



Form #11-10

Title: Contractor Sign-off Sheet/Declaration	Date of Issue: December 14, 2010
Location: Health & Safety Program Section 2.1h	Revision Date:

Company Name (Legal and Trade Names):		
Address:		
City:	Province:	Postal Code:
Contact Person:	Title:	
Phone:	Fax:	
Email:		

By providing my signature below, I declare that I have read and understand the Contractor Health and Safety Guidelines and the Village of Point Edward Health and Safety Policy. As a condition of my contract, I agree to abide by all items specified in these documents. In addition, the answers given on the Contractor Safety Questionnaire are correct to the best of my knowledge and authorization is hereby given to the Village or its representative to investigate these statements and obtain any verification necessary. I understand that any statement or concealment of fact(s) may result in the removal of the Contractor, its subcontractor, workers, or visitors from any Village of Point Edward facility / property.

In addition, I acknowledge and recognize that in accepting the contract our Company, subcontractors, and all workers and visitors shall abide by the rules and procedures set out by Village of Point Edward and in the *Ontario Health and Safety Act, and pertinent regulations*, and any other governing legislative bodies. I acknowledge that any violation will be cause for disciplinary action and termination of the contract with The Village of Point Edward.

Our Company shall also ensure that all employees, subcontractors/suppliers assigned to work on Village of Point Edward projects/worksites have been informed and trained in the following:

- Contractor Health and Safety Guidelines and the Village of Point Edward Health and Safety Policy and Program.
- Specific hazards for the particular project/worksite as may be applicable.
- WHMIS and any other specific training required for the project/worksite and are able to provide proof of training as may be requested.
- That all workers who work in a skilled trade set have the required training. The subcontractor is able to provide proof of training as may be requested.
- Right to know about safety, participate in safety and their right to refuse unsafe work.
- It is also understood that depending upon the type of work to be performed, additional safety and health requirements may be specified by the Department/Facility.

I UNDERSTAND THE ABOVE SAFETY REQUIREMENTS AND WILL PERFORM THE WORK IN ACCORDANCE WITH THESE REGULATIONS AS A MINIMUM REQUIREMENT.

I have the authority to commit and bind the Company:

Signing Authority (print name): _____

Signing Authority Signature: _____

Signing Authority Title: _____ Dated: _____