

Compliance Audit For Employers

For Schedule 1 non-construction employers

Working together to keep your business safe and sound



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We wish to acknowledge the significant contribution made to the conception and development of this questionnaire by Placer Dome (CLA) Ltd. and United Steelworkers of America Local 7580. Their co-operative support and involvement has helped to ensure the ongoing effective operation of Ontario's workplace safety and insurance system.



Introduction

The Workplace Safety and Insurance Board (WSIB) helps protect your business from the damaging financial effects of workplace injuries. The average lost-time workplace injury costs Ontario's workplace safety and insurance system over \$14,000 in benefits. That adds up to a cost of about \$3 billion every year. This cost is paid through WSIB premiums by Ontario employers like you. When you factor in other costs to your business like equipment damage and lost productivity, the average cost of an injury rises to over \$59,000.

The WSIB can help you to prevent costly workplace injuries and, if an injury does happen, we can help you to minimize the cost to your business by getting your worker back to work as quickly and safely as possible.

To serve you effectively, the workplace safety and insurance system has to be financially secure, and it has to be fair. Everyone has to participate, and everyone has to pay their fair share. That's why we are working to make sure all employers are complying with WSIB legislation and policies.

We want to help you understand your responsibilities under the *Workplace Safety and Insurance Act*, 1997 (the Act) and WSIB policies. We also want to help you find out how well your workplace is meeting those responsibilities. This self-assessment questionnaire has been developed to test the strengths of your organization's management systems as they relate to your key responsibilities under WSIB legislation and policies. (Note that some employers may have additional obligations that are not covered by this questionnaire.)

Use of this questionnaire is voluntary, and you will not be asked to provide your results to the WSIB. However, WSIB account managers and customer service representatives are available to help you address any deficiencies you may discover.

The Act imposes certain obligations on Ontario employers. Most employers in Ontario must:

- register with the WSIB within ten days of the day they hire their first employee;
- pay regular WSIB premiums based on the size of their payroll;
- report work-related injuries;
- complete WSIB accident report forms;
- ensure first aid is available to all their workers; and
- co-operate with their injured workers to achieve early and safe return to work.

Violations of WSIB policies can result in administrative penalties; and violations of the Act can result in large fines for companies and individuals, and even jail terms. By ensuring that you are in full compliance, you will avoid penalties and make the workplace safety and insurance system as cost-effective and efficient as it can be.

How To Use This Questionnaire

Each question in this questionnaire has boxes for you to tick either "yes" or "no." Tick "yes," if you know you're in compliance with that particular provision of the Act and/or WSIB policy. Tick "no" if you need to take action to bring your business into compliance. Tick "NA" if a question does not apply to you.

Each question includes a space where you can record either the way you have verified that you are in compliance, or the action that you will take to become compliant. We recommend you incorporate this questionnaire into your ongoing audit process. By regularly revisiting this questionnaire, you can help make sure you are always in compliance with WSIB legislation and policies.

This questionnaire has been designed for use by most employers with Schedule 1 WSIB coverage. Different obligations apply to employers with Schedule 2 coverage, and to employers in the construction industry. These employers should contact their WSIB account managers or customer service representatives for assistance in ensuring they are in compliance.

If you have any specific questions about this questionnaire, please contact your account manager or customer service representative. If you have any questions about registering with the WSIB, please call our general inquiries number: (416) 344-1000 or 1-800-387-8638.

IMPORTANT NOTES -

In this questionnaire, "policy" refers to a policy in the WSIB Operational Policy Manual, and "the Act" refers to the *Workplace Safety and Insurance Act*, 1997.

This questionnaire is for self-assessment purposes only, and does not bind the WSIB in determining employer compliance with the Act and WSIB policies. In cases of conflict between the Act or official WSIB policies and this questionnaire, the Act or the policies always take precedence.

