



LSE Proficiency Forms

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 (NCSO™) and/or 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 important to double check your work, prior to submitting, in order to avoid delays resulting from 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 below that you will be submitting to the SCSA for review:

- _____ Tool Box Talk (Safety Meeting)
- _____ Inspection Report
- _____ 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	or	2606 Koyl Avenue
Regina, SK S4N 6E3		Saskatoon, SK S7L 5X9
Phone: 1-800-817-2079		Phone: 1-800-817-2079
Fax: 306-525-1542		Fax: 306-652-0923

Email: lseproficiency@scsaonline.ca

Tool Box Meeting

Company Name: _____	
Meeting Date/Time: _____	Location: _____
Project/Crew: _____	Presented by: _____
Number in Crew: _____	Number Attending: _____
Topic(s) Discussed:	Have Each Attendee Clearly Sign Their Name
SWP's and SJP's Reviewed:	
Worker Comments and/or Concerns:	
Action(s) to be Taken – state date/time to complete and by whom:	
Incidents Reviewed (including Near Misses):	
Reviewed by: _____ Date: _____ <div style="text-align: center; margin-left: 100px;">Supervisor Signature</div>	
Comments:	

SCSA LSE Proficiency Form

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 Priority	Description of Hazard <i>(include location)</i>	Recommended Action	Person Responsible for Action	Action Taken by <i>(Signature)</i>	Date & Time Completed
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 (M/D/Y): / /		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 (M/D/Y): / / /