



## Certificate of Recognition (COR®) Program Description

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The Certificate of Recognition program (COR®) is an occupational health and safety accreditation program that verifies a fully implemented safety & health program which meets national standards. The objectives of COR® are to provide industry employers with an effective safety and health management system to reduce incidents, accidents, and injuries as well as their associated human and financial costs. COR® is now frequently used as a pre-qualifying and/or condition of contract by public and private project owners across Canada.

### To obtain COR® from NBCSA:

**STEP 1 Membership** – Be a Member or Associate Member of the New Brunswick Construction Safety Association.

**STEP 2 Training**– Have one (minimum) full-time employee complete the 6 COR® courses. The COR® training courses focus on building and maintaining a Health and Safety Program, but also the COR® Audit Process. NBCSA recommends training the individual primarily responsible for the business' Health and Safety Program. This individual is considered the COR® Prime. Courses are:

- Safety Orientation (eLearning course available)
- WHMIS (eLearning course available)
- Leadership for Safety Excellence
- Hazard Identification and Control
- Principles of Loss Control (PLC) (eLearning course available)
- Principles of Loss Control Audit (PLCA)

**NOTE:** PLC and PLCA cannot be older than two years from the application date.

**STEP 3 Application**- Only after training is completed, fill out and submit pages 3 and 4 (the Application and Declaration) along with a valid Clearance Certificate from WorkSafeNB completed with the company's NAICS code (this can be requested from WorkSafeNB) and fax/email to the NBCSA COR® department.

Email: [cor@nbcsa.ca](mailto:cor@nbcsa.ca) Fax: 1.506.624.9581.

**NOTE:** To begin the certification process, a business should have a fully functioning Health and Safety Program in place, with a minimum of 3 months documentation on file. If neither exist, or the program remains in the early development stages with no documentation available, please consider applying when the business is properly prepared.

**STEP 4 Internal Audit**- Request the Internal Audit Kit. This can be done on the initial application or through a written request at any point after entry into the COR® Program. The Internal Audit Kit is to

be completed by the business and submitted to NBCSA for review. Successful participants will continue to Step 5.

**Step 5- External Audit-** Upon completion of a successful Internal Audit, participants are granted a temporary Letter of Good Standing-Audit Pending valid for 3-months. The 3-month time frame is for completion of an External Audit by an NBCSA Auditor and the completion of any Corrective Actions\* issued at that time. Successful participants will receive their full Certificate of Recognition valid for 1 year.

**Step 6- Renewal-** Annually, participants who have achieved full COR® status must complete an Internal Audit and submit it to NBCSA for review to maintain/renew certification. Every 3<sup>rd</sup> year participants will be subject to another External Audit.

**\*Corrective Actions-** Are action items required to be rectified before the audit can be deemed successful. These can result from failure to comply with NBCSA standards or Provincial Regulatory requirements.

**COR® Audit Fees**

	<b>Member Rates</b>	<b>Associate Member Rates</b>
Internal Audit**	\$250.00	\$350.00
External Audit**	\$750.00	\$1150.00

**\*\*Auditing fees are subject to provincial HST.**



Application for Certificate of Recognition (COR®) Program



<b>Business Name:</b>	
<b>Operating Name : (if different from above)</b>	
<b>Mailing Address:</b>	
<b>Postal Code:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Email:</b>	
<b>WorkSafe NB Employer** #:</b>	
<b>NAICS* #:</b>	
<b>Primary Contact:</b>	
<b>Name of COR trained employee:</b>	

\*\*WorkSafeNB Employer # and NAICS # can be found on your Experience Rating form from WorkSafeNB.

To be signed by the CEO, Manager or Owner of the above business.

I have read the program summary and agree to the terms and conditions.	
<b>Title:</b>	
<b>Name:</b>	
<b>Signature:</b>	

I wish to formally request an internal audit kit at this time.

<input type="checkbox"/>	<b>Request for internal audit kit</b>
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## Occupational Health & Safety Compliance Declaration

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As required by all businesses in New Brunswick, \_\_\_\_\_ (*company name*) \_\_\_\_\_ has provided employees with access the current New Brunswick Occupational Health & Safety Act and Regulations, including Regulations 91-191 and any job specific Regulations pertaining to our business.

To the best of our knowledge, employee training meets the minimum safety standard in accordance with the New Brunswick Occupational Health & Safety Act and Regulations.

<b>Business CEO/Manager/Owner:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Please submit both pages (3-4) with a copy of a valid Clearance Certificate (complete with NAICS code) from WorkSafeNB to NBCSA via email: [cor@nbcsa.ca](mailto:cor@nbcsa.ca) or fax: 1-506-624-9581