Copies of the WSIB Operational Policy Manual can be obtained by contacting WSIB Knowledge Services at 1-800-387-0750 x4355, or e-mail at km@wsib.on.ca. The Act is available through the WSIB's Web site at www.wsib.on.ca or from Publications Ontario at 1-800-668-9938.

SECTION ONE:

Registration and Coverage

1. Have you registered your business with the WSIB?	YES	□ NO
You must register your business within ten days of hiring your first full-time or part-time worker. A worker is anyone who is employed full-time, part-time or as an apprentice. The elatives of a sole owner or partner who are paid wages by hat employer are considered workers.	ACTIONS/VERIFICATION	
If you purchase a business that is already registered with the WSIB, you must register the business again. This also applies if ownership of a business is transferred from a sole proprietor to a partnership (even if the former sole proprietor is one of the partners).		
If you restart a business, you must notify us and reactivate your account, or start a new account.		
To register with the WSIB, contact your local WSIB office or all 1-800 387-8638.		
Section 2(1), 75 and 77 of the Act and policy 14-02-14, 22-01-01, 12-02-01 and 14-02-02		
Have you given us the information we need to register and classify your firm correctly?	☐ YES	□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need:	☐ YES	□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers a completed registration form by the specified due date		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers a completed registration form by the specified due date		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers a completed registration form by the specified due date		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers a completed registration form by the specified due date		□ NO
2. Have you given us the information we need to register and classify your firm correctly? We need: the legal name of your firm evidence of your status as a legitimate employer the date your first worker commenced employment an estimate of insurable earnings for your workers a completed registration form by the specified due date		□ NO

3. When you registered, did you provide us with a detailed description of your business activities?	☐ YES ☐ No
You should ensure that you are correctly classified at the time ou register. Wrongly classified employers can be asked to any retroactive premiums. You can help us to classify your arm correctly by providing your advertising and marketing naterials.	ACTIONS/VERIFICATION
(Section 75 of the Act and policy 14-02-02)	
· -	<u> </u>
4. Do you certify that the premium-related informat you provide to the WSIB is accurate?	tion
you provide to the WSIB is accurate? A person who is responsible for, or has detailed knowledge of, your company's financial affairs must sign all documents ontaining premium-related information to certify that the information is correct. As an employer, you are responsible for using accurate payroll information:	☐ YES ☐ No
you provide to the WSIB is accurate? A person who is responsible for, or has detailed knowledge of, your company's financial affairs must sign all documents ontaining premium-related information to certify that the information is correct. As an employer, you are responsible for using accurate payroll information: When registering when calculating your premium remittance	☐ YES ☐ No
you provide to the WSIB is accurate? A person who is responsible for, or has detailed knowledge of, your company's financial affairs must sign all documents ontaining premium-related information to certify that the information is correct. As an employer, you are responsible for using accurate payroll information: When registering	☐ YES ☐ No

5. Have you declared any associations with other c	-			-
You must tell us if your business is associated with other companies so that we can classify your firm correctly. Associations that must be declared are ones in which one company supports or contributes to the operation of another and:	ACTIONS/VER	IFICATION		
controllers of both businesses are related (one controller is a spouse, parent, sibling or child of the other), or				
the businesses have controllers in common.				
(Regulation 175/98 s.11 of the Act and policy 14-01-06)				
	:			
6. Have you obtained the necessary clearance cert and independent operator letters?	ificates	☐ YES	□ NO	□ N/A
	ificates Actions/veri		□ NO	□ N/A
and independent operator letters? A Clearance Certificate waives your premium liability in cases	:		□ NO	□ N/A
A Clearance Certificate waives your premium liability in cases where your contractor has unpaid WSIB premiums. When you hire someone you do not consider to be your employee, you should request an Independent Operator etter, which confirms that the person is not considered a	:		□ NO	□ N/A
A Clearance Certificate waives your premium liability in cases where your contractor has unpaid WSIB premiums. When you hire someone you do not consider to be your employee, you should request an Independent Operator etter, which confirms that the person is not considered a worker by the WSIB. You should have a procedure in place to ensure that these certificates and letters are requested and updated when	:		□ NO	□ N/A
A Clearance Certificate waives your premium liability in cases where your contractor has unpaid WSIB premiums. When you hire someone you do not consider to be your employee, you should request an Independent Operator etter, which confirms that the person is not considered a worker by the WSIB. You should have a procedure in place to ensure that these certificates and letters are requested and updated when appropriate.	:		□ NO	□ N/A

