



LSE Proficiency Forms

V12.0 26-Jan-24

SCSA©

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

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: _____ Date: _____
(Please Print)

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
- You have reviewed the evaluator checklist included in your student manual prior to submission.

Completed documents are to be submitted via email only:

lseproficiency@scsaonline.ca

Tool Box Meeting

Company Name: _____	
Meeting Date/Time: _____	Location: _____ <i>Site Address & City</i>
Project/Crew: _____	Presented by: _____
Number in Crew: _____	Number Attending: _____
Topic(s) Discussed:	Have Each Attendee Clearly Sign Their Name
SWPs and SJPs Reviewed:	
Worker Comments and/or Concerns:	
Action(s) to be Taken:	
Person responsible for action: _____	Date & Time to complete: _____
Incidents Reviewed (including Near Misses):	
Reviewed by: _____ Date: _____ <div style="text-align: center;">Manager Signature</div>	
Comments:	

Worksite Safety Inspection

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

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

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

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: _____			
Incident Reported			
Date (MM/DD/YY): ____ / ____ / ____		Reported by: _____	
Time Reported: _____ AM/PM		Reported to: _____	
Incident Details			
Address/Location of Incident: _____		Area of Incident (e.g. inside/outside/building/vehicle): _____	
Time of Incident: _____ AM / PM		Date of Incident: _____	
Foreman/ Supervisor in Charge: _____			
Name of Injured Worker: _____			
Incident Type (Check all that apply):			
<input type="checkbox"/> Injury/Illness <input type="checkbox"/> Near Miss <input type="checkbox"/> Damage <input type="checkbox"/> Spill <input type="checkbox"/> Other: _____			
If Injury/Illness, specify:			
<input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost Time <input type="checkbox"/> Modified Work <input type="checkbox"/> 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.):			

Pictures or Illustration (Draw or insert picture. This can be included as an attachment):

Results from Incident Investigation

What was the Direct Cause of the Incident?

What happened immediately prior to the incident, to cause the incident to happen.

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

What were the instances or circumstances that led up to the direct cause.

Corrective Actions

What steps were taken to prevent recurrence of the Incident?

Corrective Actions Completed by: _____

Completed (MM/DD/YY): ____ / ____ / ____

Estimated Cost of Incident:

Office:

Foreman/ Supervisor Signature: _____ Date Reviewed: _____

Manager Signature: _____ Date Reviewed: _____

NOTE: If you are the owner of the company signing this document with no other signatures, make note of this in the email when submitting these forms.

Investigated by: _____
Print Name

Signature

Date Report Completed (MM/DD/YY): ____ / ____ / ____