



BOMA Plus – Accredited Vendor Program Guidance for General Requirements

Janitorial Service Delivery

November 2022



Purpose

The purpose of this document is to provide Service Providers guidance on the general requirements set out in Section 5 of the BOMA Plus – Accredited Vendor Program. The information in this document is intended to assist Service Providers with understanding the grading criteria, audit criteria and minimum expectations to achieve conformance to each general requirement.

Note: The numbering arrangement in this document correlates directly to the numbering arrangement assigned to each general requirement in Section 5 of the BOMA Plus – Accredited Vendor Program for Janitorial Service Delivery.

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Section 5 - General Requirements

5.1. Business Information, Liability and Workers Compensation

Relevance

Service Providers should be legally entitled to perform work in Canadian jurisdictions and maintain provincial worker compensation coverage for those jurisdictions. Liability insurance should be maintained at reasonable coverage levels to validate that the company will remain viable and protect its clients during the performance of work.

Grading

The following sections are major elements of the requirement: 5.1.1; 5.1.2; 5.1.3. Failure to meet any of these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.1.1	<i>Service Providers shall maintain government registration to operate a business within Canada or within the specific jurisdiction that it operates within.</i>	<ul style="list-style-type: none"> • A legal document identifying the name of the SP validates that the SP is legally entitled to perform work in Canadian jurisdictions. The name and/or trade name will be used to validate that the workers compensation certificates match the company name and/or registered trade name and are up to date and valid. • To qualify as acceptable, the document must have a Canadian government logo (provincial or federal), have a trade name or legal company name that matches the name registered for BOMA certification and have a legal operating address in Canada (any province is acceptable). • A typical example is a GST/HST registration document for taxes, business registration form, or workers compensation registration confirmation letters. • Once the document is validated, describe the name of the document as identified and upload as supporting documentation if acceptable.
5.1.2	<i>Service Providers shall maintain provincial workers compensation coverage for all Canadian jurisdictions where the Service Provider operates.</i>	<ul style="list-style-type: none"> • Workers' compensation coverage ensures that employees of the SP that perform work are covered for benefits in the event of work-related injury or illness. Coverage also protects the clients from liability that hire the SP to perform work. Lack of coverage can make the client liable to pay premiums on behalf of the SP. This is also a legal requirement in all Canadian provinces. • Some provincial boards produce a clearance certificate while others have a letter of good standing in place of a clearance certificate. Validate that the document submitted is not expired, and if acceptable, check all validated provinces and upload into the system.



Section #	General Requirement	Audit Criteria & Guidance
5.1.3	<i>Service Providers shall maintain valid liability insurance for the work they perform.</i>	<ul style="list-style-type: none"> • Liability insurance protects the SP from loss for damages that arise in the performance of work. • Clients may need specific wording for insurance certificates however the auditor only needs to validate that coverage is maintained at appropriate coverage amounts. A minimum acceptable coverage is 2,000,000 for general liability and \$1,000,000 for automobile. Note: it is quite reasonable for clients to ask for higher coverage limits. Excess liability coverage may also be accepted. • Also, the certificate should be maintained throughout the year. Auditors should question any break in coverage e.g., seasonal coverage may be problematic with abnormal weather patterns forcing work outdoors during different seasons where coverage may not be maintained. • List the coverage limits identified in the insurance certification and upload the document if valid, up to date, and maintained.
5.1.4	<i>Service Providers shall utilize a standard contract template that defines the parameters of work to be performed for its clients.</i>	<ul style="list-style-type: none"> • The SP should have formal agreements in use and should ensure that service contracts clearly define the parameters of work and liability. Contract templates should also have agreed upon pricing to ensure that payment amounts are defined and not ambiguous. • Auditors should validate that a blank contract template is provided with areas to insert contract specific details such as client name, date, scope of work, pricing etc.
5.1.5	<i>Service Providers shall utilize contract(s) for the parameters of work that are executed by both parties (i.e., the client and the Service Provider).</i>	<ul style="list-style-type: none"> • Validate that the sample provided is based on the contract template or is similar in nature to demonstrate that the SP has formal contractual obligations with clients. Check for dual signatures, evidence of liability wording and clear parameters of work for the price described. If any components are not clear clarify with the SP and upload the document that meets the criteria.



5.2. Recruitment, Labour Planning and Payment of Wages

Relevance

Service Providers should have well defined recruitment, labour and wage payment practices to minimize the risk of labour disruptions. Processes in this category are looking for conformance with legal requirements and identifying clear processes and wage payment practices that will minimize errors and improper business practices.

Grading

The following sections are major elements of the requirement: 5.2.1; 5.2.2; 5.2.3; 5.2.4; 5.2.5; 5.2.6; 5.2.7. Failure to meet any of these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.2.1	<i>Service Providers shall document and maintain an up-to-date payment schedule for its employees.</i>	<ul style="list-style-type: none"> • A defined payment frequency ensures that employees are paid consistently for work performed and confirms the employer complies with relevant provincial and federal Labour legislation. • The auditor should confirm that the SP has an established payment frequency and be able to describe the payment schedule. The employee count for the SP should be consulted to validate that the payment schedule is appropriate. Small organisations may have a single payment frequency while larger organisations can have multiple pay periods per month. • It is also possible that different positions in the organization will have separate payment frequencies for example salary versus hourly. This section of the audit will require an interview to understand the process in detail. • Auditor to validate that the payment schedule is appropriate based on their best judgement when compared against the employee count. Clarify with the SP if unclear.
5.2.2	<i>Service Providers shall outline and demonstrate a process that ensures that employees who are hired by the Service Provider are paid as per the payment schedule.</i>	<ul style="list-style-type: none"> • A well-defined payroll process minimizes the risk of missed wages and labour disruption. • The general method of payment will vary from company to company. Payment by cash is not recommended as appropriate as there are no traceable evidence and can lead to wage disputes. Review the process as outlined by the SP and outline the process in succinct steps as listed in the chart below.





Section #	General Requirement	Audit Criteria & Guidance
5.2.3	<p><i>Service Providers shall demonstrate a process on how worked hours from the operational environments are collected for payment by the payroll system.</i></p>	<ul style="list-style-type: none"> • A timekeeping system prevents dispute over wages and ensures compliance with labour laws. • Review the method of capturing hours from different site environments. Note that it is typical for employees of SP to work at different facility sites. It should be clear from the description about how the hours are captured from the different site environments. If clarity is needed, these will form interview questions with a payroll representative. • Employees should be identified uniquely for example biometric reader, finger scan, employee ID or equivalent to confirm employees are paid accurately for hours worked. Unique identification methods ensure accurate allocation of hours for the right person. Manual methods e.g., sign in sheets should have multiple levels of approvals including employee signature, supervisor signature and manager approval. Generally, manual methods are less preferable. • Auditor will use discretion to validate the appropriateness of the time keeping system.
5.2.4	<p><i>Payment of wages shall comply with federal and provincial law and include vacation and vacation pay.</i></p>	<ul style="list-style-type: none"> • The SP should rely on software that is updated to reflect legislative changes so that deductions match CRA (Canadian Revenue Agency) requirements. • It is acceptable for the SP to contract out a speciality payroll provider/accountant to administer the organization payroll. • Relying on personal interpretation with respect to deductions can lead to errors in pay. The auditor does not need to validate the strength of the software used, only validation that the software is used exclusively for the processing of wages and that the software is up to date. The latest version of the software available can be found on the software company's website. • The auditor shall describe their understanding of the written submission provided by the SP. Is the submission acceptable to the auditor or does it raise concerns? If there are concerns, these should be brought up in the interview process.
5.2.5	<p><i>Service Providers shall demonstrate (5.2.5.1 to 5.2.5.7):</i></p>	
5.2.5.1	<p><i>A system for ensuring consistent and accurate wage payments (e.g., payroll software, time keeping system); and</i></p>	<ul style="list-style-type: none"> • Software ensures compliance with legal requirements so long as the software is updated. • The auditor should research the payroll provider name or software to ensure that the SP will be using the most up to date version. A simple internet search should suffice with finding the software or company website. Where appropriate, question the SP on the version of software in use.



Section #	General Requirement	Audit Criteria & Guidance
5.2.5.2	<i>An authorization process for approving payroll payments; and</i>	<ul style="list-style-type: none"> • Multiple level of authorization prevents errors, dispute over wages and compliance with labour laws. • Auditor should try to align the levels of authorization with the below hierarchy: Level 1 – Employee authorized e.g., biometric scan, signature sheet, punch card other. Level 2 – Field level authorization e.g., supervisor, lead hand Level 3 – Portfolio manager or similar title Level 4 – Senior level approval Level 5 – Finance Level 6 – Other
5.2.5.3	<i>A work schedule that includes the employee names and scheduled hours of work; and</i>	<ul style="list-style-type: none"> • Work schedules are used for workforce planning but are also used to approve payroll hours. • SP may have various facilities that they maintain, work schedules may vary by facility. Some may have fixed schedules while others, with varying shifts, may have more complicated schedules. If no work schedules are used the SP may not be effectively planning the workforce and may not be communicating effectively to staff at the site level. If is understood that salaried staff may not need a work schedule arrangement
5.2.5.4	<i>Confirmation that the established payment schedule (frequency of pay) is adhered to; and</i>	<ul style="list-style-type: none"> • The payroll process should confirm that wage payments will be deposited on the expected date. • A screen capture or system confirmation should be sufficient. If the SP is not able to demonstrate when pay will be deposited, this is problematic and may reveal opportunities for errors. • If submission is acceptable upload into the system or request acceptable document otherwise. Note in all situations, confidential information should be removed before submitting to the auditor.
5.2.5.5	<i>A process that outlines the steps taken to rectify missed pay dates; and</i>	<ul style="list-style-type: none"> • Missed pay could affect the employee’s ability to manage expenses, pay bills, mortgage or rent among other items. It may also lead to a violation of labour laws. Errors are possible, especially with larger organizations, but remediation should be timely. • Review the information submitted by the SP. Is there enough evidence that the SP is rectifying missed wages in a timely manner? If Yes, re-upload the evidence, if No, request clarification.
5.2.5.6	<i>Confirmation that missed wage payments do not exceed 1% of total employee count for the last pay period at the time of audit; and</i>	<ul style="list-style-type: none"> • The quantity of missed pay incidents can signal a problem with the payroll process and lead to labour law violations or disruptions with disgruntled employees. • Auditor should review the employee count submitted to BOMA during registration and evaluate whether the missed pay incidents exceed 1% of the total employee count.
5.2.5.7	<i>Confirmation that there is no outstanding payment of wages violations for its employees.</i>	<ul style="list-style-type: none"> • The SP should self-declare any violation of labour laws.