in illegal workplace insurance practices?	· ACTIONS /VEDICIO	ATION	 _	
ou MUST NOT:	ACTIONS/VERIFICA	AIIUN		
directly or indirectly deduct WSIB expenses from your workers' wages				
ask your workers to waive or forego any benefit to which they may be entitled				
allow your workers to indemnify you against any workplace insurance liability				
(Sections 16 and 95.1 of the Act)				
	•			
8. Do you ensure continued coverage for employee				
8. Do you ensure continued coverage for employee who work outside Ontario for more than six mor] YES	□ NO	□ N/A
who work outside Ontario for more than six more and a coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish continue coverage beyond the six-month limit, you must			□ NO	□ N/A
who work outside Ontario for more than six more SIB coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish continue coverage beyond the six-month limit, you must	ths?		□ NO	□ N/A
who work outside Ontario for more than six more SIB coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish continue coverage beyond the six-month limit, you must ply to the WSIB.	ths?		□ NO	□ N/A
who work outside Ontario for more than six more SIB coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish continue coverage beyond the six-month limit, you must ply to the WSIB.	ths?		□ NO	□ N/A
who work outside Ontario for more than six more SIB coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish continue coverage beyond the six-month limit, you must ply to the WSIB.	ths?		□ NO	□ N/A
who work outside Ontario for more than six more SIB coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish continue coverage beyond the six-month limit, you must ply to the WSIB.	ths?		□ NO	□ N/A
Who work outside Ontario for more than six more VSIB coverage for your employee will cease if that employee orks outside Ontario for more than six months. If you wish o continue coverage beyond the six-month limit, you must oply to the WSIB.	ths?		□ NO	N/A

SECTION TWO:

First Aid/Health and Safety

10. Do you have a properly equipped first aid station?	☐ YES	□ NO
Your first aid station must have a first aid box that is equipped according to Regulation 1101 of the Act, and a notice board displaying:	ACTIONS/VERIFICATION	
the WSIB <i>In Case of Injury at Work</i> poster		
 current first aid certificates for trained first aid providers on duty in your workplace 		
 an inspection card displaying proof that the first aid box is inspected regularly – at least every quarter 		
(Regulation 1101 s.1 and s.8-12 of the Act)		
•		
11. Is an appropriate person responsible for your first	aid station? 🗌 YES	□ NO
The person(s) responsible for your first aid station must work nearby and be qualified to perform first aid.	ACTIONS/VERIFICATION	
(Regulation 1101 s.1(2) of the Act)		
12. Is your first aid station easily accessible for all yo	ur workers? 🔲 YES	П NO
		□ NO
(Regulation 1101 s.1(3) of the Act)	ACTIONS/VERIFICATION	

13. Do you keep detaile have required first		-	☐ YES	□ NO
(Regulation 1101 s.5 of the Act)			ACTIONS/VERIFICATION	
14. Have your Joint Occ Committee (JOHSC	-	_	fied? □ YES	□ NO
f you are required by the <i>Occ</i> Act, 1990 to have a JOHSC, yertification for its designated	upational Health you must obtain members. The	and Safety a both parts of first part is basic	fied?	□ NO
-	members be upational Health you must obtain members. The members work in by the results information, call at 1-800-663-663	and Safety a both parts of first part is basic place-specific of a workplace I the WSIB's	<u> </u>	□ NO
f you are required by the Occate, 1990 to have a JOHSC, yertification for its designated pertification training. The secondazard training, which is driven azard assessment. For more intertification information line	members be upational Health you must obtain members. The members work in by the results information, call at 1-800-663-663	and Safety a both parts of first part is basic place-specific of a workplace I the WSIB's	<u> </u>	□ NO
f you are required by the Occ. Act, 1990 to have a JOHSC, yeartification for its designated certification training. The seconazard training, which is driven azard assessment. For more intertification information line your health and safety associated.	members be upational Health you must obtain members. The members work in by the results information, call at 1-800-663-663	and Safety a both parts of first part is basic place-specific of a workplace I the WSIB's	<u> </u>	□ NO

