



# REQUEST FOR COR AUDIT/RECERTIFICATION

DATE:

## ORGANIZATION INFORMATION

COMPLETE BUSINESS NAME:

ADDRESS: **Both Location & Mailing if Different**

CITY/POSTAL CODE:

PHONE NUMBER:

WCB ACCOUNT NUMBER

WCB RATE CODE

NUMBER OF EMPLOYEES

BUSINESS HOURS

## CONTACT INFORMATION

PERSON REQUESTING AUDIT

PHONE NUMBER

EMAIL

## AUDIT SCOPE

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

DOES YOUR ORGANIZATION HAVE A QUIET/PRIVATE ROOM FOR AUDIT AND INTERVIEWS TO OCCUR?

YES     NO

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

YES     NO

IS AN ESCORT REQUIRED FOR THE AUDITER WHILE PERFORMING OBSERVATIONS AT YOUR FACILITY?

YES     NO

WHAT PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED?

- STEEL TOE SHOES/BOOTS
- SAFETY GLASSES
- BUMP CAP/HARD HAT
- FIRE RESISTANT CLOTHING/COVERALLS
- SAFETY GLOVES
- HIGH VISIBILITY GARMENT
- HEARING PROTECTION
- Other

*COMPLETE FORM AND MAIL OR EMAIL TO:*

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

EMAIL: [INFO@MOTORSAFETY.CA](mailto:INFO@MOTORSAFETY.CA)  
PHONE: 306-721-0688