Section #	General Requirement	Audit Criteria & Guidance
		<ul style="list-style-type: none"> • A violation could signal problems with the payroll process or system and should be corrected immediately
5.2.6	<i>Service Providers shall have processes and procedures to manage employees including, but limited to (5.2.6.1 to 5.2.6.3):</i>	
5.2.6.1	<i>Payment of wages; and</i>	<ul style="list-style-type: none"> • This is usually part of a human resource manual or payroll manual. The document should formally outline a commitment to the payment of wages. • Auditor should review the program and confirm that the reference to payment of wages is explicit within the document. Additionally, the auditor should confirm that it is a company document and not government excerpt or print out. • Describe the section or reference to the document and upload to the system if acceptable.
5.2.6.2	<i>Performance and progressive discipline policies, and</i>	<ul style="list-style-type: none"> • Usually, part of a human resource manual or payroll manual. The document should formally outline policies regarding performance and discipline. The company should reference a progressive discipline process or better method. • Auditor should review the submitted program and confirm that the reference to performance and discipline is explicit within the document. Additionally, the auditor should confirm that it is a company document. • Describe the section or reference to the document and upload to the system if acceptable.
5.2.6.3	<i>Recognition and reward programs.</i>	<ul style="list-style-type: none"> • Usually, part of a human resource manual or payroll manual. The document should formally outline recognition and reward for employees. The company should reference a recognition program or better. • Auditor should review the submitted program and confirm that the SP does have a formal policy on recognition and reward. Additionally, the auditor should confirm that it is a company document. Note that each SP program will be different and may not use the exact terminology for recognition and reward, auditor will need to use judgement to assess the program. • Describe the section or reference to the document and upload to the system if acceptable.
5.2.7.	<i>Service Providers shall ensure that the recruitment of employees includes, as a minimum, the following elements: (5.2.7.1 to 5.2.7.3):</i>	
5.2.7.1	<i>A formal hiring process; and</i>	<ul style="list-style-type: none"> • Employment at the SP's organization must be from multiple channels (i.e., not just from one employment agency or post jobs on only one platform). This is achieved with the use of defined recruitment strategy. • SP should describe the method of obtaining employee candidates including forms of advertising or other means of obtaining staffing e.g., temp agencies, job ads etc. Process should show a variety of methods to recruit staff rather than relying on single source methods of obtaining staff.
5.2.7.2	<i>Standardized hiring forms; and</i>	<ul style="list-style-type: none"> • This SP must have formal documents to obtain information to process employee into a payroll system or equivalent.



Section #	General Requirement	Audit Criteria & Guidance
		<ul style="list-style-type: none"> • Auditor should confirm with submitted form templates (no need for completed forms as they contain confidential information) that forms capture necessary information. Forms should capture information such as: <ul style="list-style-type: none"> - Personal information - Employment details - Orientation details - Benefit forms - Areas for authorization/signatures • Review submitted information and if acceptable upload to the system. Describe the applicable forms uploaded by the SP if they support the recruitment process.
5.2.7.3	<i>Offer letters in writing.</i>	<ul style="list-style-type: none"> • Offer letters in writing remove ambiguity with the hiring process. • Not all positions will require a letter, as some positions may simply use a hire form. In all cases the offers must be formal and in writing to be acceptable.



5.3. Business Practices and Ethics

Relevance

Service Providers should have formal and written commitments for business practices and ethics, including adequate payment terms and customer service training.

Grading

The following sections are major elements of the requirement: 5.3.1; 5.3.2; 5.3.3.1; 5.3.6.1. Failure to meet any of these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.3.1	<i>Service Providers shall ensure that the conditions of employment are clearly defined, do not violate employee rights, and is communicated to employees.</i>	<ul style="list-style-type: none"> • These conditions can enforce discipline and corrective action. It also explains expectations to employees in a consistent manner. • Auditor should review submitted document to validate that the SP has conditions of employment and describes a method of communication. The method of communication should be appropriate for the size of the organization. If employees are not aware of the document, it is not enforceable. • If document and communication method is acceptable, upload document and comment
5.3.2	<i>Service Providers shall ensure that the rules of conduct are clearly defined, do not violate employee rights, and is communicated to employees.</i>	<ul style="list-style-type: none"> • Rules of conduct (can also be referred to as code of conduct, code of ethics, or professional conduct) should be place so the SP can enforce discipline and corrective action. It also explains expectations of the SP. • The content within the rules of conduct should include, but not limited to the following: behaviour, dress code, company values, conflict of interest, tardiness/absenteeism, privacy. • Auditor should review submitted document to validate that the SP has rules of conduct defined and describes a method of communication. The method of communication should be appropriate for the size of the organization. For example, if the SP has only 10 employees, then posting on the wall in the main office area is acceptable, but would not be acceptable for an organization that is multi-jurisdictional with thousands of employees. If employees are not aware of the document, it is not enforceable. • If document and communication method is acceptable, upload document and comment
5.3.3	<i>Job Routines & Position Descriptions</i>	
5.3.3.1	<i>Service Providers shall maintain a bank of job routines or position descriptions for the jobs performed by the Service Provider.</i>	<ul style="list-style-type: none"> • Position titles typical for a janitorial company many include, day/night shift cleaners, housekeepers, custodian. Positions may be segregated by scope of job e.g., by floor, by shift time, by specific role etc. • Note: Only position descriptions for cleaning services apply, management administrative positions are not a part of this standard.



Section #	General Requirement	Audit Criteria & Guidance
5.3.3.2	<i>Service Providers shall ensure that job routines and position descriptions are updated as necessary.</i>	<ul style="list-style-type: none"> • Job routines and position descriptions should be updated to reflect changes to the scope of the job or changes to the contract. There is no need to update a position description if a contract has not changed for an extended period. Documents that are not dated or have exceeded 3 years without a review should be flagged by the auditor for follow up questioning.
5.3.4	<i>Service Providers shall have a documented Code of Ethics.</i>	<ul style="list-style-type: none"> • The SP must abide by an internal code of ethics program. • Auditor is only looking for the presence of an established program that is approved by the high-ranking official in the organization. Future updates may look to specify requirements of the program. • The code of ethics program should be reviewed regularly (e.g., annually)
5.3.5	<i>Service Providers shall demonstrate that they are an equal opportunity employer by maintaining a documented anti-discrimination program.</i>	<ul style="list-style-type: none"> • The SP must have a formal program to address discrimination. • Auditor is only looking for the presence of an established program. Future updates may look to specify requirements of the program.
5.3.6	<i>Payment Terms</i>	
5.3.6.1	<i>Service Providers, where applicable, shall maintain appropriate payment terms to ensure payment is received for work performed.</i>	<ul style="list-style-type: none"> • SP that performs work for clients must have provisions to ensure that payment is received in a timely manner. • Auditor should validate the comments to understand the range of payment terms accepted by the SP e.g., 30 days, 60 days, 90 days etc.
5.3.6.2	<i>Service Providers, where applicable, shall demonstrate explicit payment terms when used in contractual arrangements.</i>	<ul style="list-style-type: none"> • The section will validate that the SP is prescriptive to clients on payment terms. Being specific in contract removes ambiguity on when payment is expected. Faster payment terms benefits cash flow.
5.3.6.3	<i>Service Providers shall ensure that payment terms do not exceed 60 days unless special exemptions apply for longer payment terms.</i>	<ul style="list-style-type: none"> • Auditor should validate samples of executed payment terms, a sample of 3 should be appropriate to validate that the contractor is adhering to a formal process. • If payment terms exceed 60 days, auditor may choose to follow up with questions to understand the rationale.



Section #	General Requirement	Audit Criteria & Guidance
5.3.7	<i>Customer Service (Non-mandatory Requirement)</i>	
5.3.7.1	<i>Service Providers <u>should</u> have a written program for customer service where staff are required to interact with the public.</i>	<ul style="list-style-type: none"> • Auditor is only looking for the presence of an established program. Future updates may look to specify requirements of the program.
5.3.7.2	<i>Service Providers <u>should</u> communicate and/or train employees on the customer service program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i>	<ul style="list-style-type: none"> • The auditor shall only review evidence of communication and/or training. Since this is not a mandatory requirement, sample size is not required.



5.4. Infection Control & Prevention

Relevance

The prevalence of infectious disease in the workplace is apparent now more than ever. Service Providers should have a robust infection control and prevention program with respect to cleaning and disinfection to reduce contamination of surfaces decreasing the risk of transmission of microorganisms that may lead to infections in building occupants.

Grading

The following sections are major elements of the requirement: 5.4.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.4.1	<i>Service Providers shall maintain a written infection control program.</i>	<ul style="list-style-type: none"> The infection control program shall be documented and may exist or be identified as a “procedure” that contains elements under this section.
5.4.1.1	<i>The written infection control program shall define cleaning, sanitizing, and disinfecting; and</i>	<ul style="list-style-type: none"> Auditor is looking for explicit definitions of the terms specified in the requirement. Definitions should be matched against a source and not based on knowledge alone.
5.4.1.2	<i>The written infection control program shall contain a sequence of operations to control the risk of infectious disease and cross contamination; and</i>	<ul style="list-style-type: none"> Auditor is looking for the order of operations. The order must be explicit in the standard to pass the requirement.
5.4.1.3	<i>The written infection control program shall identify the required personal protective equipment (PPE) for infection control; and</i>	<ul style="list-style-type: none"> Auditor is looking for explanations of Personal Protective Equipment within the standard. Types will vary depending on the risk of pathogen.



Section #	General Requirement	Audit Criteria & Guidance
5.4.1.4	<i>The written infection control program shall contain practices for donning and doffing of PPE; and</i>	<ul style="list-style-type: none"> • Auditor is looking for explicit procedures.
5.4.1.5	<i>The written infection control program shall contain operational procedures for Cleaning, Sanitizing, Disinfecting and Sterilizing (if applicable); and</i>	<ul style="list-style-type: none"> • Auditor is looking for explicit procedures.
5.4.1.6	<i>The written infection control program shall contain a handwashing procedure; and</i>	<ul style="list-style-type: none"> • Auditor is looking for explicit procedures. Visual graphics are acceptable.
5.4.1.7	<i>The written infection control program shall contain a procedure for washing and reusing microfiber cloths; and</i>	<ul style="list-style-type: none"> • Auditor is looking for explicit procedures.
5.4.1.8	<i>The written infection control program shall contain requirements for waste disposal; and</i>	<ul style="list-style-type: none"> • Auditor is looking for explicit procedures.
5.4.1.9	<i>The written infection control program shall contain a color-coding system (where re-usable cloths are used); and</i>	<ul style="list-style-type: none"> • Auditor is looking for explicit procedures.
5.4.1.10	<i>The written infection control program shall contain employee communication and/or training requirements for the infection control program (including frequency).</i>	<ul style="list-style-type: none"> • The infection control program shall identify what employees should be communicated/trained on and the frequency of the communication/training.



Section #	General Requirement	Audit Criteria & Guidance
5.4.2	<p><i>The infection control program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.</i></p>	<ul style="list-style-type: none"> • The infection control program shall display the SP’s name and logo. • There shall not be any reference to any other organization or association on the policy statement or program. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.4.3	<p><i>The infection control program shall be reviewed and updated (if necessary) at least annually.</i></p>	<ul style="list-style-type: none"> • The infection control program shall have a revision date, effective date or date of issuance, and shall be within one calendar year or 12 months. • Alternatively, proof of top management’s review could include meeting minutes, email correspondence, previous year’s document that has been marked-up, or a revision log.
5.4.4	<p><i>The infection control program shall be approved for use by a management representative.</i></p>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the infection control program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.4.5	<p><i>Service Providers shall train and/or communicate the infection control and prevention program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i></p>	<ul style="list-style-type: none"> • Auditor will be required to review a sample of training records. The quantity of training records will be specified in the audit plan for this section. Records should have minimum information as listed in section 5.9. • If records are appropriate, upload to system or request additional records, as necessary.