SECTION THREE:

Reporting of Workplace Injuries

on the day that they are injured?	☐ YES ☐ NO
ou must:	ACTIONS/VERIFICATION
provide transportation for your worker to a hospital, to a physician, or to the worker's home if required immediately after they are injured	
pay your worker's wages and employment benefits for the day of their injury	
(Sections 38(1) and 24(1) of the Act and policy 18-01-10)	
16. Do you report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker:	
16. Do you report all reportable work-related injuries You must report a workplace injury to us as soon as you are	s to the WSIB? YES NO
16. Do you report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or	s to the WSIB? YES NO
Tou must report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or	s to the WSIB? YES NO
Tou must report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or is unable to earn pre-injury wages; or	s to the WSIB? YES NO
Tou must report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or is unable to earn pre-injury wages; or requires modified work for more than seven days in total.	s to the WSIB? YES NO
Tou must report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or is unable to earn pre-injury wages; or requires modified work for more than seven days in total.	s to the WSIB? YES NO
Tou must report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or is unable to earn pre-injury wages; or requires modified work for more than seven days in total.	s to the WSIB? YES NO
Tou must report all reportable work-related injuries ou must report a workplace injury to us as soon as you are ware that your worker: obtains health care (even if you paid for that health care and it was provided on your premises); or is unable to earn pre-injury wages; or requires modified work for more than seven days in total.	s to the WSIB? YES NO

17. Do you correctly report all reportable work-relate injuries within three calendar days?	-	☐ YES	□ NO
Form 7), or an equivalent form that we have approved, and end it to us within three calendar days. Under our policy on excident reporting, there is a \$250 penalty on each occasion or employers who fail to comply.	ACTIONS/VERIFICAT	rion .	
(Section 21 of the Act and policy 15-01-02)			
	•		
	<u> </u>		
18. Do you provide us with all the information we need to correctly adjudicate your workers' claim	ns?	☐ YES	□ N 0
need to correctly adjudicate your workers' claim ou must provide us with any additional information (i.e., aformation not already included on the Form 7) that we say require. Under our policy on accident reporting, there a \$250 penalty on each occasion for employers who fail to	IS? ACTIONS/VERIFICA	<u> </u>	N€
need to correctly adjudicate your workers' claim ou must provide us with any additional information (i.e., formation not already included on the Form 7) that we ay require. Under our policy on accident reporting, there a \$250 penalty on each occasion for employers who fail to	:	<u> </u>	□ Ne
need to correctly adjudicate your workers' claim ou must provide us with any additional information (i.e., formation not already included on the Form 7) that we ay require. Under our policy on accident reporting, there a \$250 penalty on each occasion for employers who fail to emply.	:	<u> </u>	□ N
need to correctly adjudicate your workers' claim ou must provide us with any additional information (i.e., aformation not already included on the Form 7) that we hay require. Under our policy on accident reporting, there a \$250 penalty on each occasion for employers who fail to omply.	:	<u> </u>	N(
need to correctly adjudicate your workers' claim ou must provide us with any additional information (i.e., aformation not already included on the Form 7) that we hay require. Under our policy on accident reporting, there a \$250 penalty on each occasion for employers who fail to emply.	:	<u> </u>	N(
need to correctly adjudicate your workers' claim ou must provide us with any additional information (i.e., aformation not already included on the Form 7) that we hay require. Under our policy on accident reporting, there a \$250 penalty on each occasion for employers who fail to emply.	:	<u> </u>	N(

