

4th Quarter Production Statements Instruction Booklet

How to complete your employer 4th quarter statements

The Quarterly Production Statement applies to wood production, including pulpwood, firewood and saw log harvesting. Please follow these instructions as you complete your statement. For assistance call: **709.778.1000** or **1.800.563.9000**.

Important to note

Deadline for submission and payment

The 4 quarter production reporting deadline is **January 15**, **2025**, and the deadline for payment is February 28, 2025. The table below displays the reporting and payment deadlines for each quarter. **Failure to meet these deadlines means you will forfeit your PRIME refund and be subject to delay in reporting penalties.**

Reporting and payment schedule

Quarterly Production Statement	Reporting Deadline	Payment Due Date
1st Quarter (Jan 1 - Mar 31)	April 15	April 30
2nd Quarter (Apr 1 - Jun 30)	July 15	July 31
3rd Quarter (Jul 1 - Sept 30)	October 15	October 31
4th Quarter (Oct 1 - Dec 31)	January 15	February 28

PRIME Program

Remember to complete the 2024 PRIME Refund section of your Employer 4th Quarter Production Statement and Occupational Health and Safety Statements for all of your permanent workplaces. Failure to complete the PRIME Refund section of the Employer 4th Quarter Production Statement will result in forfeiting your opportunity to be considered for a 2024 PRIME practice refund. The PRIME experience incentive component is in effect for all PRIME eligible employers. Experience refunds and charges will be applied in 2025 based on 2024 experience. You <u>must</u> first qualify for a 2024 practice refund to be considered for an experience refund. However, if you do not qualify for the practice refund but you qualify for an experience incentive charge, this charge will still apply. For additional information about PRIME, visit **workplacenl.ca**.

All four quarterly production statements must be received by their reporting deadlines in order for your firm to be considered for a PRIME refund. It is important that you monitor your operation throughout 2025 and submit each quarterly production statement on a timely basis.

How to complete your Employer 4th Quarter Production Statement

Important: All logging industry employers must complete a 4TH quarter production statement.

Please follow these instructions as you complete your Employer 4th Quarter Production Statement for 2024. Completed forms must be received by WorkplaceNL on or before January 15, 2025.

- BOX 200 Review the pre-printed information at the top of your form: firm name, mailing address, telephone number, fax number and Canada Revenue Agency (CRA) Business Number. If any of this information is incorrect or omitted, indicate changes or additions in BOX 200.
- LINE 201 State your actual production in solid cubic meters for the period October 1 to December 31, 2024.

Wood harvested on crown and/or private land, including wood purchased from loggers who cut wood on lands for which you (the employer) hold cutting permits, must be included in Line 201.

Paper companies are required to report and pay assessments on all pulpwood harvested on their limits, as well as on crown lands for which the company has cutting permits.

LINE 202 State the amount of wood you purchased from loggers that was cut on lands for the period October 1 to December 31, 2024 for which you (the employer) have no cutting permits. You must supply a detailed list of the cubic meters you purchased. You will not be held responsible for assessments on this wood.

2024 PRIME refund

To be considered for PRIME practice and experience refunds, you must complete this section of the Employer 4th Quarter Production Statement.

LINE 203 Enter the number of permanent workplaces you have in Newfoundland and Labrador. A permanent workplace is a site where at least one person is engaged in work. This includes new construction or industrial projects that are intended to continue for 30 days or more. By providing information on the number of permanent workplaces you operate, we can determine your occupational health and safety requirements.

<u>Please Note</u>: You must complete an Occupational Health and Safety Statement for each of these permanent workplaces.

LINE 204 Determine which of the following categories best describes your firm under the PRIME Program: Path 1, medium or large.

Answer the following questions to determine if your employer PRIME category is Path 1, medium or large:

- How many workers are at each of your firm's workplaces?
- What is your firm's average calculated base assessment for the years 2022, 2023 2024?
- What governing body regulates your firm's workplaces?

Most workplaces in Newfoundland and Labrador are regulated by the province's *Occupational Health and Safety Act*. Industries like federal government crown agencies, transportation (by air, water and road), telecommunications (radio, TV, cable, telephone), airports, shipping and banks are federally regulated. If you are unsure of the regulations governing your firm, the contact numbers for the different regulatory bodies are as follows:

Provincial: 709.729.2706Federal: 709.772.5022

PRIME categories

Path 1

 Employers with less than \$10,000 in average assessments regardless of the number of workers; or greater than or equal to \$10,000 in average assessments and less than 20 workers at each worksite.

Medium

• Employers with greater than or equal to \$10,000 and less than \$48,000 in average assessments and 20 or more workers at any worksite.

Large

Employers with greater than \$48,000 in average assessments and 20 or more workers at any worksite.

LINES 205-209

Respond based on your firm's practices in 2024:

Path 1 employers employers skip LINES 205 to 209. *Medium* employers must answer LINES 205, 206, 207 and 208. Large employers must answer LINES 205, 206, 207, 208 and 209.

