



Construction Association of Thunder Bay

857 North May Street, Thunder Bay, ON P7C 3S2
Phone: 1 807 622-9645 Email: information@catb.on.ca
Fax 1 807 623-2296 Website: www.catb.on.ca

Health and Safety
Excellence program
Approved provider



2025

Health and Safety Excellence program (HSEp) Registration/Application Form 2025

Registration fee

CATB's Health and Safety Excellence program fees are based on the number of topics selected for your Action Plan. Employers can work on one to five topics for a maximum time period of 12 months. Upon completion of your selected topics, you can select more topics. Invoicing for the registration fee occurs at the time of submission of topics. Applicants must be members of the Construction Association of Thunder Bay in good standing.

Covers the cost of WSIB's health and safety excellence program support, validation guidance, member-only resources, webinars, group meetings 4 per year.

Program fee per firm* for HSEp 2025:

1 topic	\$100.00
2 topics	\$200.00
3 topics	\$300.00
4 topics	\$400.00
5 topics	\$500.00

**Plus applicable tax*

Smaller business rebate incentives (1 to 99 workers)

If you're a smaller business you can earn double the rebates on your annual WSIB premiums, plus \$1,000 toward your health and safety plan, this year. No matter the size of your business – whether you're just getting started or want to build on safety practices you already have in place – one of our WSIB-approved program providers will help you every step of the way.



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Terms and Conditions

Please review before completing registration form.

1. Employers must submit a completed registration form to Construction Association of Thunder Bay to be active in HSEp.
2. Employers registering to participate in HSEp must have an active account in good standing with WSIB.
3. An employer that experiences a traumatic fatality will not be eligible to qualify for a financial rebate within the program year.
4. Employers can only register with one Program Provider and cannot switch during their 12-month cycle, unless approved by WSIB.
5. A senior manager and program lead will be invited, and are strongly encouraged to participate, in the first program meeting, where program requirements and timelines will be reviewed.
6. 6. Employers participating in HSEp are required to select one of five topics per session, from the topics, as set out in the program guidelines.
7. Employers must complete a workplace assessment the first year they participate in HSEp. Completion in subsequent years is voluntary.
8. Employers are required to submit evidence to demonstrate they have implemented their chosen topic(s) within 12 months of submission of the action plan.
9. Employers must maintain an active contact person with CATB. If there are any changes, CATB must be notified.
10. Employers are encouraged to participate in networking activities with other HSEp members.
11. All evidence submitted by the employer will be validated by WSIB, with some employers being selected for an onsite validation. If selected, employers must allow WSIB access to all locations under the account number.
12. An employer who declines to participate in an onsite validation will not receive any financial or non-financial recognition.
13. Employers will only be validated on the topics that evidence is submitted for; if topics are deferred, the employer must notify CATB and fill in WSIB portal.
14. Employers and their employees may be asked to participate in questionnaires or surveys as part of ongoing HSEp evaluation.
15. Employers are required to adhere to HSEp requirements, as outlined in the current program guidelines.



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CATB Health and Safety Excellence program Registration Form

A minimum selection and completion of one topic is required, to a maximum of five topics, in a 12-month period. (A separate registration form is required for each WSIB Firm Number.)

This Registration is for

Company Legal Name:

Company Know As -Name

Company's Senior Manager Name:

One WSIB firm #

WSIB account #

Registration date :

HSEp Person's Contact Name:

HSEp Person's Contact Email:

HSEp Person's Phone Contact:

Billing Information:

Email for Invoicing:

Address for Invoicing:

Telephone for Invoicing:

Purchase order number if required on the invoice, please provide:

Name of Person invoice is to be sent to:

Email where invoice is to be sent:

Number of employees