report (non-conformance and non-compliance) results quarterly (as part of regular project quarterly reporting) and the reports will be used for assessing the effectiveness of the EHS MS.	Quarterly non-conformance and non-compliance reports of Project Managers (sample size to be determined).			
4	EHSCSM	2.3.3.3	PROJ MGR	Project Managers shall develop and recommend annual EHS objectives and targets for their project. The Regional Director is responsible for approving these objectives and targets. These EHS objectives, targets, and programs shall be documented in project-level detailed work plans.	Project-level detailed work plans that contain annual EHS objectives and targets for the project (sample size to be determined).			
4	EHSCSM	4.2.3	PROJ MGR	EHS Policy and SOPs Manual infractions by personnel will be dealt with through a system of verbal and written warnings with review.	Written warnings on record (sample size of projects to be determined).			
4	EHSCSM	3.2.3	PROJ MGR	Training records for all EHS training sessions and site orientations delivered by INAC personnel shall be maintained on file at the appropriate location (i.e., project site, regional office, or HQ) for a minimum of five years.	Training records for all EHS training sessions and site orientations delivered by INAC personnel for the project (sample size of projects to be determined).			

## **Appendix 4A – OHS Program Documents and Records**



## Appendix 4A

### Document Request List for Corporate and Regional HS Staff / Advisors

#### Audit Checklist 2-1 (Documents Required by CLC-II or Treasury Board)

**Audit Subjects:** Corporate and Regional Health and Safety Staff / Advisors

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE		MANDATORY DOCUMENTS / DOCUMENT REQUEST LIST	Regional Program Document	Regional Activity Record	Corporate Program Document	Corporate Activity Record
1	TBOHSD	Part 1, General	Procedure for resolution of "qualified person" dispute			X	
2	TBOHSD	7.1	Report of any noise exposure investigation				X
	COHSR	7.3(5)					
3	TBOHSD	9.2.7	Contingency procedures for cases in which there is a temporary interruption in the supply of drinking water and water for the removal of water-borne waste	X		X	
4	TBOHSD	10.1	Record of all hazardous substances that, in the work place, are used, produced, handled, or stored		X		
	COHSR	10.3					
5	TBOHSD	10.5	Written reports of any investigation or testing of exposure to hazardous substance		X		
	COHSR	10.5					
6	COHSR	10.5(b)	Written procedure for the control of the concentration or level of a hazardous substance in the work place	X			
7	COHSR	10.15	Records of instruction and training for hazardous substances		X		
8	TBOHSD	10.6	Asbestos management program	X			
9	CLCII	125.1(z.13)	Program for the provision of personal protective equipment, clothing, devices or materials	X			
10	COHSR	12.14(1)	Record of all protective equipment provided by the employer		X		
11	TBOHSD	15.1.1	Hazardous occurrence investigation procedures and methodology	X		X	
12	COHSR	15.7(1)	Record of each minor injury		X		
13	COHSR	15.8	Hazardous occurrence reports		X		
14	TBOHSD	16.1.2	Procedures respecting the availability of first-aid services	X		X	
15	TBOHSD	16.2.2	Written record of every injury or illness that requires first-aid treatment		X		
16	COHSR	16.2(1)	Written first aid instructions that provide for the prompt rendering of first aid to an employee for an injury, an occupational disease or an illness	X			
17	COHSR	16.13	On-site first aid-records		X		
18	COHSR	16.13(2)	Off-site first aid-records				X
19	COHSR	16.13(6)	Record of the expiry dates of the first aid certificates of the first aid attendants		X		
20	TBOHSP	1.0	Health and Safety policy statement			X	
	CLCII	1251.(d)(2)					
21	CLCII	125.1(z.03)	Hazard prevention program document			X	
	COHSR	19.1					
22	COHSR	19.8	Hazard prevention program evaluation report				X
23	COHSR	20.7	Record of review of the effectiveness of work place violence prevention measures		X		X
24	COHSR	20.10	Records of information, instruction and training provided to each employee exposed to work place violence or a risk of work place violence		X		
25	CLCII	125.1(z.17)	Name, work telephone numbers and work locations of work place committee members and HS representatives		X		
26	COHSR	2.27(1)	Procedure for investigating situations in which the health or safety of an employee in the work place is or may be endangered by the air quality	X		X	
27	COHSR	2.27(7)	Records of every indoor air quality complaint and investigation for the past five years		X		
28	COHSR	7.7(2)(a)	Procedures for hearing protection fit, care and use			X	
29	COHSR	10.15	Employee education program for hazardous substances (e.g. WHMIS training)			X	
30	COHSR	19.6(5)	Records of health and safety education, including education relating to ergonomics		X		X
31	COHSR	10.49(d)	Maintenance and operating procedures to prevent the escape of flammable liquids and combustible liquids.	X			
32	COHSR	12.15(1)	Written instructions in the use, operation and maintenance of the equipment.	X			
33	COHSR		Written emergency procedures	X		X	
34	COHSR	17.4(1)	Emergency procedures for spills,leaks, failure of lighting, fires	X		X	