Section #	General Requirement	Audit Criteria & Guidance
5.4.6	<p><i>Service Providers shall demonstrate the use of a risk assessment tool that includes an objective assessment of infectious control risk that takes into consideration, as a minimum the susceptibility of occupants in the building to infection, the probability of being contaminated with an infectious agent, and the potential for exposure to an infectious agent. (Includes 5.4.6.1. – 5.4.6.3).</i></p>	<ul style="list-style-type: none"> • Risk assessment process needs to be objective and not ambiguous. Categories are based on PIDAC (Provincial Infectious Disease Advisory Committee). • Auditor is looking for proficiency using the tool. Only a sample completion necessary and if acceptable can be uploaded into the system.
5.4.7	<p><i>Service Providers shall have a written pandemic plan.</i></p>	<ul style="list-style-type: none"> • A pandemic plan is a component of business continuity and must be available and documented. • Auditor confirms that the SP has a plan and reviews components in future sections.
5.4.7.1	<p><i>The pandemic plan shall contain the stages of pandemic and associated response protocols; and</i></p>	<ul style="list-style-type: none"> • Auditor reviewing for explicit references
5.4.7.2	<p><i>The pandemic plan shall contain communication protocols for authorities, clients, and employees; and</i></p>	<ul style="list-style-type: none"> • Auditor reviewing for explicit references
5.4.7.3	<p><i>The pandemic plan shall contain confirmed case or outbreak procedures</i></p>	<ul style="list-style-type: none"> • Auditor confirms that the SP has a procedure and assesses individual components in each section.
5.4.7.3.1	<p><i>The procedure to deal with a confirmed case or outbreak shall include provisions for notification; and</i></p>	<ul style="list-style-type: none"> • Auditor reviewing for explicit procedures



Section #	General Requirement	Audit Criteria & Guidance
5.4.7.3.2	<i>The procedure to deal with a confirmed case or outbreak shall include provisions for contact tracing; and</i>	<ul style="list-style-type: none"> • Auditor reviewing for explicit procedures
5.4.7.3.3	<i>The procedure to deal with a confirmed case or outbreak shall include provisions for disinfection; and.</i>	<ul style="list-style-type: none"> • Auditor reviewing for explicit procedures
5.4.7.3.4	<i>The procedure to deal with a confirmed case or outbreak shall include provisions for communication.</i>	<ul style="list-style-type: none"> • Auditor reviewing for explicit procedures
5.4.8	<i>The pandemic plan shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The pandemic plan shall display the SP's name and logo. • There shall not be any reference to any other organization or association on the document. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.4.9	<i>The pandemic plan shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> • Pandemic plans should be updated annually or sooner as conditions change or if the plan is tested. • The pandemic plan shall have a revision date, effective date, or date of issuance, and shall be within one calendar year or 12 months. • Alternatively, proof of top management's review could include meeting minutes, email correspondence, previous year's document that has been marked-up or a revision log.
5.4.10	<i>The pandemic plan shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the pandemic plan shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.



5.5. Health & Safety Practices and Procedures

5.5.1. Commitment to Health & Safety

Relevance

A Health & Safety policy is the foundation of a robust safety program. Your company should have a written statement of principles and goals embodying the organization’s commitment to workplace health and safety. Most Canadian health and safety legislation requires employers to develop and maintain a health and safety policy.

Grading

The following sections are major elements of the requirement: 5.5.1.1; 5.5.1.5. Failure to meet these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.1.1	<i>Service Providers shall have a written health and safety policy.</i>	<ul style="list-style-type: none"> • The health and safety policy should be a standalone document, typically 1 page in length. • The document shall clearly indicate that it is a health and safety policy or policy statement. It is acceptable if other elements (i.e., environment and/or quality) are integrated into the health and safety policy.
5.5.1.1.1	<i>The health and safety policy shall contain a commitment to maintaining a safe and healthy work environment; and</i>	<ul style="list-style-type: none"> • The health and safety policy document shall contain a clear statement that either the ‘organization’ or the ‘CEO/owner/senior management’ is committed to maintaining a safe and healthy work environment. • The key phrase “commitment to maintaining a safe and healthy work environment” is either stated or implied with phrases such as “the organization is committed to ensuring a safe and healthy workplace for all employees” or “the organization will strive to foster and promote a safe and healthy work environment for all workers” • “Ensure the safety of all employees” “Ensuring all employees are protected against hazards in the workplace” are additional key terms/phrases that align with the commitment statement.
5.5.1.1.2	<i>The health and safety policy shall contain a commitment to preventing injuries and illnesses in the workplace; and</i>	<ul style="list-style-type: none"> • The health and safety policy document shall contain a clear statement that either the ‘organization’ or the ‘CEO/owner/senior management’ is committed to preventing workplace injuries and illnesses. • The key phrase “committed to preventing injuries and illnesses in the workplace” is either stated or implied with phrases such as “the organization will be proactive and address hazards before anyone gets injured or experiences unintended health effects” or “the organization will learn from previous incidents to prevent future occurrences” or “committed to preventing incidents and/or accidents” • “Prevention of injuries” “accident-free” “proactively addressing issues before incidents occur” “free from harm” are additional key terms / phrases that align with the commitment statement.



Section #	General Requirement	Audit Criteria & Guidance
5.5.1.1.3	<i>The health and safety policy shall contain a commitment to comply with all applicable health and safety legal requirements; and</i>	<ul style="list-style-type: none"> • The health and safety policy document shall contain a clear statement that either the ‘organization’ or the ‘CEO/owner/senior management’ is committed to complying with all applicable health and safety legal requirements. • The key phrase “committed to complying with all applicable health and safety legal requirements” is either stated or implied with phrases such as “the organization will strive implement industry best practices beyond those required by law” or “the organization will strive to maintain a safety work environment in accordance with regulatory requirements” • “Meet legal requirements” “achieve compliance” are additional key terms and phrases that align with the commitment statement.
5.5.1.1.4	<i>The health and safety policy shall contain a commitment to consult employees on health and safety matters; and</i>	<ul style="list-style-type: none"> • The health and safety policy document shall contain a clear statement that either the ‘organization’ or the ‘CEO/owner/senior management’ is committed to consulting with employees on health and safety matters. • The key phrase “committed to consulting with employees on health and safety matters” is either stated or implied with phrases such as “the organization will involve employees in health and safety decision making” or “the organization consult employees
5.5.1.1.5	<i>The health and safety policy shall contain responsibilities to report near misses, incidents, and unsafe work conditions; and</i>	<ul style="list-style-type: none"> • The health and safety policy document shall include a statement of responsibility for reporting near misses, incidents, and unsafe work conditions. • Additional terms that align with the commitment include: “accidents” “injuries” “illnesses” “property damage” “vehicle collisions” “spills” “unsafe conditions” “unsafe act” “unsafe behaviour” • Responsibility can be defined by position or applicable to “everyone”
5.5.1.1.6	<i>The health and safety policy shall contain a commitment to investigate all workplace incidents.</i>	<ul style="list-style-type: none"> • The health and safety policy document shall contain a commitment statement that all workplace incidents will be investigated. • The key term “accident” can be used as an alternative to “incident”
5.5.1.2	<i>The health and safety policy shall contain the Service Provider’s name and logo, and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The health and safety policy document shall display the SP’s name and logo. • There shall not be any reference to any other organization or association on the policy statement. • Auditor only looking to verify that the document is the property of the company and not referencing a template.



Section #	General Requirement	Audit Criteria & Guidance
5.5.1.3	<i>The health and safety policy shall be reviewed and updated (if applicable) at least annually.</i>	<ul style="list-style-type: none"> • The health and safety policy shall have a revision date, effective date or date of issuance, and shall be within one calendar year or 12 months. • Alternatively, proof of top management’s review could include meeting minutes, email correspondence, previous year’s document that has been marked-up or a revision log.
5.5.1.4	<i>The health and safety policy shall be signed by the highest-ranking official of the organization.</i>	<ul style="list-style-type: none"> • The health and safety policy shall be signed by a person, either the CEO, owner or the most senior leader of the location operation. • Signature can be verified by ink, or if electronic, an authorized scanned signature, or PDF signature.
5.5.1.5	<i>Service Providers shall train and/or communicate the health and safety policy to employees (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i>	<ul style="list-style-type: none"> • Validate that the current policy was communicated to all employees by reviewing one of the following methods: <ol style="list-style-type: none"> 1) Communication via email – auditor shall review and validate the date, time and contents of the email (i.e., attaching the health and safety policy), and who it was distributed to. 2) Communication via company meetings and conferences – auditor shall review the date and contents of the communication, and who was in attendance. 3) Training, including orientation training. The auditor shall validate any training records and document their findings. • The auditor may use other methods to verify that the health and safety policy was communicated to all employees. • Posting the health and safety policy will not count towards a method of communication as it cannot be verified during the audit.



5.5.2 Personal Protective Equipment

Relevance

Personal Protective Equipment (PPE) are important devices designed to protect workers against safety and/or health hazards. Examples include respirators, gloves, ear plugs, hard hats, safety glasses, safety goggles, face shields, safety footwear, high-visibility clothing, and harnesses.

Grading

The following sections are major elements of the requirement: 5.5.2.1; 5.5.2.5. Failure to meet these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.2.1	<i>Service Providers shall have a written personal protective equipment program.</i>	<ul style="list-style-type: none"> The PPE program can be an all-encompassing document which identifies all types of PPE used, or separate documents labelled as “procedures” or “standards” for each type of PPE used.
5.5.2.1.1	<i>The PPE Program shall contain roles and responsibilities for different internal parties within the organization as it relates to the PPE program; and</i>	<ul style="list-style-type: none"> The PPE program or individual procedures should clearly describe both the roles and responsibilities of management and employees as it relates to personal protective equipment.
5.5.2.1.2	<i>The PPE Program shall contain a process and/or criteria that identifies how PPE is to be selected for a specific hazard and/or activity being performed; and</i>	<ul style="list-style-type: none"> The PPE program shall specify the process and/or criteria, including but not limited to: conducting job hazard analyses, hazard assessments and risk assessments, reviewing safety data sheet, complying with legislative requirements and CSA standards.
5.5.2.1.3	<i>The PPE Program shall contain a description of all PPE required for use by the Service Provider, including the respective types, categories and/or classifications (where applicable); and</i>	<ul style="list-style-type: none"> The PPE program shall identify all types of PPE used (e.g., safety boots, safety glasses, gloves) Where applicable, each type of PPE (e.g., safety boots) should specify the category (e.g., CSA Grade 1/Green Triangle). Categories listed in CSA/ANSI standards are accepted as industry best practices. Categories listed in legislation shall also be accepted.



