

Contractor Agreement

Company Name: _____

Name: _____

Date: _____

Company: _____

Job Title: _____

Phone: _____

Alternate: _____

Emergency Contact: _____

Licensed: YES _____ NO _____ Permit: YES _____ NO _____ Developed Safety Program: YES _____ NO _____

Number of Workers on site: _____ WCB: YES _____ NO _____

Core Certification: YES _____ NO _____ WHMIS: YES _____ NO _____ Fall Protection: YES _____ NO _____

First Aid: YES _____ NO _____ Have own approved equipment and materials: YES _____ NO _____

Work being performed: _____

I have been informed and understand all my rights as a worker. I have been orientated on company safety rules, safety policies and safety procedures relating to my work. I agree to work in compliance with the Manitoba Workplace Safety and Health Act and regulations. I agree to report all safety hazards, incidents, or accidents immediately to management.

Signed: _____

Owner / Manager

Worker

Date: _____



Be Responsible - Think Safety