**Appendix 4A**  
**Document Request List for Corporate and Regional HS Staff / Advisors**

**Audit Checklist 2-1 (Documents Required by CLC-II or Treasury Board)**

**Audit Subjects:** Corporate and Regional Health and Safety Staff / Advisors

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE		MANDATORY DOCUMENTS / DOCUMENT REQUEST LIST	Regional Program Document	Regional Activity Record	Corporate Program Document	Corporate Activity Record
35	COHSR	17.8(2)	Record of all instruction and training provided to every emergency warden, deputy emergency warden and monitor		X		X
36	COHSR	17.5(2)	Emergency evacuation plan, where applicable, or a plan for evacuating employees who require special assistance in the event of a fire	X		X	
37	COHSR	17.10(2)	Record of each Emergency Warden meeting		X		
38	COHSR	17.10(2)	Record of each emergency evacuation drill		X		
39	COHSR	14.20	Record of maintenance, use and testing of material handling equipment before initial use		X		
40	COHSR	14.23(4)	Record of training for operators of material handling equipment		X		
41	COHSR	14.29(4)	Record of any repair or modification work and of any restriction on use imposed on material handling equipment		X		
42	COHSR	15.4	Records of any motor vehicle accident		X		
43	COHSR	15.10	Annual report to HRSDC Labour Program, outlining the number of accidents, occupational diseases and other hazardous occurrences for each identified workplace of which management is aware.				X
44	COHSR	17.9	Record of inspection of all fire escapes, exits, stairways and fire protection equipment in a building		X		X
45	COHSR	20.9	Records of investigation of employee reports of violence		X		
46	COHSR	20.5	Assessment of potential for work place violence		X		X
47	COHSR	20.6(3)	Procedures for appropriate follow-up maintenance and corrective measures for violence control measures that have been established	X			
48	COHSR	19.5(2)	Preventive maintenance program in respect of equipment or systems where failures could harm employees	X			