Section #	General Requirement	Audit Criteria & Guidance
5.5.2.1.4	<i>The PPE Program shall contain instruction of the proper use, inspection, care, and maintenance for each type of PPE identified (5.5.2.1.3); and</i>	<ul style="list-style-type: none"> For each type of PPE identified, there shall be instructions for the use (i.e., when each type of PPE is to be used, including donning and doffing descriptions), instructions on how to perform an inspection on the PPE (including the frequency of inspection), instructions for proper care (e.g., preventing contamination, proper storage), instructions for maintenance (e.g., frequency for testing) (where applicable).
5.5.2.1.5	<i>The PPE Program shall contain a statement that the required PPE will be supplied and paid for by the Service Provider; and</i>	<ul style="list-style-type: none"> The auditor shall validate that the PPE program makes specific reference that all types of PPE will be supplied <u>and</u> paid for by the SP. There should not be any reference that employees should use or bring their own PPE.
5.5.2.1.6	<i>The PPE Program shall describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> The frequency of communicating and/or training employees shall be identified in the program. The requirement shall also identify what employees will be communicated and/or trained on (e.g., the PPE program in full, the specific PPE that they use, etc.).
5.5.2.2	<i>The PPE program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> The PPE program shall display the SP’s name and logo. There shall not be any reference to any other organization or association on the policy statement. Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.2.3	<i>The PPE program shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> The PPE program shall have a revision date, effective date, or date of issuance, and shall be within one calendar year or 12 months. Alternatively, proof of top management’s review could include meeting minutes, email correspondence, previous year’s document that has been marked-up or a revision log.
5.5.2.4	<i>The PPE program shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> The name of the person authorizing the use of the PPE program shall be identified on the document The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.2.5	<i>Service Providers shall maintain a list of all PPE required respective to the job positions/activities being performed.</i>	<ul style="list-style-type: none"> The PPE list required for each job position and/or activity could be recorded in the PPE program, in a comprehensive matrix that lists all the job positions/job activities on one axis and the PPE on another axis, or a simple list of that displays all the job positions vs required PPE, or in individual work procedures for specific tasks.



Section #	General Requirement	Audit Criteria & Guidance
5.5.2.6	<p><i>Service Providers shall communicate and/or train employees on the specific PPE they use (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i></p>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size when reviewing employee training/communication records. • Training/communication records should be reviewed to validate that 1) employees have been communicated / trained on the respective PPE they use, and 2) the training frequency is aligned with the requirements in the PPE program, but not at intervals greater than 12 months. • Training records can originate from orientation training, site training, departmental training, job specific training, procedures, and work instruction training. • Training methods can be through in-person or online self-directed participation. • The records should contain the information outlined in section 5.9 – Communication, Training & Competency.



5.5.3 Workplace Violence & Harassment

Relevance

A Workplace Violence & Harassment program sets the framework to allow everyone to be able to work in a safe and healthy environment, free from workplace violence and harassment that has the potential to poison the work environment, sabotage productivity and undermine an organization’s safety culture.

Grading

The following sections are major elements of the requirement: 5.5.3.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.3.1	<i>Service Providers shall have a written workplace violence and harassment program</i>	<ul style="list-style-type: none"> • A workplace violence and harassment program shall be documented and may exist or be identified as a “procedure” that contains the elements under this section.
5.5.3.1.1	<i>The workplace violence & harassment program shall include definitions for workplace violence; workplace harassment; workplace sexual harassment; unacceptable behaviour; and non-workplace harassment; and</i>	<ul style="list-style-type: none"> • A The <u>workplace violence</u> definition should include, but is not limited to: <ol style="list-style-type: none"> 1) The exercise or attempt to exercise physical force in the workplace that causes or could cause physical injury to a person in the workplace, 2) Any threatening statements or behaviours that is reasonable for a worker to interpret as a threat to exercise physical force with the risk of injury to a person in the workplace, • The <u>workplace harassment</u> definition should include, but is not limited to any conduct or comments against a person in the workplace that is not welcomed. Examples include: making remarks, jokes or innuendos that demean, ridicule, intimidate, or offend; displaying or circulating offensive pictures or materials; bullying; offensive or intimidating phone calls/emails. • The <u>workplace sexual harassment</u> definition should include but is not limited to: <ol style="list-style-type: none"> 1) Engagements of conduct or comments against a person in the workplace because of their sex, sexual orientation, gender identify or expression that is not welcomed by another person, 2) Making any sexual solicitation or advancements that are unwelcomed by another person. • The <u>unacceptable behaviour</u> definition should include but is not limited to any conduct that is unreasonable, regardless of stress, frustration or anger experienced, that compromises or could compromise the safety of a person in the workplace. <p>The non-workplace harassment definition should include but is not limited to situations that relate to performance management, that are perceived by a worker as harassing or bullying.</p>



Section #	General Requirement	Audit Criteria & Guidance
5.5.3.1.2	<i>The workplace violence and harassment program shall include roles and responsibilities for different parties within the organization as it relates to violence and harassment; and</i>	<ul style="list-style-type: none"> • The workplace violence and harassment program shall outline the roles and responsibilities of all workplace parties, and at minimum include the roles and responsibilities for management, non-management (i.e., employees), contracted employees, contractors, and visitors.
5.5.3.1.3	<i>The workplace violence and harassment program shall include a process for reporting workplace violence and harassment incidents; and</i>	<ul style="list-style-type: none"> • The workplace violence and harassment program shall outline details of reporting incidents of workplace violence and harassment, including: <ul style="list-style-type: none"> ○ Criteria for when incidents should be reported (e.g., immediately after first occurrence for workplace violence, contacting police for (where applicable) for workplace violence incidents, etc.). • Criteria for how employees are to report (e.g., email, phone, in-person, contacting HR, anonymous hotline, etc.).
5.5.3.1.4	<i>The workplace violence and harassment program shall include a process for investigating workplace violence and harassment incidents; and</i>	<ul style="list-style-type: none"> • The criteria and/or situations that trigger an investigation – processes can also be referenced in the incident investigation program.
5.5.3.1.5	<i>The workplace violence and harassment program shall describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> • That workplace violence and harassment program shall identify what employees should be communicated/trained on and the frequency of the communication/training. • The elements of the workplace violence and harassment program can be imbedded into orientation training, be a standalone training session or any other communication methods either listed in the program or accepted by the auditor.



Section #	General Requirement	Audit Criteria & Guidance
5.5.3.2	<i>The workplace violence and harassment program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The workplace violence and harassment program shall display the SP’s name and logo. • There shall not be any reference to any other organization or association. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.3.3	<i>The workplace violence and harassment program shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> • The workplace violence and harassment program shall have a revision date, effective date or date of issuance, and the date shall be within 12 months from the date of review. • Alternatively, proof of review could include meeting minutes, email correspondence, previous year’s document that has been marked-up or a revision log.
5.5.3.4	<i>The workplace violence and harassment program shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the workplace violence and harassment program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.3.5	<i>Service Providers shall communicate and/or train employees on the workplace violence and harassment program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size to review employee training/communication records. • Training/communication records shall be reviewed to validate that 1) employees have been communicated and/or trained on the requirements in the workplace violence and harassment program, and 2) the training frequency is aligned with the requirements in the workplace violence and harassment program, but not at intervals greater than 12 months. • Training/communication records can be a result of orientation training, program specific training (online or classroom), safety meetings or other records that are accepted by the auditor. • The records shall contain the information outlined in section 5.9 – Communication, Training & Competency.



5.5.4 Risk Management

Relevance

Risk management is one of the most valuable components of a safety program which helps organizations identify, assess and control workplace hazards and risks that are associated with the activities performed by employees. Having a robust risk management program allows organizations to continuously monitor their risks and prioritize their efforts on the risks that could jeopardize the safety impact on its employees, the environment and property.

Grading

The following sections are major elements of the requirement: 5.5.4.1; 5.5.4.6. Failure to meet these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.4.1	<i>Service Providers shall have a written risk management program.</i>	<ul style="list-style-type: none"> The risk management program shall be documented, and may exist or be identified as a “procedure” that contains elements under this section.
5.5.4.1.1	<i>The risk management program shall contain roles and responsibilities for different internal parties within the organization as it relates to the risk management program; and</i>	<ul style="list-style-type: none"> The risk assessment program shall outline the roles and responsibilities of all workplace parties regarding their participation in the program. The roles can be generalized (i.e., management, employees) or specific (e.g., Operations Manager, Cleaning Supervisor, etc.).
5.5.4.1.2	<i>The risk management program shall contain a criteria to initiate a risk assessment; and</i>	<ul style="list-style-type: none"> The risk assessment program shall specify the criteria that initiates a risk assessment, examples include, but not limited to: taking on additional cleaning tasks at a new or existing facility/contract, a change in number of employees performing a cleaning task at a facility, a change in the chemicals used, a change to the established cleaning routine, etc..
5.5.4.1.3	<i>The risk management program shall contain a methodology to classify and prioritize risks; and</i>	<ul style="list-style-type: none"> The risk assessment program shall specify a standardized methodology/risk rating system for classifying and prioritizing the risks associated with the hazardous tasks and/or hazards identified. A matrix with risk thresholds shall be included in the program to classify and assign a risk level to a task (i.e., low, medium, high)



Section #	General Requirement	Audit Criteria & Guidance
5.5.4.1.4	<p><i>The risk management program shall contain a standardized risk assessment template used to document the identification of hazards, assessment, and classification of the risks, and identify the respective and control measures; and</i></p>	<ul style="list-style-type: none"> • There could be multiple risk assessment templates. • Each risk assessment template shall contain a section for the identification of tasks/hazards, a section for the assessment and classification of risk, and a section to document control measures. • Templates shall include specifications for measuring risk, including but not limited to: frequency, severity and probability.
5.5.4.1.5	<p><i>The risk management program shall contain a requirement to retain copies of completed and up-to-date risk assessments.</i></p>	<ul style="list-style-type: none"> • The risk assessment program shall make reference to retaining completed and up-to-date risk assessments, and any previous versions be archived for future reference.
5.5.4.2	<p><i>The risk management program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies</i></p>	<ul style="list-style-type: none"> • The risk assessment program shall display the SP’s name and logo. • There shall not be any reference to any other organization or association. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.4.3	<p><i>The risk management program shall be reviewed and updated (if necessary) at least annually.</i></p>	<ul style="list-style-type: none"> • The risk assessment program shall have a revision date, effective date or date of issuance, and the date shall be within 12 months from the date of review. • Alternatively, proof of review could include: meeting minutes, email correspondence, previous year’s document that has been marked-up or a revision log.
5.5.4.4	<p><i>The risk management program shall be approved for use by a management representative.</i></p>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the risk assessment program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.



Section #	General Requirement	Audit Criteria & Guidance
5.5.4.5	<p><i>Service Providers shall utilize the standardized risk assessment templates maintain records of all completed risk assessments.</i></p>	<ul style="list-style-type: none"> • Auditor shall request a sample of completed risk assessments to validate that the standardized templates were used, and that the risk assessments have been completed in full. • Auditor shall validate that the SP retains all completed risk assessments – this can be achieved by reviewing the folders or systems virtually.
5.5.4.6	<p><i>Service Providers shall maintain a risk register of current hazardous tasks, categorized, and prioritized by risk, that are inherent to the operations performed by the Service Provider.</i></p>	<ul style="list-style-type: none"> • The risk register shall contain a comprehensive list of all inherent risks applicable to the cleaning operations performed by the SP. • The risk register shall identify all hazardous activities, prioritized by risk (e.g., low, medium, high) according to categorization outlined in the risk assessment program. • The information populated in the risk register shall be a summary of all risk assessments completed with respect to the SP’s cleaning operations.



