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Title:
AAC Professional Development Report Form - Health and Safety Auditor Certification

Authorization:
Content Single Point of Contact: Todd Hall
Reviewed by: Eldeen Pozniak
Authorized by: Peter Beukema
Compliance Date: Immediate

Purpose:
The purpose of this form is for the CHSMSA applicant to document Professional Development.

Exceptions:
None

Revision History:

Date	Revision	Intent	Non-Intent	Revision No.
January 1, 2012	Initial Release 273E.10			
January 17, 2018	Reformat update		X	01



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AAC Professional Development Report Form - Health and Safety Auditor Certification

Applicant Name:

Member ID:

Reporting Period: From:

To:

Safety Management System Auditors must have a minimum of 75 hours of Professional Development activities in at least 4 of 7 pertinent subject areas. Please specify the corresponding number of the subject area(s) that are relevant to the activity. Space is given to specify up to three subject areas per activity, if needed.

Subject Areas:

- 1) Audit principles, procedures and techniques
- 2) Management system and reference documents
- 3) Organizational situations
- 4) Applicable laws, regulations and other requirements
- 5) Safety management methods and techniques
- 6) Safety, Industrial Hygiene, Occupational health or other technical fields
- 7) Technical and operational safety aspects of businesses

Auditing & H&S MS Related Activities Record (Page ____ of ____)

Auditing & H&S MS Related Activities Record may be completed to supplement the Audit Log in the case where insufficient Health and Safety auditing experience has been attained by the applicant during the five-year period prior to recertification. Refer to the RECERTIFICATION APPLICATION SECTION B for details about completing this form. Please be advised that this record may be reviewed further with you by the AAC Registrar during the recertification process. Use as many sheets and appended materials as necessary.

AUDIT RELATED Activity Type	ARA Description	Hours	Activity Period FROM – TO [YY/MM/DD]	Details about the professional development activity.	Contact details of person who can verify participation.	Supporting documentation attached: (Y/N) #	
Management of an internal Safety Management System audit program							
Implementation of Health and Safety policies and procedures for registration to OHSAS 18001							
Design of audit protocols and programs							

Auditing & H&S MS Related Activities Record (Page ____ of ____)

AUDIT RELATED Activity Type	ARA Description	Hours	Activity Period FROM – TO [YY/MM/DD]	Details about the professional development activity.	Contact details of person who can verify participation.	Supporting documentation attached: (Y/N) #	
Audit Management							