You will be notified if you qualified for a PRIME practice refund and an experience refund or charge directly on your Assessment Invoice after your Employer 4th Quarter Production Statement is processed. The practice refund and experience refund or charge will be applied as credits and debits to your account.

Please note: For a thorough explanation of PRIME and the program's criteria and calculations, refer to WorkplaceNL's PRIME policies, which can be accessed at: workplacenl.ca. In the event of a discrepancy between this instruction booklet (or any other information you have received on PRIME) and the policies, the policies will prevail.

Signature

Your Employer 4th Quarter Production Statement must be signed and dated by a representative of your organization who is authorized to speak to WorkplaceNL about the information that has been provided on this statement.

How to complete your Occupational Health and Safety Statement(s)

Important: All logging employers must complete an Occupational Health and Safety Statement(s).

Please follow these instructions as you complete your Occupational Health and Safety (OH&S) Statement for 2024. Completed forms must be received by WorkplaceNL on or before January 15, 2025.

Your OH&S Statement contains information WorkplaceNL has regarding your firm's workplace(s) as of December 10, 2024. An OH&S Statement must be completed for every permanent workplace where your organization has at least one person engaged in work. An OH&S statement should ONLY be completed for workplaces that have a physical address which is located within Newfoundland and Labrador. If you have not received a form for each of your permanent workplaces, please use the blank form provided at the back of this instruction booklet or access one at: workplacenl.ca.

* A permanent workplace is a site where at least one person is engaged in work. This includes new construction or industrial projects that are intended to continue for 30 days or more.

Workplace Street Address

BOX 124 Review the pre-printed Workplace Street Address above BOX 124. If the address is incorrect or not provided, indicate changes or additions in BOX 124. Please note that the address required here should be the physical location (i.e., street or civic address) of this workplace and not a P.O. Box number.

Workplace Mailing Address

BOX 125 Review the pre-printed Workplace Mailing Address to the left of BOX 125. If the address is incorrect or not provided, indicate changes or additions in BOX 125.

Workplace Status and Legislation

- LINE 126 Indicate if you conducted business from this workplace in 2024 for at least 30 days by shading the appropriate circle.
 - If you shaded "no," you did not conduct business from this workplace; you are not required to complete the remaining questions. However, you must still submit this form, signed by an appropriate representative of your firm, so we can update your information.
- LINE 127 State the total number of workers at this location in 2024 for greater than a 30 day period, including managers, supervisors, senior workers, bargaining and non-bargaining employees. Include full-time, part-time, casual and contract positions. Do not include the owner/operator or partners at the workplace.
- LINE 128 Review the pre-printed information regarding workplace regulation jurisdiction. If the information is incorrect, has changed or has been omitted, please select the regulation jurisdiction by shading the appropriate circle.

OH&S laws impose minimum conditions on all workplaces to ensure workers are provided with a safe and healthy work environment. Most workplaces in Newfoundland and Labrador are regulated by the province's *Occupational Health and Safety Act*.

The Canada Labour Code Part II is the federal law that regulates certain industries in the province, including all federal government crown agencies, transportation (by air, water and road), telecommunications (radio, TV, cable, telephone), airports, shipping, and banks. If you are unsure of the regulations governing your firm, the contact numbers for the different regulatory bodies are as follows:

Provincial: 709.729.2706Federal: 709.772.5022

If more than one OH&S statute applies to your workplace, indicate the legislation that takes precedence for establishing health and safety committees and representatives in your workplace.

Signature

Your OH&S Statement must be signed and dated by a representative of your organization who is authorized to speak to WorkplaceNL about the information that has been provided on this statement.



MAIL FORM TO: P.O. Box 9000 St. John's, NL A1A 3B8 FAX FORM TO: 709.778.2949 CALL US AT: 709.778.1000 1.800.563.9000 VISIT US AT: workplacenl.ca DROP OFF IN PERSON: 146-148 Forest Road, St. John's 26 High Street, Grand Falls-Windsor 2 Herald Avenue, Corner Brook Occupational Health and Safety Statement 2024

• (Use this blank Occu	pational Health &	& Safetv (OF	1&S) Statement	f vou require a nev	w statement for work	places that are currer	tlv not listed with Works	olaceNL.

Plea	ase provide	your firm i	number,	firm name,	work	place	street	address	and	work	place	mailing	address	below:

Firm Number	Firm Name			
Workplace Street Addr	ess			
Workplace Mailing Add	ress			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	d I			
workplace Statu	s and Legislation			
126 Did this workpla	ace operate in 2024?			○ Yes ○ No
127 How many work	kers were employed at this location in 2	024		
	num number of workers at this location me, casual and contract positions. Do n			
	s regulated by (select only one): es are provincially regulated.			
Provincial Occup	pational Health and Safety Legislation			\circ
Federal Canada	Labour Code - Part II Legislation			\circ
The Canada-Ne		\circ		
	Please see the instruction	on booklet for more information	n on regulation jurisdiction	
Name and title of person	on completing this form (please print)	Telephone Number	Do not write in this sp	pace WorkplaceNL use only
Signature		Date (YYYY/MM/DD)		