



CSAM
CONSTRUCTION SAFETY
ASSOCIATION OF MANITOBA

REGISTERED AUDITOR APPLICATION

Please print clearly

Name: _____

Date of application: _____

Company: _____

Mailing address: _____

City/town: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

This information is required to process your application. Please complete all sections before submitting:

1. I have completed:
 - Principles of Safety Management
 - Simplified Safety
 Date completed: _____

2. I have completed Safety Auditor Training. Date completed: _____

3. I have completed and attached a self-audit.

4. I have completed and attached a written corrective action plan that includes: corrective action, assignment of responsibilities, and implementation dates.

5. I have attached all supporting documentation required to complete my self-audit.

Please submit your completed application and documentation requirements to:

Head Office:
 1447 Waverley Street
 Winnipeg, MB
 R3T 0P7
 P: 204-775-3171
 F: 204-779-3505

Westman Office:
 950 - 10th Street
 Brandon, MB
 R7A 6B5
 P: 204-728-3456
 F: 204-571-0678

- Registered auditor checklist completed
- Photocopy executive summary
- Registered auditor certificate issued

- Printout of training requirements
- Photocopy corrective action plan
- Registered auditor status updated in CALVIN