

LSE PROFICIENCY CERTIFICATION

The LSE Proficiency is a tool used to evaluate the participant's ability to apply what they have learned in the Leadership for Safety Excellence (LSE) class.

This component is a requirement for individuals working towards obtaining their National Construction Safety Officer (NSCO) designation and for individuals assisting their company in the process of obtaining Certificate of Recognition (COR®). For all other participants, completion of the LSE proficiency is encouraged.

A Certification of Proficiency in the Leadership for Safety Excellence course is issued upon submission and approval by SCSA qualified staff. This establishes competency as a supervisor trained in safety leadership.

In order to obtain LSE Certification with Proficiency, the following components must be conducted and documentation completed (on the provided forms) for submission to the SCSA. When completing the proficiency, you must **personally conduct** each component. It is recommended you double check your work prior to submitting to avoid delays with regards to corrections.

- 1. Tool Box Meeting**

The applicant must conduct a "Tool Box Talk" safety meeting and complete the required "Tool Box Meeting" form.

- 2. Worksite Inspection**

The applicant must conduct a worksite inspection at a worksite and complete the required "Worksite Inspection" form.

- 3. Incident Investigation Report**

The applicant must conduct a site incident investigation of either an accident or a near miss and complete the required "Incident Investigation Report" form.

Documentation for proficiency must be submitted to the SCSA **within eight (8) months** following completion of the Leadership for Excellence course. (*Effective January 2017*)

Note: Only SCSA forms provided will be accepted when submitting proficiencies. Additional forms are available on the SCSA website www.scsaonline.ca

Leadership for Safety Excellence (LSE) Proficiency Completion Submission

***Disclaimer:** All submitted materials will be reviewed by the SCSA in an effort to aid the participant in improving upon internal reporting practices, as recommended in the Leadership for Safety Excellence course. Suggestions and comments are intended for general use and may not apply to every circumstance nor are they a definitive guide to government legislation.*

Course Instructor Name: _____ **Course Date:** _____

Name: _____ **Date:** _____
(Please print)

Mailing Address: _____

City Province Postal Code

Company: _____

Phone: _____ **Fax:** _____

LSE Certificate Number: _____ (on your LSE certificate)

NOTE: Attached you will find the required forms that are necessary for completing the proficiency portion of the LSE training.

Check the following items that you are submitting to the SCSA:

_____ Tool Box Meeting
_____ Worksite Inspection
_____ Incident Investigation Report

Reminder:

- All submitted documentation is to have been performed and signed by the person wishing to receive their LSE proficiency. ***Timeline to complete the documentation is 8 months.***
- Be sure to keep a copy of the proficiency for your records and submit the original to SCSA.

Submit all documentation to your nearest Saskatchewan Construction Safety Association office:

498 Henderson Drive
Regina, SK S4N 6E3
Phone: 1-800-817-2079
Fax: 306-525-1542

or

2606 Koyl Avenue
Saskatoon, SK S7L 5X9
Phone: 1-800-817-2079
Fax: 306-652-0923

Email: lseproficiency@scsaonline.ca

Tool Box Meeting

Department:	Location:
Meeting Date/Time:	
Number in Crew:	Number Attending:
Safety Moment:	
Review of a Safe Work Practice and Procedure:	Have Each Attendee Sign his/her Name
Review of any incidents:	
Review of Action Items from Safety Concerns last meeting:	
New Safety Concerns:	
Date/Time: _____ By Whom: _____	
Manager's Signature:	Date:

Worksite Inspection

Company Name:	Date/Time:
Location:	Project #:
Areas Inspected:	Inspection Conducted By:

PRIORITY INDEX

Severity 1. Imminent Danger 2. Serious 3. Minor 4. Negligible/Ok 5. Not Applicable

Probability A- Probable B- Reasonably probable C- Remote D- Extremely Remote

Hazard Number	Hazard Priority	Description of Hazard <i>(include location)</i>	Recommended Action	Person Responsible for Action	Action Taken by <i>(Signature)</i>	Date & Time Completed
1						
2						
3						
4						
5						
6						
7						

Reviewed by (Manager's signature): _____

Date: _____

Comments:

Incident Investigation Report

Company Name:	
General Location of Incident (e.g. Town/City/Street Address/Township & Range):	
Specific Location (e.g. inside/outside/building/vehicle):	
Date of Incident (Y/M/D): / /	Foreman/ Supervisor in Charge:
Date Incident was reported: / /	
Time of Incident (include a.m., p.m.): _____	Incident reported by: _____
Time Incident was reported:	Incident reported to:
Name of Injured Worker:	
Incident Type (circle all that apply):	
1) Injury/Illness 2) Near Miss 3) Damage 4) Spill 5) Other	
If Injury/Illness, was it a:	
1) First Aid 2) Medical Aid 3) Lost Time 4) Modified Work 5) Fatality	
Person(s) Involved including witnesses (witness statements are to be attached separately):	
Name	Address
Phone	Company
Conditions at time of the Incident (include elements such as weather, status of job, housekeeping, visibility, etc.):	
Description of Incident (tasks being performed, location of person(s), equipment being used, other work activities, etc.):	

Diagram:

Results from Incident Investigation

What was the Direct Cause of the Incident?

What was the Indirect Cause(s) of the Incident?

Corrective Actions

What steps were taken to prevent recurrence of the Incident?

Date actions completed (Month/Day/Year):

Name of person(s) who completed actions:

Estimated Cost of Incident:

Office:

Foreman/ Supervisor Signature:

Managers Signature:

Date Reviewed:

Date Reviewed:

Investigator(s) Name and Signature:

Date Reported Completed (Y/M/D): / / /