5.5.5 Sub-contractor Management

Relevance

Hiring subcontractors to support business operations is a frequent practice in the cleaning service industry. One of the most critical aspects of hiring a subcontractor is ensuring they possess the appropriate qualifications, insurance coverage and safety programs to protect not only their employees, but to provide peace of mind to the SP and their clients.

Grading

The following sections are major elements of the requirement: 5.5.5.1; 5.5.5.2. Failure to meet these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.5.1	<i>Service Providers shall maintain a process for hiring and using subcontractors to perform work that the Service Provider is contractually obligated to perform, and shall include a criteria for subcontractor qualification, subcontractor disqualification and the use of standardized contract templates.</i>	<ul style="list-style-type: none"> • The SP shall be able to explain the process of hiring and managing subcontractors – a documented process that outlines the process is also acceptable. • SPs shall be able to demonstrate that consistent criteria are used to qualify and disqualify subcontractors – this can be demonstrated as part of a procurement process or procurement documentation, contract documents or any other systems used by the Subcontractor.
5.5.5.2	<i>Service Providers shall maintain documentation for subcontractors that include, as a minimum: the subcontractor’s legal name; registered coverage for workers compensation; liability insurance; and health and safety agreements.</i>	<ul style="list-style-type: none"> • The auditor shall select a sample size of subcontractor contracts to review and validate if all the criteria have been met. • Registered coverage or workers compensation includes a certificate of good standing/ clearance certificates from the insurance. • Liability insurance shall at minimum amount to the coverage requirements as specified in approved contracts • Requirements for health and safety shall be clearly defined.



Section #	General Requirement	Audit Criteria & Guidance
5.5.5.3	<i>Payment terms for compensating subcontractors shall not exceed 60 days unless special exemptions apply for longer payment terms.</i>	<ul style="list-style-type: none">• The auditor shall validate the requirement by observing records of payment to a sample of subcontractors to ensure payment was within 60 days receiving the invoice.



5.5.6 Health and Safety Workplace Inspections

Relevance

Workplace inspections help prevent incidents, injuries, and illnesses by proactively examining the workplace to identify hazards so that actions could be implemented before an incident occurs.

Grading

The following sections are major elements of the requirement: 5.5.6.1; 5.5.6.5. Failure to meet these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.6.1	<i>Service Providers shall maintain a workplace inspection program appropriate to the nature and size of operations.</i>	The workplace inspection program shall be documented and may exist or be identified as a “procedure” that contains elements under this section.
5.5.6.1.1	<i>The workplace inspection program shall contain inspection frequencies and responsibilities; and</i>	<ul style="list-style-type: none"> • The workplace inspection program shall identify when inspections are to be completed and who must complete them. • The frequencies defined shall meet legislated requirements (where applicable) and manufacturer specifications as a minimum. • The responsibilities for reporting findings and follow up shall be defined.
5.5.6.1.2	<i>The workplace inspection program shall contain a requirement for developing and closing out corrective actions; and</i>	<ul style="list-style-type: none"> • The program shall have a requirement that any deficiencies/hazards identified as part of the inspections need to be corrected. • The program should specify who is responsible for addressing identified deficiencies/hazards (e.g., employees, supervisors/managers).
5.5.6.1.3	<i>The workplace inspection program shall contain a requirement to communicate the results of the workplace inspection to management and other relevant workplace parties; and</i>	<ul style="list-style-type: none"> • The program shall specify that the findings and inspection results are to be communicated to a management representative. • The program shall specify how the inspection results and/or findings are to be communicated, examples include postings, email, daily meetings, etc.



Section #	General Requirement	Audit Criteria & Guidance
5.5.6.1.4	<i>The workplace inspection program shall contain standardized inspection forms/ reports/ checklists to be used; and</i>	<ul style="list-style-type: none"> Standardized forms should be referenced in the program indicating that they shall be used for completing workplace inspections. Inspection forms can be generalized or specific as long as they adequately represent the particular area and/or activities being performed (e.g., janitorial inspection form, chemical inspection form, office inspection form, etc.).
5.5.6.1.5	<i>The workplace inspection program shall contain requirements for retaining completed inspection forms; and</i>	<ul style="list-style-type: none"> The program shall specify that inspection forms are to be retained (hardcopy or electronically). The program should specify how long inspection forms are to be retained (e.g., 1 year, 5 years, etc.).
5.5.6.1.6	<i>The workplace inspection program shall describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> That workplace inspection program shall identify what employees should be communicated/trained on and the frequency of the communication/training. Elements of the workplace inspection program can be imbedded into orientation training, be a standalone training session or any other communication methods either listed in the program or accepted by the auditor.
5.5.6.2	<i>The workplace inspection program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> The workplace inspection program shall display the SP's name and logo. There shall not be any reference to any other organization or association. Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.6.3	<i>The workplace inspection program shall be reviewed and updated (if necessary) at least annually</i>	<ul style="list-style-type: none"> The workplace inspection program shall have a revision date, effective date or date of issuance, and the date shall be within 12 months from the date of review. Alternatively, proof of review could include meeting minutes, email correspondence, previous year's document that has been marked-up, or a revision log.



Section #	General Requirement	Audit Criteria & Guidance
5.5.6.4	<p><i>The workplace inspection program shall be approved for use by a management representative.</i></p>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the workplace inspection program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.6.5	<p><i>Service Providers shall utilize the standardized forms and retain records of completed workplace inspections.</i></p>	<ul style="list-style-type: none"> • Auditor shall request a sample of completed inspection forms to validate that the standardized templates were used. • Auditor shall validate that the SP retains all completed inspection forms – this can be achieved by reviewing the folders or systems virtually.
5.5.6.6	<p><i>Service Providers shall train and/or communicate the workplace inspection program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i></p>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size to review employee training/communication records. • Training/communication records shall be reviewed to validate that 1) employees have been communicated and/or trained on the requirements in the workplace inspection program, and 2) the training frequency is aligned with the requirements in the workplace inspection program, but not at intervals greater than 12 months. • Training/communication records can be a result of orientation training, program specific training (online or classroom), or other records that are accepted by the auditor. • The records shall contain the information outlined in section 5.9 – Communication, Training & Competency.



5.5.7. Health & Safety Committees / Representatives

Relevance

Health & Safety Committees / Representatives play an integral role in supporting an organization’s internal responsibility system by allowing management and employees to collaborate on resolving health and safety issues.

Grading

The following sections are major elements of the requirement: 5.5.7.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.7.1	<i>Service Providers shall have a documented H&S Committee/Representative program as appropriate to the nature and size of operations</i>	<ul style="list-style-type: none"> • The H&S Committees/Representative program shall be documented, and may exist or be identified as a “procedure” or “Terms of Reference” that contains elements under this section.
5.5.7.1.1	<i>The H&S Committee/ Representative program shall contain requirements that detail the composition of H&S Committees/ Representatives; and</i>	<ul style="list-style-type: none"> • The program shall specify the requirements for establishing a H&S Committee vs a H&S Representative and the required composition when either one is established (e.g., <5 workers then only 1 H&S representative needed, >5<20 a H&S Committee is required with at least 2 members, one worker one management, etc.). • Note that requirements vary by province, auditor should research to determine validity for provinces that the SP operates. E.g., SK has a committee requirement for 10 or more employees.
5.5.7.1.2	<i>The H&S Committee/ Representative program shall contain a process for selecting or appointing H&S Committees members/ Representatives; and</i>	<ul style="list-style-type: none"> • The program shall specify the process to select management and worker representatives on the H&S Committee or as a Health & Safety Representative. • The program shall specify the role of the Union (if applicable) in selecting and appointing workers. • The requirements for selecting members need to comply with the OHS legislation in which the SP operates.



Section #	General Requirement	Audit Criteria & Guidance
5.5.7.1.3	<i>The H&S Committee/ Representative program shall contain roles and responsibilities for H&S Committees/ Representatives; and</i>	<ul style="list-style-type: none"> • The program shall outline the roles and responsibilities for H&S Committees, H&S Committee members (management and workers), H&S (worker) Representatives and a union (if applicable).
5.5.7.1.4	<i>The H&S Committee/ Representative program shall contain training requirements (including certification training) for H&S Committee members and representatives; and</i>	<ul style="list-style-type: none"> • The program shall specify the type of training members/representatives need to take (in-house or certification training), how many members on a Committee need to take the training (e.g., half/all members, %-based, etc.), and how often members need to be retrained.
5.5.7.1.5	<i>The H&S Committee/ Representative program shall contain requirements for completing periodic inspections (minimum monthly); and</i>	<ul style="list-style-type: none"> • The program shall specify that H&S Committee / Representative inspections shall be conducted at least monthly. • The program shall specify that if it is not practical to inspect the entire workplace monthly, then a portion of the workplace shall be inspected each month such that the entire workplace will be inspected at least annually.
5.5.7.1.6	<i>The H&S Committee/ Representative program shall contain a process for making formal recommendations to senior management; and</i>	<ul style="list-style-type: none"> • The program shall specify that recommendations made by H&S Committees/Representatives can result from workplace inspections, observations, discussions, reviews of training programs, worker requests or concerns, etc. • The program shall specify the timelines that management must follow up on recommendations made by the H&S Committees/Representatives.
5.5.7.1.7	<i>The H&S Committee/ Representative program shall contain frequency of meetings and availability of meeting minutes; and</i>	<ul style="list-style-type: none"> • Requirement does not apply to SPs that only have H&S Representatives. • The program shall specify that meetings shall be held at certain intervals, but no less than once every 3 months. • The program shall specify that meeting minutes will be available within a certain timeframe from the meeting date, but no later than ten (10) days after the meeting. • The program shall also specify the individual responsible for managing meeting minutes.



Section #	General Requirement	Audit Criteria & Guidance
5.5.7.1.8	<i>The H&S Committee/ Representative program shall contain requirements for retaining documents for inspections and meeting minutes.</i>	<ul style="list-style-type: none"> • The program shall specify that inspection forms and meeting minutes are to be retained (hardcopy or electronically). • The program shall specify the duration in which inspection forms and meeting minutes are to be retained.
5.5.7.1.9	<i>The H&S Committee/ Representative program shall contain a requirement to post the names of H&S Committee members/ representatives and their work locations.</i>	<ul style="list-style-type: none"> • The program shall specify the requirement for each location to post the names and work locations of the H&S Committees members/representatives in a conspicuous location.
5.5.7.2	<i>Service Providers shall maintain a list of all H&S Committees and Representatives.</i>	<ul style="list-style-type: none"> • The list shall encompass all H&S Committees/Representatives respective to each location (where applicable) in which the SP operates. • The list can also identify the composition of each JHSC, the names and position titles of each member, and the work locations



5.5.8 Incident Investigation

Relevance

A robust incident investigation program allows organizations to respond and investigate the root causes of incidents to better develop corrective actions and prevent recurrences.

