

# Health and Safety Excellence Program

## Application and Service Agreement

2021 Registration

### Approved Provider: Public Services Health & Safety Association

Public Services Health & Safety Association ("PSHSA") is an approved provider for the WSIB Health and Safety Excellence program, and will provide services in compliance with the program delivery standards for providers.

Email completed forms to [ExcellenceProgram@pshsa.ca](mailto:ExcellenceProgram@pshsa.ca).

#### Program Eligibility Criteria

To participate in WSIB's Health and Safety Excellence program your business must:

- Be a Schedule 1 or Schedule 2 employer
- Have an active WSIB account number
- Demonstrate a commitment to health and safety excellence
- Choose a WSIB-approved provider to work with

#### Firm ("Client") Information

Firm (Full Legal Name):

Parent Company (if any):

WSIB Account Number:

Number of Locations Covered by this WSIB Account:

Schedule (1 or 2):

If Schedule 1, Annual WSIB Premiums (Prior Year):

Address:

City/Town:

Province:  
Ontario

Postal Code:

Contact Name:

Contact Title:

Email:

Telephone Number:

#### Service Fees

Please select the appropriate fee category.

Schedule 1 Firms

- ☐ <\$100,000 in WSIB premiums: \$800 + HST
- ☐ \$100,000 to \$250,000 in WSIB premiums: \$1,000 + HST
- ☐ >\$250,000 in WSIB premiums: \$1,200 + HST

Schedule 2 Firms

- ☐ \$1,000 + HST

#### Billing Information

☐ Check here if billing address/contact information is same as above. Otherwise, complete this section.

Firm (Full Legal Name):

Address:

City/Town:

Province:  
Ontario

Postal Code:

Billing Contact Name:

Billing Contact Title:

Billing Email:

Billing Telephone Number:

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Payment Methods	
<input type="checkbox"/> Cheque (payable to Public Services Health and Safety Association)	PO Number, if required on the invoice:
<input type="checkbox"/> Credit Card (PSHSA will contact your firm to obtain information)	
Applications will be reviewed and approved by PSHSA. You will be notified once your application has been accepted. Once approved, the you firm's main contact (as indicated above) will be provided access to the WSIB digital portal for further registration and completion of the online assessments and culture survey. You will be invoiced upon your activation on the WSIB digital portal. All fees are non-refundable following approval of the firm's action plan.	
Service Description	
<p><b>Service Description:</b> PSHSA will:</p> <ul style="list-style-type: none"> <li>• Provide the Client with a link to the WSIB Health and Safety Excellence program digital portal</li> <li>• Help the Client select the most relevant health and safety topics for their workplace</li> <li>• Support the Client to develop and complete selected topics</li> <li>• Facilitate networking and sharing of best practices between the Client and other program members</li> <li>• Review and provide feedback on the evidence provided by the Client to show successful topic completion prior to submission to the WSIB for validation.</li> </ul> <p><b>Service Term:</b> The Program is designed to run up to 90 days for topic selection once accessing the WSIB HSEp portal and up to 12months thereafter for topic completion. The Service Term will include firm-specific services from the "Agreed Start Date":</p> <p><b>Agreed Start Date:</b> The "Agreed Start Date" will be the date this document is signed ("Effective Date"), or confirmation the firm has accessed the WSIB's HSEp portal, whichever is later.</p>	
Extended Services	
<p><b>Extended Service Description:</b> Following WSIB's desk validation for topics submitted within the associated action plan, PSHSA will provide recommendations for the Client to address any gaps if identified.</p> <p><b>Extended Service Term:</b> Up to 60 calendar days from the date of WSIB desk validation.</p>	
Additional Services	
<p><b>Additional Service Description &amp; Fees:</b> To complete the topics, additional consulting services, training and products can be provided for additional fees.</p>	

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#### Terms and Conditions of Participation

The Client will:

- Submit a completed application and service agreement to PSHSA to be registered into the Health and Safety Excellence program
- Have an active account in good standing with the WSIB in order to apply to participate in the Health and Safety Excellence program
- Only register with one Program Provider during a 90 day + 12 month cycle, and cannot switch unless approved by the WSIB
- Complete a health and safety assessment through the WSIB digital portal
- Complete a Culture Assessment voluntarily
- Select between one (1) to five (5) topics from the 36 topics as set out in the guidelines for program members, and submit the action plan within 90 calendar days of accessing the WSIB digital portal
- Be encouraged to attend as many networking meetings as possible to share best practices with similar firms registered with PSHSA in the Health and Safety Excellence program
- Complete and implement each topic using the WSIB's "five steps to managing health and safety" or another PSHSA-approved model that follows the Plan-Do-Check-Act cycle
- Develop and complete the selected health and safety topics for all locations covered by the WSIB account number registered in the Health and Safety Excellence program
- Submit evidence of topic completion to the WSIB for validation after 90 calendar days and up to 365 calendar days of action plan finalization (including evidence to PSHSA for review prior to submission to WSIB)
- Participate in the desk validation by the WSIB as required, and address any identified caps within 60 days thereafter
- Participate in an onsite validation by the WSIB if the Client is so selected, and allow WSIB access to all locations under the account number
- Maintain a point of contact with PSHSA, and notify PSHSA if there are any changes
- Adhere to the Health and Safety Excellence program requirements as outlined in the Guidelines for program members, current edition.

By signing this, I:

- Agree to abide by the Terms and Conditions of Participation above, as well as full terms and conditions [here](#).
- Agree to pay all program fees as outlined above.
- Acknowledge that I understand the rebate and recognition eligibility as outlined in the WSIB Guidelines for program members, and that rebates and recognition will be managed by the WSIB and are not guaranteed by PSHSA.

Firm (Full Legal Name):

Title:

Signature\*:

*\*Typed name is equivalent to signature.*

Date:

*I have authority to bind Client*

Email completed form to [ExcellenceProgram@pshsa.ca](mailto:ExcellenceProgram@pshsa.ca).