You must give your worker a copy of the Accident Report Form (Form 7) and any additional information you have provided to us about your worker's injury. Under our policy on accident reporting, there is a \$250 penalty on each poccasion for employers who fail to comply.	ACTIONS/VERIFICATION	
(Section 21(4) of the Act and policy 15-01-02)		
20. Do you maintain your injured worker's benefits during the worker's absence from work?	☐ YES	□ NO
	☐ YES ACTIONS/VERIFICATION	□ по

SECTION FOUR:

Early and Safe Return to Work

21. Do you stay in contact with workers while they are recovering from workplace injuries?	YES	□ NO
You should contact your injured workers to discuss early and afe return to work as soon as ossible after they are injured, and maintain communication broughout the worker's period of recovery and impairment.	ACTIONS/VERIFICATION	
(Section 40(1) of the Act and policy 19-02-03)		
22. Do you try to provide suitable work for your injured workers during their recovery?		□ NO
	☐ YES ACTIONS/VERIFICATION	□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type		□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type of work, you must attempt to provide suitable work that:		□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type of work, you must attempt to provide suitable work that: is available to the worker; and the worker has, or is able to acquire, the necessary skills		□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type of work, you must attempt to provide suitable work that: is available to the worker; and the worker has, or is able to acquire, the necessary skills to perform; and does not pose a health or safety risk to the worker or the		□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type of work, you must attempt to provide suitable work that: is available to the worker; and the worker has, or is able to acquire, the necessary skills to perform; and does not pose a health or safety risk to the worker or the worker's co-workers; and		□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type of work, you must attempt to provide suitable work that: is available to the worker; and the worker has, or is able to acquire, the necessary skills to perform; and does not pose a health or safety risk to the worker or the worker's co-workers; and is consistent with the worker's functional abilities; and restores the worker's pre-injury earnings whenever		□ NO
injured workers during their recovery? As soon as your worker is medically fit to perform some type of work, you must attempt to provide suitable work that: is available to the worker; and the worker has, or is able to acquire, the necessary skills to perform; and does not pose a health or safety risk to the worker or the worker's co-workers; and is consistent with the worker's functional abilities; and restores the worker's pre-injury earnings whenever possible.		□ NO

23. Do you provide us with all the information we need oversee your workers' early, safe return to work?		□ NO
We can assist, inform and guide you in your efforts to safely eturn your worker to work.	ACTIONS/VERIFICATION	
(Section 40(1) of the Act and policy 19-02-05)		
24. Do you tell us if you and your injured worker can't agree on an early, safe return to work solution?	t 🔲 YES	□ NO
f you and your worker can't agree on a solution, you should ontact the WSIB. We may provide return to work mediators nd other resources to help you work towards a return to work olution.	ACTIONS/VERIFICATION	
(Section 40(6) of the Act and policy 19-02-06)		
25. Do you protect your workers' rights to confidentiality during their return to work?	☐ YES	□ NO
f you obtain functional abilities information from our worker or your worker's doctor, you must keep it confidential. However, you may share this information with people who are helping with your worker's return to work.	ACTIONS/VERIFICATION	
f you are granted access to medical information in your vorker's WSIB claim file, you must keep it confidential by naking the file's contents anonymous before you release it to ny third party.		
► (Section 37(4) & 59(6) of the Act and policy 19-02-04 and 11-01-10		

As well as their early and safe return-to-work obligations, some employers have additional re-employment obligations under the Act. You should contact your account manager to find out if these additional obligations apply to you.