Grading

The following sections are major elements of the requirement: 5.5.8.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.8.1	<i>Service Providers shall maintain an incident investigation program as appropriate to the nature and scope of operations</i>	<ul style="list-style-type: none"> The incident investigation program shall be documented, and may exist or be identified as a “procedure” or “standard” that contains elements under this section.
5.5.8.1.1	<i>The incident investigation program shall contain Roles and responsibilities for different internal parties within the organization as it relates to the incident investigation program; and</i>	<ul style="list-style-type: none"> The incident investigation program shall identify all persons and/or positions that have responsibilities to fulfil elements of the incident investigation program.
5.5.8.1.2	<i>The incident investigation program shall contain a description of the type of incidents that need to be investigated; and</i>	<ul style="list-style-type: none"> The incident investigation program shall identify what type of incidents need to be investigated (e.g., near misses, injuries, illnesses, property damage, environmental spills workplace violence and harassment, etc.).
5.5.8.1.3	<i>The incident investigation program shall contain incident reporting protocols; and</i>	<ul style="list-style-type: none"> The program shall define the process for reporting incidents identified within the program, the timelines for reporting and to whom the incidents need to be reported (including both internal and external reporting requirements).



Section #	General Requirement	Audit Criteria & Guidance
5.5.8.1.4	<i>The incident investigation program shall contain a process for conducting investigations; and</i>	<ul style="list-style-type: none"> • The program shall define the types of investigations (if applicable) that could be performed by the SP (e.g., Level 1 – immediate supervisors are the investigators, Level 2 – managers are assigned as the investigators) – having only one type of investigation is also acceptable. • The program shall define investigative techniques to be used (e.g., interviews, re-enactments, record reviews, etc.). • The program shall define the requirements for management to review and accept the incident investigation report. • The program shall define the timelines for: when investigations are to be conducted, when investigation reports are to be completed (timelines can vary, depending on the level of investigation (e.g., level 1, level 2, etc.) if level exist within the program;
5.5.8.1.5	<i>The incident investigation program shall contain a standardized investigation report template; and</i>	<ul style="list-style-type: none"> • The program shall utilize a standardized template for documenting incident investigation details, including corrective actions.
5.5.8.1.6	<i>The incident investigation program shall contain requirements for retaining investigation reports</i>	<ul style="list-style-type: none"> • The program shall define the training requirements for those conducting investigations (including frequency) (E.g., managers will be trained on the requirements of the incident investigation program every 3 years). • The program shall define how the requirements of the program are being communicated to all employees (including frequency). • Elements of the incident investigation program can be imbedded into orientation training, be a standalone training session or any other communication methods either listed in the program or accepted by the auditor.
5.5.8.1.7	<i>The incident investigation program shall describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> • The program shall specify that incident investigation reports are to be retained (hardcopy or electronically). • The program should specify how long incident investigation forms are to be retained (e.g., 1 year, 5 years, etc.).
5.5.8.2	<i>The incident investigation program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The incident investigation program shall display the SP’s name and logo. • There shall not be any reference to any other organization or association. • Auditor only looking to verify that the document is the property of the company and not referencing a template.



Section #	General Requirement	Audit Criteria & Guidance
5.5.8.3	<i>The incident investigation program shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> • The incident investigation program shall have a revision date, effective date or date of issuance, and the date shall be within 12 months from the date of review. • Alternatively, proof of review could include meeting minutes, email correspondence, previous year’s document that has been marked-up, or a revision log.
5.5.8.4	<i>The incident investigation program shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the incident investigation program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.8.5	<i>Service Providers shall utilize the standardized incident investigation reports identified in the program.</i>	<ul style="list-style-type: none"> • Auditor shall request a sample of completed investigation reports to validate that the standardized template is being used. • Auditor shall validate that the SP retains all completed investigation reports – this can be achieved by reviewing the folders or systems virtually. • Due to the sensitivity of the information in the investigation reports, the auditor shall verify the use of the standardized investigation reports virtually.
5.5.8.6	<i>Service Providers shall train and/or communicate the incident investigation program and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size to review employee training/communication records. • Training/communication records shall be reviewed to validate that 1) employees have been communicated and/or trained on the requirements in the incident investigation program, and 2) the training/communication frequency is aligned with the requirements in the program, but not at intervals greater than 12 months. • Training/communication records can be a result of orientation training, program specific training (online or classroom), or other records that are accepted by the auditor. • The records shall contain the information outlined in section 5.9 – Communication, Training & Competency.



5.5.9 Housekeeping and/or Organizing Program

Relevance

A housekeeping/organizing program helps ensure processes are in place to keep a clean, clutter free workplace that improves productivity and employee safety.

Grading

The following sections are major elements of the requirement: 5.5.9.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.9.1	<i>Service Providers shall have a written housekeeping and/or organizing program.</i>	<ul style="list-style-type: none"> The housekeeping/organizing program shall be documented, and may exist or be identified as a “procedure” or “standard” that contains elements under this section.
5.5.9.1.1	<i>The housekeeping / organizing program shall contain rolls and responsibilities for different internal parties within the organization as it relates to the Housekeeping/ Organizing program; and</i>	<ul style="list-style-type: none"> The housekeeping/organizing program shall identify all persons and/or positions that have responsibilities to fulfil elements of the program.
5.5.9.1.2	<i>The housekeeping / organizing program shall contain a requirement to keep all emergency exits clear from obstructions; and</i>	<ul style="list-style-type: none"> The program shall specify a requirement that all emergency exits need to be clear from obstructions, or equivalent.
5.5.9.1.3	<i>The housekeeping / organizing program shall contain a requirement for maintaining clearances of walkways; and</i>	<ul style="list-style-type: none"> The program shall specify a requirement to maintain clearances of walkways to prevent slips, trips and falls, or equivalent.
5.5.9.1.4	<i>The housekeeping / organizing program shall contain a requirement for returning materials and equipment to their proper storage locations; and</i>	<ul style="list-style-type: none"> The program shall specify the requirement that all emergency exits need to be clear from obstructions, or equivalent



Section #	General Requirement	Audit Criteria & Guidance
5.5.9.1.5	<i>The housekeeping / organizing program shall describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> • The program shall define the communication and/or training requirements (including frequency) (E.g., employees will be trained on the requirements of the incident investigation program during orientation and every 3 years afterwards). • Elements of the housekeeping/organizing program can be imbedded into orientation training, be a standalone training session or any other communication methods either listed in the program or accepted by the auditor.
5.5.9.2	<i>The Housekeeping/ Organizing program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The housekeeping/organizing program shall display the SP's name and logo. • There shall not be any reference to any other organization or association. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.9.3	<i>The Housekeeping/ Organizing program shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> • The housekeeping/organizing program shall have a revision date, effective date or date of issuance, and the date shall be within 12 month from the date of review. • Alternatively, proof of review could include meeting minutes, email correspondence, previous year's document that has been marked-up, or a revision log.
5.5.9.4	<i>The Housekeeping/ Organizing program shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the housekeeping/organizing program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.9.5	<i>Service Providers shall train and/or communicate the housekeeping/organizing program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size to review employee training/communication records. • Training/communication records shall be reviewed to validate that 1) employees have been communicated and/or trained on the requirements in the housekeeping/organizing program, and 2) the training/communication frequency is aligned with the requirements in the program, but not at intervals greater than 12 months. • Training/communication records can be a result of orientation training, program specific training (online or classroom), or other records that are accepted by the auditor. • The records shall contain the information outlined in section 5.9 – Communication, Training & Competency.



5.5.10 Workplace Hazardous Materials Information System (WHMIS)

Relevance

WHMIS is a Canada-wide, legislated requirement that gives organizations and workers information about hazardous materials used in the workplace so workers can protect themselves

Grading

The following sections are major elements of the requirement: 5.5.10.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.10.1	<i>Service Providers shall maintain a written WHMIS program.</i>	<ul style="list-style-type: none"> The WHMIS program shall be documented and may exist or be identified as a “procedure” or “standard” that contains elements under this section.
5.5.10.1.1	<i>The WHMIS program shall contain rolls and responsibilities for different internal parties within the organization as it relates to the WHMIS program; and</i>	<ul style="list-style-type: none"> The WHMIS program shall identify all persons and/or positions that have responsibilities to fulfil elements of the program.
5.5.10.1.2	<i>The WHMIS program shall contain requirements for making Safety Data Sheets (SDS) sheets available to workers and keeping SDSs current; and</i>	<ul style="list-style-type: none"> The WHMIS program shall prescribe how SDS are made available to workers (hardcopy or electronic, and their respective locations). The WHMIS program shall prescribe a continuous and proactive process to review and ensure SDSs are managed and kept up to date for all hazardous chemical products, and that they are always available to employees.
5.5.10.1.3	<i>The WHMIS program shall contain a requirement to ensure that all chemical products are labelled at the workplace; and</i>	<ul style="list-style-type: none"> The WHMIS program shall prescribe what information the supplier labels need to contain for chemicals used by the SP The WHMIS program shall prescribe what information the workplace labels need to contain when products are decanted. The WHMIS program shall prescribe the measures that need to be taken if the labels contain the wrong information or if the information is not legible.



Section #	General Requirement	Audit Criteria & Guidance
5.5.10.1.4	<i>The WHMIS program shall contain describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> • Every worker who works with, or in proximity to, a hazardous product in the workplace must have WHMIS training. • The WHMIS program shall distinguish between worker education (i.e., general WHMIS education) vs training (i.e., site- and job-specific training), and the required frequency for workers to receive both. • The WHMIS program can specify that education and training be conducted together, or separately.
5.5.10.2	<i>The WHMIS program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The WHMIS program shall display the SP’s name and logo. • There shall not be any reference to any other organization or association. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.10.3	<i>The WHMIS program shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> • The WHMIS program shall have a revision date, effective date or date of issuance, and the date shall be within 12 months from the date of review. • Alternatively, proof of review could include meeting minutes, email correspondence, previous year’s document that has been marked-up, or a revision log.
5.5.10.4	<i>The WHMIS program shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the WHMIS program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.10.5	<i>Service Providers shall train and/or communicate the WHMIS program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.</i>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size to review employee training/communication records. • Training/communication records shall be reviewed to validate that 1) employees have been communicated and/or trained on the requirements in the WHMIS program, and 2) the training/communication frequency is aligned with the requirements in the program, but not at intervals greater than 12 months. • Training/communication records can be a result of orientation training, program specific training (online or classroom), or other records that are accepted by the auditor. • The records shall contain the information outlined in section 5.9 – Communication, Training & Competency.



5.5.11 Slip & Fall Prevention

Relevance

Same-level slip and fall injuries account for almost two thirds of all fall-related injuries in Canada, and a Slip and Fall Prevention Program helps ensure appropriate measures are in place to keep working areas free slippery materials and debris.

Grading

The following sections are major elements of the requirement: 5.5.11.1. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.5.11.1	<i>Service Providers shall have a written Slip and Fall Prevention program</i>	<ul style="list-style-type: none"> The Slip and Fall Prevention program shall be documented, and may exist or be identified as a “procedure” or “standard” that contains elements under this section.
5.5.11.1.1	<i>The slip and fall prevention program shall contain roles and responsibilities for different internal parties within the organization as it relates to the Slip and Fall Prevention program; and</i>	<ul style="list-style-type: none"> The Slip and Fall Prevention program shall identify all persons and/or positions that have responsibilities to fulfil elements of the program.
5.5.11.1.2	<i>The slip and fall prevention program shall contain a requirement that spills are cleaned up immediately, using appropriate spill containment material and personal protective equipment; and</i>	<ul style="list-style-type: none"> The Slip and Fall Prevention program shall contain a requirement that explicitly states that spills are to be cleaned up immediately, or equivalent The Slip and Fall Prevention program shall identify the appropriate spill containment material that is available to workers for use (i.e., absorbent pads and socks), and specify the PPE in which they should use for cleaning up spills (e.g., nitrile gloves, face shield, etc.).
5.5.11.1.3	<i>The slip and fall prevention program shall contain a requirement that environments are kept free of debris that may impede movement or present a slip and fall hazard; and</i>	<ul style="list-style-type: none"> The Slip and Fall Prevention program shall contain a requirement that explicitly states that environments are to remain clear of debris, or equivalent.



