

## 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 HSC, 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 HS Rep, 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)<br>(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 <i>OHS Act</i> , regulation or code |  |                      |  |
|   | If yes, please list the requirements included in your application. |                      |  |

|   |                                  |              |                              |   |
|---|----------------------------------|--------------|------------------------------|---|
| <p>Provide a description of how the current HSC or HS rep operates and why a variation is being requested</p>   |                                  |              |                              |   |
| <p>Details of work site locations affected by this application</p>  | <p>Worksite name and address</p> |              | <p>Number of workers</p>     | <p>Nature of work (description of operations)</p> |
|   |                                  |              |                              |   |
| <p>Contact information for existing worker co-chair, HS rep and any unions representing workers at the work site, as applicable</p>   | <p>Name</p>                      | <p>Title</p> | <p>Union (if applicable)</p> | <p>Address/Phone/Email</p>                        |
|   |                                  |              |                              |   |
| <p>Provide a summary of the number and nature of injuries or incidents (as defined by section 40 of the current <i>OHS Act</i>, and/or section 18 of the previous <i>OHS Act</i>) reported or investigated within the past year</p> |                                  |              |                              |   |

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

| Legislated requirement, practice or procedure  | Request to vary?<br>(Yes/ No) | If yes, indicate<br>the page<br>number in<br>terms of<br>reference |
|--|-------------------------------|--|
| <b>Committee Structure</b><br>(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.  |                               |  |
| <b>Duties of the HSC</b><br>(s. 19 OHS Act)  |                               |  |
| The duties of the HSC.   |                               |  |
| <b>Training of HSC members</b><br>(s. 29 OHS Act, s. 201 OHS Code)   |                               |  |
| The training requirements for HSC co-chairs or committee members.  |                               |  |
| <b>HSC meetings</b><br>(s. 22(3), s. 26 and s. 27 OHS Act)   |                               |  |
| 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.  |                               |  |
| <b>Work site inspections</b><br>(s. 30 OHS Act, s. 198 OHS Code)   |                               |  |
| The frequency and/or schedule of work site inspections.  |                               |  |
| <b>Other health and safety matters</b><br>Are there additional items requested and included in the terms of reference? |                               |  |

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

Section 3: Self-Evaluation Checklist for HS Representatives

| Item Number   | Item   | Is Item Included in attached documentation? (Yes/ No) | Page Number |
|---|--|---|-------------|
| <b>Health and Safety Representative (s. 17 OHS Act)</b>   |  |   |             |
|   | The process by which the HS Rep(s) is/are selected or appointed by the workers they represent. |   |             |
|   | The proposed alternative to a HS Rep.  |   |             |
| <b>Duties of the HS Representative (s. 19 OHS Act, s. 199 OHS Code)</b>                             |  |   |             |
|   | The duties of the HS Rep.  |   |             |
| <b>Training of HS Representatives (s. 29 OHS Act)</b>   |  |   |             |
|   | The training requirements for the HS Rep(s).   |   |             |
| <b>Other health and safety matters</b><br>Are there additional items in the attached documentation? |  |   |             |
| If Yes, Explain (include the appropriate legislative references):                                   |  |   |             |

## Section 4: Signature

| Management Representative |      |                |
|---------------------------|------|----------------|
| Last Name                 |      | First Name     |
| Position                  |      |                |
| Phone                     | ext. | Email Address: |
| 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**

OR

Email: [lbr.hscapprovals@gov.ab.ca](mailto:lbr.hscapprovals@gov.ab.ca)

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