



## COMPETENT SAFETY LEADER DESIGNATION APPLICATION CHECKLIST

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Date: \_\_\_\_\_

1. Compulsory Courses *(Complete all courses. Print and attach certificates.)*

Claims Management/RTW

- *RTW Policy and Plan*
- *Complete 3 Job Information Worksheets*
- *Submit an injured employee package*

Workplace Ergonomics

- *Ergonomic Assessment*

WHMIS 2015

Safety Fundamentals for Supervisors/Managers

OHC Level I

OHC Level II

2. Elective Online Courses *(List a min of 3 courses. Print and attach certificates)*

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3. Elective Webinar Videos *(List a min of 3 webinars. Print and attach certificates)*

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Submit completed packages electronically to [info@motorsafety.ca](mailto:info@motorsafety.ca) or by mail to:  
Motor Safety Association 673 Henderson Dr., Regina, SK S4N 6A8