



External Auditor candidates must have:

- Minimum five (5) years' experience in Health & Safety
- Minimum three (3) years' experience in health and safety auditing
- Must have a one of the following:
 - Canadian Registered Safety Professional (CRSP)
 - Canadian registered Safety Consultant (CRSC)
 - Certified Health and Safety Management System Auditor (CHSMSA)
 - Occupational Health & Safety Management Certificate/Diploma
 - Or an approved equivalency
- Provide a clearance/criminal record check from the RCMP or local authorities (the clearance must be current, within 6 months of issuance by the RCMP or local authorities). An updated clearance/criminal record check must be submitted every 3 years.
- Provide two or three references that are not relatives.
- Provide a sample redacted audit for review if required.
- Preference given to those with experience in the health care industry.

A member of the CCSA COR Team will review all applications for External Auditor. Approval is given to those applicants with appropriate qualifications.

Once approval of an applicant occurs, the steps to becoming certified are as follows:

- Attend the 2-day CCSA Occupational Health & Safety Management Systems: Basics for Auditors Workshop within 6 months of the approval date. Equivalencies may be accepted.
- Successfully attend and pass the 2-day CCSA Auditor Training workshop within 6 months of the approval date. Equivalencies will not be accepted.
- Within Six months after taking the Auditor Training Workshop, successfully complete a qualification audit with a CCSA member, at no charge to the member. Pass the quality assurance process by achieving:
 - A minimum of 80% score on the first quality assurance review.
 - A minimum of 95% score on the final quality assurance review.
 - A maximum of 3 QA reviews

External Auditor Application Checklist

Before submitting your external auditor application, please ensure that the application has been completed in full and includes the following:

1. Fully completed application
2. Copy of CCSA Training Certificates (if applicable)
3. Copy of professional safety designation certificate and/or applicable certificate, degree, or diploma with formal transcript.
4. Current resume
5. Completed Professional Reference
 - o To be completed by current and/or past clients.
 - o Cover five (5) years of work experience as a well-rounded health and safety professional.
6. Declaration – sign and date the external auditor application.

NOTE: Applications that are not fully completed with all supporting documentation will be returned to the applicant for resubmission.



External Auditor Application

DATE OF REGISTRATION

It is the auditor's responsibility to notify CCSA of any changes to this information

PERSONAL INFORMATION

First Name :	<input type="text"/>	Phone:	<input type="text"/>
Last Name:	<input type="text"/>	Email:	<input type="text"/>
Current Employer:	<input type="text"/>		
Present Address :	<input type="text"/>		
City :	<input type="text"/>	Postal Code:	<input type="text"/>
Province:	<input type="text"/>		

PREVIOUS TRAININGS/CERTIFICATIONS

Have you completed Health and safety workshops with the CCSA? Yes No

If Yes, what workshops?

Have you completed the Occupational Health and Safety Management System (OHSMS) Workshop? Yes No

If Yes, what was the course completion date?

Are you currently an Auditor with other CP's? Yes No

If yes, with what CP'S?

Attach a copy of all CCSA or applicable training certificates



EMPLOYMENT HISTORY - STARTING WITH THE MOST RECENT, LIST HISTORY

CCSA must verify that the required experience of each auditor applicant meets the five years' requirement. This may involve CCSA contacting your references directly

Company Name:	<input type="text"/>		
Date Held:	<input type="text"/>	Email address:	<input type="text"/>
Contact Name:	<input type="text"/>		
Company Name:	<input type="text"/>		
Date Held:	<input type="text"/>	Email address:	<input type="text"/>
Contact Name:	<input type="text"/>		
Company Name:	<input type="text"/>		
Date Held:	<input type="text"/>	Email address:	<input type="text"/>
Contact Name:	<input type="text"/>		

APPLICATION DECLARATION

I hereby make application to become an CCSA External Health and Safety Auditor. I understand that the information provided on this application is material to my being accepted as an Auditor, and that any inaccuracy or misrepresentation will be sufficient reason for me to be suspended as an Auditor.

Candidate's Signature:	<input type="text"/>	Date:	<input type="text"/>
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Return completed application forms to:

COR@ab-ccsa.ca