f you have twenty or more workers on the date your worker	
s injured, and the worker has been employed for at least one ear, you must re-employ your worker until the earliest of:	ACTIONS/VERIFICATION
two years after the date of the worker's injury	
one year after the worker is medically able to perform the essential duties of his or her pre-injury employment	
the worker's 65th birthday	
f your worker is capable of performing suitable work, you nust offer the first suitable job that becomes available.	
Once your worker is capable of returning to his or her pre- njury job, you must offer that job, or an alternative job that s comparable in nature.	
f you terminate a worker's employment within six months of e-employment after a workplace injury, you must prove that he termination was not related to the injury.	
(Section 41(1,4,5,7 and 10) of the Act and policy 19-04-02, 19-04-03, 19-04-04, 19-04-05, 19-04-06, and 19-04-08)	

27. Do you make work or workplace accommodation when re-employing your injured worker?	☐ YES ☐ NO
nless it causes undue financial hardship, you must make ork or workplace accommodations when re-employing your jured worker.	ACTIONS/VERIFICATION
(Section 41(6) of the Act and policy 19-04-07)	
	· · · · · · · · · · · · · · · · · · ·
28. Do you take account of collective agreements w re-employing your injured workers?	/hen
re-employing your injured workers? your workplace has a collective agreement, you should mpare the provisions of that agreement with the re-uployment provisions of the Act, and apply the provisions	YES NO N/A
re-employing your injured workers? your workplace has a collective agreement, you should mpare the provisions of that agreement with the reployment provisions of the Act, and apply the provisions at provide the greater protection for your worker.	YES NO N/A
re-employing your injured workers? your workplace has a collective agreement, you should mpare the provisions of that agreement with the re- aployment provisions of the Act, and apply the provisions at provide the greater protection for your worker.	YES NO N/A
re-employing your injured workers? our workplace has a collective agreement, you should appare the provisions of that agreement with the re- ployment provisions of the Act, and apply the provisions a provide the greater protection for your worker.	YESNON

SECTION FIVE:

Ongoing Revenue Obligations

29. Do you report all material changes affecting your obligations under the Act?	☐ YES ☐ NO
material change is any change that may alter your bligations under the Act. These obligations may relate to: reporting of premium-related information	ACTIONS/VERIFICATION
payment of premiums eligibility for rebates, or obligations to pay surcharges,	
under our experience rating programs reporting of business activities reimbursement of benefit costs	
Material changes include changes to: the name of your business the address of your business the ownership of your business sale of all or part of your business the nature of your business legal affiliations or associations with other companies	
legal alimations of associations with other companies	
(Section 77 of the Act and policy 22-01-01)	
30. If the nature of your business has changed since have you ensured that you are still correctly class of the nature of your business changes, you must contact us	
30. If the nature of your business has changed since have you ensured that you are still correctly class of the nature of your business changes, you must contact us	ssified? YES NO N/A
30. If the nature of your business has changed since have you ensured that you are still correctly classification.	ssified? YES NO N/A
30. If the nature of your business has changed since have you ensured that you are still correctly class of the nature of your business changes, you must contact us to verify that you have the correct industry classification.	ssified? YES NO N/A

31. Do you accurately calculate your premiums as directed by the WSIB?	☐ YES ☐ NO
ased on the size of your payroll, we will direct you as to how ad how often you should calculate and pay premiums. When porting earnings for premium purposes, you must do so cording to when they are actually paid.	ACTIONS/VERIFICATION
(Section 88(1) of the Act and policy 14-03-07 and 14-03-09)	
·· ·	
32. Do you submit an accurate and timely reconcilia workers' earnings for the previous calendar year	
workers' earnings for the previous calendar year' f you pay monthly WSIB premiums, you must submit a rear-end reconciliation of earnings for each of your accounts	
workers' earnings for the previous calendar year' f you pay monthly WSIB premiums, you must submit a ear-end reconciliation of earnings for each of your accounts	?
f you pay monthly WSIB premiums, you must submit a rear-end reconciliation of earnings for each of your accounts by March 31 of the following year.	?
f you pay monthly WSIB premiums, you must submit a rear-end reconciliation of earnings for each of your accounts by March 31 of the following year.	?
workers' earnings for the previous calendar year' of you pay monthly WSIB premiums, you must submit a year-end reconciliation of earnings for each of your accounts by March 31 of the following year.	?
Workers' earnings for the previous calendar year' If you pay monthly WSIB premiums, you must submit a year-end reconciliation of earnings for each of your accounts by March 31 of the following year.	?

