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

☐ Supervision & Safety

☐ OHC Level 1

☐ OHC Level 2

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 or by mail to:
Motor Safety Association 673 Henderson Dr., Regina, SK S4N 6A8