

CONTRACTORS HEALTH AND SAFETY RESPONSIBILITIES ACKNOWLEDGEMENT FORM

PART 1: COMPANY INFORMATION	
NAME	
ADDRESS	
PHONE	FAX
EMAIL ADDRESS	
PART 2: DESCRIPTION OF WORK	
NATURE OF WORK	
PRIME CONTRACTOR ACKNOWLEDGEMENT Indicate if you are assuming prime contractor responsibility for this project	
<input type="checkbox"/> YES <input type="checkbox"/> NO INITIAL _____	
CONTRACT / PO #	
WORK PERFORMED FOR (NAME OF BRANCH/DEPARTMENT OR FACILITY)	
WCB ACCOUNT NUMBER	
WCB PREMIUM RATE	
<input type="checkbox"/> DISCOUNT <input type="checkbox"/> SURCHARGE INDICATE PERCENTAGE _____	
PROOF OF LIABILITY INSURANCE COVERAGE (INCLUDE A COPY)	
PART 3: CHECKLIST OF CONTRACTORS HEALTH & SAFETY RESPONSIBILITIES	
<p>As a Contractor for the City of St. Albert, your review and signature of this document is necessary prior to commencement of the work. The items in this checklist are in addition to any specific health and safety requirements that are identified in the Contract.</p> <p>Please complete this form by reading and initialing each item in the checklist and then by signing the acknowledgement at the bottom of the document.</p>	
INITIAL	The City of St. Albert's Health and Safety Policy and Contractor Commitments – I acknowledge that I have been made aware of and will follow the City of St. Albert's Health and Safety Policy (4.01) and its commitments.
INITIAL	Compliance – I am aware of and will comply with all applicable legislation that relates to the contracted work performed.
INITIAL	Awareness and Competence – I acknowledge that I am responsible to ensure that all personnel are aware of applicable occupational health and safety requirements and responsibilities, and that all personnel are competent to perform their work.

INITIAL	Additional Supplemental Information – Note: Site-specific procedures may be provided by the City of St. Albert’s Project Manager prior to commencement of the work.
I have received and understand the information in the Contractor’s Health and Safety Responsibility Acknowledgement Package, and I understand that it is my responsibility to comply with these requirements and communicate this information to all onsite personnel that are engaged in carrying out the work or providing material to the site.	
AUTHORIZED COMPANY REPRESENTATIVE (SIGNATURE)	
NAME OF COMPANY REPRESENTATIVE (PLEASE PRINT)	
DATE OF ACKNOWLEDGEMENT	
PART 4: DISTRIBUTION OF FORM	
Forward a copy of the signed Contractor’s Health and Safety Responsibilities Acknowledgement Form to the Project Manager. Retain original of the Form with contract documents.	

The personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used for the purpose of the administration of the Contractor’s Health and Safety Responsibilities Acknowledgement Form as required by the Health and Safety Management System. The information on this form will not be disclosed outside of the City of St. Albert organization. All personal information gathered is protected by the privacy protection provisions of Part 2 of the FOIP Act. If you have any questions about the collection, use or disclosure of this personal information, please contact the Health and Safety Coordinator – Human Resources.