33. Do you notify us of changes to the amount of yo	our payroll?	☐ YES	□ NO	□ N/A
If you have prepaid your premiums for the year, and there is a subsequent change in the amount of your payroll, you must notify us of the change so that we can make sure you have paid the correct premium for your workers' coverage.	ACTIONS/V	ERIFICATION		
(Section 77 of the Act and policy 14-03-09)				
	<u> </u>			
··				
34. Do you maintain payroll records correctly?		☐ YES	□ NO	
You must keep accurate records in Ontario of all wages paid for the current year, and for six prior years, for all your employees – including any subcontractors without workplace	ACTIONS/VEI	_	□NO	
You must keep accurate records in Ontario of all wages paid for the current year, and for six prior years, for all your employees – including any subcontractors without workplace insurance coverage. The WSIB can audit your payroll records and request	ACTIONS/VEI	_	□ NO	
You must keep accurate records in Ontario of all wages paid for the current year, and for six prior years, for all your employees – including any subcontractors without workplace insurance coverage. The WSIB can audit your payroll records and request	ACTIONS/VEI	_	□ NO	
You must keep accurate records in Ontario of all wages paid for the current year, and for six prior years, for all your employees – including any subcontractors without workplace insurance coverage. The WSIB can audit your payroll records and request information supporting your industry classification.	ACTIONS/VEI	_	□ NO	
You must keep accurate records in Ontario of all wages paid for the current year, and for six prior years, for all your employees – including any subcontractors without workplace insurance coverage. The WSIB can audit your payroll records and request information supporting your industry classification.	ACTIONS/VEI	_	□ NO	
You must keep accurate records in Ontario of all wages paid for the current year, and for six prior years, for all your employees – including any subcontractors without workplace insurance coverage. The WSIB can audit your payroll records and request information supporting your industry classification.	ACTIONS/VEI	_	□ NO	

35. Are you maintaining separate payroll records for each of your classification units?	☐ YES ☐ NO ☐ N/A
If your business activity is classified under more than one classification unit (CU), you must maintain accurate records showing the segregation of your payroll and wage records into each of your separate CUs.	ACTIONS/VERIFICATION
(Section 78(1) and Regulation 175/98 of the Act and policy 14-01-03)	

SECTION SIX:

Closing Your Business

36. Have you met your obligations when closing you	business?	☐ YES	□ №	□ N/A
Within ten days of the closure of your business, you must tell us:	ACTIONS/VE	RIFICATION		
■ why the business has ceased operation				
■ the date the business closed				
■ the date your last worker was employed				
your workers' payroll on a completed reconciliation form for the current year up to and including the date of closure, or the date when your last worker was employed				
your workers' payroll for any previous unreconciled year				
(Section 76(1&2) of the Act and policy 14-02-05)				
	:			
·· <u>-</u>				
37. Have you paid your outstanding account balance after closing your business?)	☐ YES	□ NO	□ N/A
· · · · · · · · · · · · · · · · · · ·	ACTIONS/VER	_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A
after closing your business? If we determine that there is an outstanding account balance after you have closed down your business, you must pay this amount by the end of the month after the month in which the notice of the outstanding balance (the adjustment) was issued.		_ _	□ NO	□ N/A

Accident Report Forms to the WSIB before you close your	38. Have you ensured that all outstanding Accident Report Forms (Form 7s) have been submitted?	☐ YES ☐ NO ☐ N/A
(Section 21 of the Act and policy 14-02-05)	You must make sure you have submitted all outstanding Accident Report Forms to the WSIB before you close your business.	ACTIONS/VERIFICATION
	(Section 21 of the Act and policy 14-02-05)	

The Workplace Safety and Insurance Board 200 Front Street West Toronto ON M5V 3J1