Section #	General Requirement	Audit Criteria & Guidance
5.5.11.1.4	<i>The slip and fall prevention program shall describe awareness and/or training requirements, and the frequency of awareness and/or training requirements for the program.</i>	<ul style="list-style-type: none"> • The program shall define the communication and/or training requirements (including frequency) (E.g., employees will be trained on the requirements of the Slip & Fall Prevention program during orientation and every 3 years afterwards). • Elements of the Slip and Fall program can be imbedded into orientation training, be a standalone training session or any other communication methods either listed in the program or accepted by the auditor.
5.5.11.2	<i>The Slip and Fall Prevention program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.</i>	<ul style="list-style-type: none"> • The Slip and Fall Prevention program shall display the SP’s name and logo. • There shall not be any reference to any other organization or association. • Auditor only looking to verify that the document is the property of the company and not referencing a template.
5.5.11.3	<i>The Slip and Fall Prevention program shall be reviewed and updated (if necessary) at least annually.</i>	<ul style="list-style-type: none"> • The Slip and Fall Prevention program shall have a revision date, effective date or date of issuance, and the date shall be within 12 month from the date of review. • Alternatively, proof of review could include: meeting minutes, email correspondence, previous year’s document that has been marked-up or a revision log.
5.5.11.4	<i>The Slip and Fall Prevention program shall be approved for use by a management representative.</i>	<ul style="list-style-type: none"> • The name of the person authorizing the use of the Slips and Fall Prevention program shall be identified on the document • The program shall have indication that a management representative has approved the program for use e.g. (Approved By, Authorized By, Accepted By). The person authorizing the use of the document shall be a management representative. • If a signature is on the document, then it can be handwritten, electronic, an authorized scan signature or a PDF signature.
5.5.11.5	<i>Service Providers shall train and/or communicate the Slip and Fall program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency</i>	<ul style="list-style-type: none"> • The auditor shall determine the appropriate sample size to review employee training/communication records. • Training/communication records shall be reviewed to validate that 1) employees have been communicated and/or trained on the requirements in the Slip and Fall Prevention program, and 2) the training/communication frequency is aligned with the requirements in the program, but not at intervals greater than 12 months. • Training/communication records can be a result of orientation training, program specific training (online or classroom), or other records that are accepted by the auditor. • The records shall contain the information outlined in section 5.9 – Communication, Training & Competency.



5.6 Quality Control and Continuous Improvement

Relevance

Quality control and continuous improvement play important roles in the cleaning services industry. Cleaning companies and clients alike are now, more than ever, well informed of how important it is to maintain a healthy working environment. The need for a clean environment indoors and outdoors is constantly and continuously being emphasized by the need to improve cleaning methods and services.

Grading

The following sections are major elements of the requirement: 5.6.1 or 5.6.2; 5.6.3; 5.6.4; 5.6.5. Failure to meet any of these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.6.1	<i>Service Providers <u>should</u> maintain an externally verified quality management system and produce a valid certificate from a third party e.g., ISO 9001, CIMS.</i>	<ul style="list-style-type: none"> • Certification from an external auditing body would validate that the SP has a quality management system in place to manage quality and continuous improvement initiatives. • Auditor should validate that the SP has uploaded a valid certificate that is not expired and that shows the company name. A valid certificate would bypass the requirements of section 5.6.2.
5.6.2	<i>Where 5.6.1. has not achieved, Service Providers shall produce a quality manual or individual documents that describe the requirements in 5.6.2.1-5.6.2.9.</i>	<ul style="list-style-type: none"> • Where the SP does not have an externally verified QMS (Quality Management System), the auditor will need to validate resources and process for basic elements. • Auditor needs to validate that resources are appropriate for the organization and processes are controlled to ensure consistency.
5.6.2.1	<i>Service Providers shall have an organization chart; and</i>	<ul style="list-style-type: none"> • Organizational chart shows the distribution of resources across the company. • Auditor reviews the organization chart to demonstrate that the company has adequate resources. When reviewing organizational charts, the auditor reviews approval levels and senior management support. If the areas are lacking, observational comments are made. Observational comments may result from inconsistency in resource ratios for different jurisdictions as outlined in the organizational chart. An inconsistent ratio does not demonstrate lack of resources, it simply probes the auditor for deeper analysis. • Auditor exercises judgment to determine if the category warrants corrective action or simply an observation for improvement.



Section #	General Requirement	Audit Criteria & Guidance
5.6.2.2	<i>Service Providers shall have a process for sales and bidding; and</i>	<ul style="list-style-type: none"> • Auditor verifies that SP has a documented process or written procedure for executing a sale from receiving the request to contract signing. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the process should ensure that there is consistency in how business is gained (sales process) and how pricing is established (bidding). Lack of process can cause errors in pricing, especially in different jurisdictions. • An example process may include how sales/request for bids are received, followed by an assessment of the scope to determine if the SP can perform (who/what position are the decision makers?), followed by a formal process for bidding and pricing (reference to templates/personnel who price) and concluding with a signed contract (what approval levels are needed and when?). Lack of a written procedure may infer that work proceeds based on verbal or informal selling approaches which causes confusion and may have ethical considerations. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.
5.6.2.3	<i>Service Providers shall have a process for employee orientation and training; and</i>	<ul style="list-style-type: none"> • New employees to the organization require training to perform at the standards that the company expects. Orientation also ensures that new employees are acquainted with the environment and safety issues that may be inherent to work. • Auditor verifies that SP has a process. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the process should define the orientation and training program and who it applies to. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.
5.6.2.4	<i>Service Providers shall have a process for supplies and equipment ordering; and</i>	<ul style="list-style-type: none"> • Supplies and equipment ordering controls the inventory brought into the site environment e.g., a facility. Controlled inventory uses known chemicals, supplies, and equipment that perform at a certain quality standard. • Auditor only verifies that SP has a process. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the process should prescribe how supplies and equipment are ordered and approved for use at a site environment. Ideally, supplies and equipment should be obtained from commercial vendors rather than consumer goods stores. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.



Section #	General Requirement	Audit Criteria & Guidance
5.6.2.5	<i>Service Providers shall have a process for quality inspections and/or quality assurance; and</i>	<ul style="list-style-type: none"> • The quality assurance process will validate that there are processes to maintain consistent quality. • Auditor only verifies that SP has a process. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the quality inspection and/or quality assurance process should describe how the SP maintains consistent quality at all site environments e.g., facilities they maintain. Ideally, the supplier should have forms, tools, or software to support the quality inspection and/or quality assurance program. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.
5.6.2.6	<i>Service Providers shall have a process for correcting deficiencies; and</i>	<ul style="list-style-type: none"> • Corrective actions/correcting deficiencies describes how the SP responds to problems with quality. This specific item may be incorporated into a quality assurance program. • Auditor only verifies that SP has a process. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the correction of deficiencies process should describe how the SP responds to problems with the service they provide. This item may be incorporated into other documents. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.
5.6.2.7	<i>Service Providers shall have a process for operations; and</i>	<ul style="list-style-type: none"> • Operations process defines how the SP conducts cleaning and related operations and should take the form of an operations manual with procedures. • Auditor only verifies that SP has a process. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the operations process usually takes the form of an operations manual that describes how service is conducted. E.g., to clean a floor or use equipment. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.

Section #	General Requirement	Audit Criteria & Guidance
5.6.2.8	<p><i>Service Providers shall have a continuous improvement process; and</i></p>	<ul style="list-style-type: none"> • Deficiencies in service should be corrected by finding the root cause and correcting so that the same problem does not occur in other parts of the system. A continuous improvement process ensures that operations is consistently finding deficiencies and correcting them before it becomes major problems that can cause loss of business. • Auditor only verifies that SP has a process. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the continuous improvement process could take the form of a flowchart or policy to describe how the SP corrects deficiencies in a continuous manner to prevent recurring problems. The continuous improvement process could be imbedded throughout all documents but must be summarized in a statement to demonstrate a cyclical nature. Consider ISO Plan, do, Check, Act philosophy or Plan, do, study, act. Alternatively, a commitment to continuous improvement may be adequate so long as individual programs have built in strategies to continuously improve e.g., quality inspection process. • Sample continuous improvement process outlined below: <div data-bbox="1037 786 1516 1166" data-label="Diagram"> <pre> graph TD A[Review process, policies, procedures in operations manual] --> B[Perform Operations or tasks] B --> C[Subjects tasks to quality assurance checks] C --> D[Identify deficiencies and concerns] D --> E[Correct recurring issues by addressing root cause] E --> A </pre> </div> <p>If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.</p>



Section #	General Requirement	Audit Criteria & Guidance
5.6.2.9	<i>Service Providers shall have a list of forms that support the processes above.</i>	<ul style="list-style-type: none"> • A continuous improvement process ensures that operations is consistently finding deficiencies and correcting them before it becomes major problems that can cause loss of business. • Auditor only verifies that SP has documents to support quality. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements. • SP may have alternate names for the program or process, but the operations process usually takes the form of an operations manual that describes how service is conducted. E.g., to clean a floor or use equipment. • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process. • Some examples of forms may include QA inspection forms, equipment pre-inspection list, checklists e.g., washroom log, cafeteria, lunchroom etc.
5.6.3	<i>Service Providers shall demonstrate quality inspection results.</i>	<ul style="list-style-type: none"> • A continuous improvement process ensures that operations is consistently finding deficiencies and correcting them before it becomes major problems that can cause loss of business.
5.6.3.1	<i>Quality inspection results shall contain the date of inspection; and</i>	<ul style="list-style-type: none"> • Auditor only verifies that SP has documents to support quality. Process may vary by organization and no specifics are being validated during this stage. Future versions of the standard may benefit from prescriptive requirements.
5.6.3.2	<i>Quality inspection results shall contain an inspection score (quantitative); and</i>	<ul style="list-style-type: none"> • SP may have alternate names for the program or process, but the operations process usually takes the form of an operations manual that describes how service is conducted. E.g., to clean a floor or use equipment.
5.6.3.3	<i>Quality inspection results shall contain inspection observations (qualitative); and</i>	<ul style="list-style-type: none"> • If the process is documented and auditor is satisfied with the review, auditor will upload the supporting document and comment on any findings. Observations for improvement do not need to become corrective action unless it affects the process.
5.6.3.4	<i>Quality inspection results shall contain deficiencies found; and</i>	<ul style="list-style-type: none"> • Some examples of forms may include QA inspection forms, equipment pre-inspection list, checklists e.g., washroom log, cafeteria, lunchroom etc.



