



# 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 of 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.

The eight-month timeline is inclusive of any revisions that may need to be completed.

**Note: Only SCSA forms provided will be accepted when submitting proficiencies. LSE Proficiency forms are accessible through the SCSA website at [www.scsaonline.ca](http://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.

Name: \_\_\_\_\_ (Please Print) Date: \_\_\_\_\_

Email: \_\_\_\_\_  
(This will be used for all correspondence regarding your proficiency.)

LSE Certificate Number: \_\_\_\_\_  
(Located on your certificate)

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

Check the items below that you will be submitting to the SCSA for review:

- Tool Box Meeting
- Worksite 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) eight months.**

**The eight-month timeline is inclusive of any revisions that may need to be completed.**

- Be sure to keep a copy of the proficiency for your records and submit the original to SCSA

Completed documents are to be submitted via email only:

**[lseproficiency@scsaonline.ca](mailto:lseproficiency@scsaonline.ca)**

## Tool Box Meeting

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

# Worksite Safety Inspection

<b>Company Name:</b>		<b>Date:</b>		<b>Time:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Inspection Conducted by:</b> <i>(Supervisor, worker(s) &amp; OHC should be involved)</i>		<b>Area(s) Inspected:</b>			
		<b>Site Address:</b>			

## Deficiencies and Corrective Actions

**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

Deficiency Identified	Priority Ranking	Corrective Actions Required	Action Assigned to	Completion	
				Date	Time

<b>Supervisor Review:</b> (Print & Sign)		<b>Date:</b>	
<b>Management Review:</b> (Print & Sign)		<b>Date:</b>	

**Comments:**

*\*Inspections are typically conducted while work is being performed. When completing inspections include: verifying compliance within your company's safety program, identifying unsafe acts or conditions, and adherence to applicable Legislation.*

## 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:	
<b>Incident Type (Circle all that apply):</b>	
1) Injury/Illness    2) Near Miss    3) Damage    4) Spill    5) Other	
<b>If Injury/Illness, specify:</b>	
<input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost Time <input type="checkbox"/> Modified Work <input type="checkbox"/> Fatality	
<b>Person(s) Involved including witnesses (witness statements are to be attached separately):</b>	
<b>Name</b>	<b>Address</b>
<b>Phone</b>	<b>Company</b>
<b>Conditions at time of the Incident</b> (include elements such as weather, status of job, housekeeping, visibility, etc.):	
<b>Description of Incident</b> (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 were completed (Month/Day/Year):

Name of person(s) who completed actions:

Estimated Cost of Incident:

**Office:**

Foreman/ Supervisor Signature:

Manager Signature:

Date Reviewed:

Date Reviewed:

Investigator(s) Name and Signature:

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