## **Appendix 4B – Detail Findings of Compliance to Program Documents and Records**

## Appendix 4B

### Document Request List for Corporate and Regional HS Staff / Advisors

#### Audit Checklist 2-1 (Documents Required by CLC-II or Treasury Board)

**Audit Subjects:** Corporate and Regional Health and Safety Staff / Advisors

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE	MANDATORY DOCUMENTS / DOCUMENT REQUEST LIST	Regional Program Document Received by:	Regional Activity Record Received by:	Corporate Program Document Received?	Corporate Activity Record Received?
1	TBOHSD Part 1, General	Procedure for resolution of "qualified person" dispute			No	
2	TBOHSD 7.1 COHSR 7.3(5)	Report of any noise exposure investigation				No
3	TBOHSD 9.2.7	Contingency procedures for cases in which there is a temporary interruption in the supply of drinking water and water for the removal of water-borne waste	None		No	
4	TBOHSD 10.1 COHSR 10.3	Record of all hazardous substances that, in the work place, are used, produced, handled, or stored		MB		
5	TBOHSD 10.5 COHSR 10.5	Written reports of any investigation or testing of exposure to hazardous substance		MB		
6	COHSR 10.5(b)	Written procedure for the control of the concentration or level of a hazardous substance in the work place	None			
7	COHSR 10.15	Records of instruction and training for hazardous substances		None		
8	TBOHSD 10.6	Asbestos management program	None			
9	CLCII 125.1(z.13)	Program for the provision of personal protective equipment, clothing, devices or materials	ON			
10	COHSR 12.14(1)	Record of all protective equipment provided by the employer		MB		
11	TBOHSD 15.1.1	Hazardous occurrence investigation procedures and methodology	ON		No	
12	COHSR 15.7(1)	Record of each minor injury		MB		
13	COHSR 15.8	Hazardous occurrence reports		MB, ON, NWT, NU		
14	TBOHSD 16.1.2	Procedures respecting the availability of first-aid services	MB		No	
15	TBOHSD 16.2.2	Written record of every injury or illness that requires first-aid treatment	MB	MB		
16	COHSR 16.2(1)	Written first aid instructions that provide for the prompt rendering of first aid to an employee for an injury, an occupational disease or an illness	MB			
17	COHSR 16.13	On-site first aid-records		MB		
18	COHSR 16.13(2)	Off-site first aid-records				No
19	COHSR 16.13(6)	Record of the expiry dates of the first aid certificates of the first aid attendants		ON		
20	TBOHSP 1.0	Health and Safety policy statement			No	
21	CLCII 1251.(d)(2) COHSR 125.1(z.03) COHSR 19.1	Hazard prevention program document			Yes	
22	COHSR 19.8	Hazard prevention program evaluation report				No
23	COHSR 20.7	Record of review of the effectiveness of work place violence prevention measures		None		No
24	COHSR 20.10	Records of information, instruction and training provided to each employee exposed to work place violence or a risk of work place violence		None		
25	CLCII 125.1(z.17)	Name, work telephone numbers and work locations of work place committee members and HS representatives		10 Regions		
26	COHSR 2.27(1)	Procedure for investigating situations in which the health or safety of an employee in the work place is or may be endangered by the air quality	None		No	
27	COHSR 2.27(7)	Records of every indoor air quality complaint and investigation for the past five years		MB		
28	COHSR 7.7(2)(a)	Procedures for hearing protection fit, care and use			No	
29	COHSR 10.15	Employee education program for hazardous substances (e.g. WHMIS training)			No	
30	COHSR 19.6(5)	Records of health and safety education, including education relating to ergonomics		ON		No
31	COHSR 10.49(d)	Maintenance and operating procedures to prevent the escape of flammable liquids and combustible liquids.	None			

## Appendix 4B

### Document Request List for Corporate and Regional HS Staff / Advisors

#### Audit Checklist 2-1 (Documents Required by CLC-II or Treasury Board)

**Audit Subjects:** Corporate and Regional Health and Safety Staff / Advisors

**INAC Location / Address:**

**Data Collection Date(s):**

**Auditor:**

**Audit Record No.:**

ITEM	SOURCE	MANDATORY DOCUMENTS / DOCUMENT REQUEST LIST	Regional Program Document Received by:	Regional Activity Record Received by:	Corporate Program Document Received?	Corporate Activity Record Received?
32	COHSR 12.15(1)	Written instructions in the use, operation and maintenance of the equipment.	None			
33	COHSR	Written emergency procedures	MB, ON		Yes	
34	COHSR 17.4(1)	Emergency procedures for spills,leaks, failure of lighting, fires	MB, ON		No	
35	COHSR 17.8(2)	Record of all instruction and training provided to every emergency warden, deputy emergency warden and monitor		None		No
36	COHSR 17.5(2)	Emergency evacuation plan, where applicable, or a plan for evacuating employees who require special assistance in the event of a fire	MB, ON		No	
37	COHSR 17.10(2)	Record of each Emergency Warden meeting		None		
38	COHSR 17.10(2)	Record of each emergency evacuation drill		MB, ON		
39	COHSR 14.20	Record of maintenance, use and testing of material handling equipment before initial use		None		
40	COHSR 14.23(4)	Record of training for operators of material handling equipment		None		
41	COHSR 14.29(4)	Record of any repair or modification work and of any restriction on use imposed on material handling equipment		None		
42	COHSR 15.4	Records of any motor vehicle accident		None		
43	COHSR 15.10	Annual report to HRSDC Labour Program, outlining the number of accidents, occupational diseases and other hazardous occurrences for each identified workplace of which management is aware.				No
44	COHSR 17.9	Record of inspection of all fire escapes, exits, stairways and fire protection equipment in a building		MB, ON		No
45	COHSR 20.9	Records of investigation of employee reports of violence		None		
46	COHSR 20.5	Assessment of potential for work place violence		None		No
47	COHSR 20.6(3)	Procedures for appropriate follow-up maintenance and corrective measures for violence control measures that have been established	None			
48	COHSR 19.5(2)	Preventive maintenance program in respect of equipment or systems where failures could harm employees	None			