Section #	General Requirement	Audit Criteria & Guidance
5.6.3.5	<i>Quality inspection results shall contain deficiencies corrected within appropriate timelines.</i>	<ul style="list-style-type: none"> • Auditor validates the actual problems found and through questioning uncovers how the problem were rectified and timelines. E.g., some simple tasks should be corrected right away, while other may take longer because of its specialized nature. Where inappropriate timelines are uncovered the auditor can make certification conditional until satisfactory submission of updated inspection sheets showing better timelines. • This item can be validated by an interview process to decipher the timelines necessary for corrective action and validate against the report.
5.6.4	<i>Service Providers shall outline a communication process to ensure that quality results are communicated to applicable staff who have control of the area where the findings were uncovered.</i>	<ul style="list-style-type: none"> • <i>Quality issues should be communicated with the person/department that has control over the issue.</i> • <i>Auditor reviews process to understand how staff are informed of quality issues. This may be a sophisticated electronic system or a communication booklet or by phone call.</i> • <i>The communication process should be described.</i>
5.6.5	<i>Communication process elements (5.6.5.1 to 5.6.5.3).</i>	
5.6.5.1	<i>The communication process shall contain a method of how deficiencies are typically recorded e.g., QA inspection, walkthrough building, complaints etc.; and</i>	<ul style="list-style-type: none"> • Auditor is looking for comments such as QA inspections, walkthrough surveys, customer complaints etc.
5.6.5.2	<i>The communication process shall contain a method of communication to describe the deficiency to the operator responsible for the area e.g., phone, radio, system etc.; and</i>	<ul style="list-style-type: none"> • Auditor is looking for comments such as phone use, radio, e-mail, communication booklet etc.
5.6.5.3	<i>The communication process shall contain a method describing how completion is recorded and verified e.g., work order tracking system, verbal close out.</i>	<ul style="list-style-type: none"> • Auditor is looking for comments such work order tracking system, verbal close-out, signatures etc.



Section #	General Requirement	Audit Criteria & Guidance
5.6.6		<i>Service Providers shall demonstrate the ways in which it has continuously improved or evolved within the previous three (3) years. Three (3) continuous improvement initiatives shall be demonstrated in one or more of the following categories to satisfy the requirements of this standard (5.6.6.1 to 5.6.6.5)</i>
5.6.6.1	<i>People (e.g., safety); or</i>	<ul style="list-style-type: none"> • Auditor only validates that the initiatives have been documented. Future versions of the standard may benefit from prescriptive requirements.
5.6.6.2	<i>Equipment (e.g., more innovative/efficient equipment); or</i>	<ul style="list-style-type: none"> • Auditor only validates that the initiatives have been documented. Future versions of the standard may benefit from prescriptive requirements.
5.6.6.3	<i>Materials (e.g., new cloths); or</i>	<ul style="list-style-type: none"> • Auditor only validates that the initiatives have been documented. Future versions of the standard may benefit from prescriptive requirements.
5.6.6.4	<i>Environment (e.g., lighting); or</i>	<ul style="list-style-type: none"> • Auditor only validates that the initiatives have been documented. Future versions of the standard may benefit from prescriptive requirements.
5.6.6.5	<i>Process (e.g., schedule, procedure).</i>	<ul style="list-style-type: none"> • Auditor only validates that the initiatives have been documented. Future versions of the standard may benefit from prescriptive requirements.



5.7 Procurement and Inventory Planning

Relevance

Establishing a robust procurement and supply chain are essential for maintaining operations in the cleaning industry – without the supply of proper materials the work performance and quality will be compromised. Service Providers need to have inventory planning measures to ensure the appropriate supplies are always available for their employees.

Grading

The following sections are major elements of the requirement: 5.7.1; 5.7.2; 5.7.3. Failure to meet any of these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.7.1	<i>Service Providers shall have a formal procurement process, including an identification of primary and secondary supplier and/or vendors.</i>	<ul style="list-style-type: none"> • SPs can either upload a documented process or validate the process in an interview. • SPs shall be able to demonstrate the list of primary and secondary suppliers and/or vendors.
5.7.1.1	<i>The procurement process shall have an established ordering frequency for different site environments.</i>	<ul style="list-style-type: none"> • SPs shall have the ordering frequency documented. • The ordering frequency will vary by location. Industrial environments may be better positioned to store more products, but newer urban commercial developments have limited storage space and require shorter ordering frequencies. Auditor should see a spectrum of frequency ordering and retain samples.
5.7.1.2	<i>The procurement process shall have a requirement that supplier and vendor partners are commercial suppliers and not consumer suppliers</i>	<ul style="list-style-type: none"> • SPs can either upload a documented process and show records of their commercial suppliers/vendors to validate.
5.7.2	<i>Service Providers shall maintain a list of essential items that are necessary for operations to continue uninterrupted.</i>	<ul style="list-style-type: none"> • SPs shall be able to demonstrate the list of products that are essential and identify them as such.



Section #	General Requirement	Audit Criteria & Guidance
5.7.2.1	<i>Service Providers shall outline a list of alternate items in the event of shortage or lack of availability</i>	<ul style="list-style-type: none"> • SPs shall be able to demonstrate the list of alternate products and identify them as such.
5.7.3	<i>Service Providers shall have a written contingency plan in the event of a shortage of essential items necessary for operations</i>	<ul style="list-style-type: none"> • Auditor to validate that the contingency plan is documented.
5.7.4	<i>Service Providers shall describe the typical level of inventory maintained at different storage locations including client sites environment. The information shall be categorized as weeks on hand.</i>	<ul style="list-style-type: none"> • Auditor should interview when SP defines weeks on hand of less than 4 weeks. • SP will need to further define ordering frequency and contingency plan in case of missed orders or delivery. • For example, if the SP stores 4 weeks on hand and the ordering frequency is monthly there is a possibility that the SP will be out of essential inventory if the order does not arrive on time.



5.8 Environmental Commitments and Program

Relevance

Establishing environmental targets and commitments to reduce the impact that business activities have on the environment contributes to sustainable development.

Grading

The following sections are major elements of the requirement: 5.8.1; 5.8.2; 5.8.3. Failure to meet any of these requirements may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.8.1	<i>Service Providers shall demonstrate a commitment to the environment by establishing and monitoring environmental targets.</i>	<ul style="list-style-type: none"> SPs shall demonstrate that they have environmental KPIs for one or a combination of the following: energy consumption, water consumption, waste, land use/restoration, biodiversity, hazardous chemicals, etc.
5.8.2	<i>Service Providers shall maintain a green building cleaning program or equivalent to support facilities and environmental targets outlined 5.8.1.</i>	<ul style="list-style-type: none"> SPs shall upload their green building cleaning program (or equivalent) and demonstrate a link to the environmental targets established in 5.8.1.
5.8.3	<i>Service Provider's green building program shall be supported with detailed procedures and methods.</i>	<ul style="list-style-type: none"> The green building cleaning program must demonstrate the procedures used by the SP to protect the environment. Procedures can refer to green cleaning techniques, green products, equipment, and materials.
5.8.4	<i>Service Providers shall a minimum 50% target commitment to procure environmentally sustainable chemicals and supplies that have a third-party environmental accreditation.</i>	<ul style="list-style-type: none"> SPs shall demonstrate that they have set a minimum of 50% target, and the date of when it was set. 50% target shall be calculated using dollars spent. Examples of third party-accreditation can include EcoLogo, Green Seal, US EPA Safer Choice, GREENGUARD, Forest Stewardship Council (FSC), Sustainable Forestry Initiative (SFI), or Sustainable Forest Management Standard (SFMI). Non accredited marketing material such as "environmentally friendly" are not counted as third party accreditation.
5.8.5	<i>Note: 5.8.4. must be calculated using dollars spent.</i>	<ul style="list-style-type: none"> SPs shall demonstrate that the progress in achieving the 50% target. Auditors to verify that the SPs have implemented measures to achieve the 50% target by the date specified.



5.9 Communication, Training & Competency

Relevance

Communication and training are critical avenues for employees to receive information and be competent in the work they are performing and the equipment they are using, so they can protect themselves and the people around them.

Grading

The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of 5.9.1.1 and 5.9.1.2. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.9.1.1	<i>Service Providers shall maintain records of communication, training and competency to demonstrate adherence to the requirements of this standard. Communication records can include postings, newsletters, e-mails, communication logs, pay stub attachments, bulletin boards, intranet, townhalls, conferences, and other forms as appropriate for the Service Provider.</i>	<ul style="list-style-type: none"> • As required in the general requirements and/or the SP's programs, SPs shall be able to consistently show evidence that they are communicating the requirements to their employees. • Conformance to this requirement can be determined if there is consistency in the communication requirements.
5.9.1.2	<i>Service Providers shall maintain training records that contain the full name of the person trained; and, the training topics covered; and, the course name; and, the date of training; and, a signature or record ID generated by a system.</i>	<ul style="list-style-type: none"> • SP's must demonstrate that their training records, as required in the respective general requirements, include at minimum the following information: the full name of the person trained; and, the training topics covered; and, the course name; and, the date of training; and, a signature or record ID generated by a system. • Conformance to this requirement can be determined if there is consistency in the training requirements.



5.10 Legal and Other Requirements

Relevance

All organizations are obligated to comply with all safety and environmental legislation, and all regulatory orders need to be addressed.

Grading

The following sections are major elements of the requirement: 5.10.4. Failure to meet this requirement may result in a major nonconformance. The auditor may decide to issue a major nonconformance if multiple minor nonconformances collectively do not meet the intent of the general requirement. Conformity is achieved if all audit questions have been without any major non-conformances.

Audit Criteria & Guidance

Section #	General Requirement	Audit Criteria & Guidance
5.10.1	<i>Service Providers shall not have any outstanding government citations relating to safety and environmental legislation in the previous three (3) years.</i>	<ul style="list-style-type: none"> • SPs shall declare any outstanding government citations relating to safety and environmental legislation from all levels of government (i.e., municipal, provincial and federal). • Citations can include orders, fines and penalties that have not been formally addressed
5.10.2	<i>Service Providers shall not have any environmental violations or enforcement notifications posted on the Government of Canada notifications page in the previous three (3) years</i> (https://www.canada.ca/en/environment-climate-change/services/environmental-enforcement/notifications.html).	<ul style="list-style-type: none"> • SPs shall declare if there are any violations or environment notifications on the Government of Canada website (https://www.canada.ca/en/environment-climate-change/services/environmental-enforcement/notifications.html).
5.10.3	<i>Service Providers shall not of had any fatalities in the previous three (3) years.</i>	<ul style="list-style-type: none"> • Workers’ compensation reports shall be uploaded as validation there has not been any fatalities from the SPs employees • Fatalities to subcontractor workers is also included – the SP shall declare if any of those subcontractors have had fatalities while performing work on behalf of the SP.



Section #	General Requirement	Audit Criteria & Guidance
5.10.4	<i>In the event that a fatality is on record, Service Providers shall demonstrate that all corrective actions as of the results of the incident have been implemented.</i>	<ul style="list-style-type: none"> • SPs shall upload the corrective action plan(s) and proof of actions taken.
5.10.5	<i>Service Providers shall maintain a record of screening and background checks (as applicable) for hired employees.</i>	<ul style="list-style-type: none"> • Screening and background checks are applicable only when clients have requested them through a contract with the SP. • SPs shall upload evidence of 3 completed background checks (all personal information blanked out). • Auditor can validate through virtual meetings on the SP’s screen if the information cannot be kept confidential.