

# Forestry Occupational Health & Safety Leadership

## Accreditation Candidate Application - Logging



See the Application Help-sheet for information on completing this application.

Further assistance is available by contacting the Consultant Trainer in your area or by calling OFSWA at (705) 474-7233, ext. 291.

Candidate Information (please print)			
Surname		First Name	Initial
			Currently employed by member firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Information (if applicable)			
Firm Name		Firm Number	Rate Group: <input type="checkbox"/> 030 Logging/conventional <input type="checkbox"/> 030 Logging/mechanical
			Employer Sponsor letter attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Firm's Complete Mailing Address (Mail Delivery)			
Firm's Complete Location Address (Parcel Delivery)			
Phone Number (area code + 7 digits)		Fax Number (area code + 7 digits)	E-mail Address
Additional Candidate Information			
Candidate's Home Address			
Phone Number (area code + 7 digits)		Fax Number (area code + 7 digits)	E-mail Address
Request for Pre-Qualification Health & Safety Leadership Phase			
Below, check off courses for which you are seeking pre-qualification.	Date Completed (month/year)	Name of company and workplace location at time of training	
<b>Common Courses:</b>			
<input type="checkbox"/> 352 -OHS Act & Regs for Industrial Establishments			
<input type="checkbox"/> 370 -Mobile Machine Lockout Safety Meeting Topic			
<input type="checkbox"/> 345 -Incident Investigation			
<input type="checkbox"/> 359 - Machine Guarding			
<input type="checkbox"/> 353 -Planned Workplace Inspection & Hazard Recognition			
<input type="checkbox"/> 373 -WHMIS			
<input type="checkbox"/> 383 -JHSC Certification: Part Two WSHT			

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Request for Pre-Qualification Health & Safety Leadership Phase <i>(Continued from previous page)</i>			
Below, check off courses for which you are seeking pre-qualification.	Date Completed (mm/yy)	Name of company and workplace location at time of training	
<b>Sector-Specific Courses:</b>			
<input type="checkbox"/> 315 -Mechanical Harvesting Equipment Operator: Core Module <i>(Mechanical only)</i>			
<input type="checkbox"/> 365 -Professional Chainsaw Operation & Professional Cable Skidding <i>(Conventional only)</i>			
Request for Equivalency for OHS and/or Performance Management Leadership Modules <i>(Includes those listed above and Leadership Roles &amp; Styles; Communication Skills; Conflict Resolution; Developing Effective Teams; Performance Management; Planning and Time Management)</i>			
Course Name	Who provided and delivered course?	Length of Course	Date Completed (mm/yy)

*I submit that the information provided in this application and any supporting documentation is accurate and truthful. I understand the requirements for accreditation and I have read the Accreditation Code of Standards (see Accreditation Handbook) and hereby agree to comply.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please return applications to:**  
Ontario Forestry Safe Workplace Association  
Box 2050 Station Main, 690 McKeown Avenue  
North Bay, ON P1B 9P1 Fax: (705) 474-4530

**For further information, contact the OFSWA  
Consultant Trainer in your district or contact:  
(705) 474-7233, ext. 291**