



REQUEST FOR Gap Analysis

DATE: _____

ORGANIZATION INFORMATION			
COMPLETE BUSINESS NAME:			

ADDRESS:			

PHONE:			

FAX:			

WCB RATE CODE AND ACCOUNT NUMBER(S):			

NUMBER OF EMPLOYEES:			

Multiple Shifts:	yes	_____	no
		_____	_____
Shift Start Time(s):	_____	_____	_____
	_____	_____	_____
Shift activities similar:	yes	_____	no
		_____	_____
If shift activities are not similar; please explain:			

To request a CASH audit; download this form, print and complete the form and then mail to or email to:

AMC Safety Association
P.O. Box 70045 Kenaston Po
Winnipeg, Manitoba R3P 0X6 Canada
Dani@a-m-c.ca

For further information, please call 204-987-7461



REQUEST FOR Gap Analysis

CONTACT INFORMATION	
Person requesting audit:	_____
Phone:	_____
email:	_____

AUDIT SCOPE	
Which facility/area is to be audited?	

Safety Management System Self Assessment included?	yes _____ no _____
Copy of current Safety Management System Manual included?	yes _____ no _____
Is your organization committed to provide ALL resources required to complete the audit in a timely fashion?	yes _____ no _____

Is an escort required for the Audit Team while performing observations on the work floor? yes _____ no _____

To request a CASH audit; download this form, print and complete the form and then mail to or email to:

AMC Safety Association
P.O. Box 70045 Kenaston Po
Winnipeg, Manitoba R3P 0X6 Canada
Dani@a-m-c.ca

For further information, please call 204-987-7461

*Revision 0, Sept. 2007
Revision 1, Sept 2010*