Purpose

This self-evaluation tool has been developed to assist you with applying for an approval to vary from the joint work site health and safety committee (HSC) or health and safety representative (HS rep) requirements and applicable provisions of the *Occupational Health and Safety (OHS) Act*, the regulations and the OHS Code. Please refer to the "Applying for an HSC/HS rep approval" bulletin for information on how to submit this form.

NOTE: The checklist must be completed and signed by a management representative. A letter indicating support for the application by workers, unions representing workers or both (as applicable) at the work site(s) must be attached. The Director may request additional information when reviewing the application.

Application to vary HSC requirements

If the application is to vary the requirements for an <u>HSC</u>, please fill out sections **1, 2 and 4** of the self-evaluation tool. The HSC terms of reference is an important document and should accurately and completely describe the proposed composition, practices and procedures of the HSC. The terms of reference must be included with the application.

Application to vary HS rep requirements

If the application is to vary the requirements for a <u>HS Rep</u>, please fill out sections **1**, **3 and 4** of the self-evaluation tool. Supporting documentation describing the proposed practices and procedures must be included with the application.

Section 1: Your Organization's Information

Legal entity name	
Operating name(s) (if any)	
Work site party classification	
WCB account(s) #	WCB Industry Code(s)
Approval request type	
Any other HSC or HS rep legislated requirement(s) your	
organization is asking to vary under the OHS Act, regulation or code	If yes, please list the requirements included in your application.



on of				
nail				



Section 2: Self-Evaluation Checklist for Terms of Reference for HSC

Legislated requirement, practice or procedure	Request to vary? (Yes/ No)	If yes, indicate the page number in terms of reference
Committee Structure (s. 16(1)(2) OHS Act)		
The number of worker members and/or how they are selected.		
The number of management members and/or how they are selected.		
The process by which the worker HSC co-chairs are selected or appointed by the workers they represent.		
The process by which the employer HSC co-chairs are selected or appointed.		
The committee member terms of office.		
Duties of the HSC (s. 19 OHS Act)		
The duties of the HSC.		
Training of HSC members (s. 29 OHS Act, s. 201 OHS Code)		
The training requirements for HSC co-chairs or committee members.		
HSC meetings (s. 22(3), s. 26 and s. 27 <i>OHS Act</i>)		
The alternation of chair between the co-chairs at each committee meeting.		
The HSC meeting schedule and frequency.		
The process for attendance of members/alternates and establishing a quorum.		
Work site inspections (s. 30 OHS Act, s. 198 OHS Code)		
The frequency and/or schedule of work site inspections.		
Other health and safety matters Are there additional items requested and included in the terms of reference?		



Legislated requirement, practice or procedure	Request to vary? (Yes/ No)	If yes, indicate the page number in terms of reference
If Yes, Explain (include the appropriate legislative references):		



Section 3: Self-Evaluation Checklist for HS Representatives

Item Number	ltem	Is Item Included in attached documentation? (Yes/ No)	Page Number
Health and (s. 17 OHS	Safety Representative SAct)		
The proces they repres	s by which the HS Rep(s) is/are selected or appointed by the workers ent.		
The propos	ed alternative to a HS Rep.		
	ne HS Representative S Act, s. 199 OHS Code)		
	of the HS Rep.		
Training of (s. 29 OHS	HS Representatives		
	g requirements for the HS Rep(s).		
Other health and safety matters Are there additional items in the attached documentation?			
If Yes, Expl	ain (include the appropriate legislative references):		



Section 4: Signature

Management Representative							
Last Name			First Name				
Position							
Phone	ext.	Email Addres	s:				
Signature				Date			

Submit the completed self-evaluation tool, letters of support, terms of reference (if applicable) and supporting documentation to:

Director of Inspection – HSC Approvals J.G. O-Donoghue Building Main Floor, 7000 – 113 Street Edmonton, AB T6H 5T6

<u>OR</u>

Email: lbr.hscapprovals@gov.ab.ca

