

## **Contractor Safety Agreement**

Interlake School Division (ISD) is committed to a strong safety program that protects their staff, the public and their property from accidents. All contractors of Interlake School Division must have a safety program of their own in place, or must comply with the contents of Interlake School Division's safety program.

Before any work begins on the jobsite, this form must be completed and returned to Interlake

School Division. Name of contractor: Description of contractor: Address of contractor: Phone number of contractor: Please check one of the following: 1. We have our own safety program in place. Our policies and procedures are in compliance with the WS&H Act and Regulations. Our employees have been trained in the appropriate and applicable safety measures related to the jobsite and will wear appropriate PPE as legislated or jobsite specific. They will also follow all safe work practices and safe work procedures. COR Registration Number: \_\_\_\_\_ SECOR Registration Number: \_\_\_\_ 2. We do not have a safety program in place and will follow the WSH polices of Interlake School Division. We will ensure that our employees are trained in the appropriate and applicable safety measures related to the jobsite and will wear appropriate PPE as legislated or jobsite specific. We certify that our workers will abide by the WS&H Act and Regulations.



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Please attach the following doc	iments:	
□ WCB clearance letter	WCB #:	
☐ Certificate of insurance (COI)		
☐ Current COR certificate and I	etter of good standing, if applicable	
□ SDS sheets for products brou	ght to site, if applicable	
☐ Safe work procedures for any	high hazard work (asbestos, confined	I space, working at height, etc.
□ WHMIS training certificates fo	r all workers using controlled products	3
☐ Fall protection certificates for	all workers working at heights over 3m	า∕10ft.
☐ Other applicable training certi	icates (aerial lift, crane certification, e	tc.)
	ur company is required to attend the rvisor is responsible for delivering and	
your company is issued eithe	ion of all incidents and near misses the an improvement order or a stop ou must notify the Division immediately	work order from Manitoba
I have reviewed the requiremen	s outlined above and certify that our c	company will abide by same.
Signed	Position*	
	Date	
* Must be a member of the orga	nization's management, director/owne	er or safety officer.