COMMUNITY COUNCIL
SUBCONTRACTOR COMPLIANCE DECLARATION

With respect to the objects and purposes of ensuring, so far as reasonably practicable, that all construction and maintenance work undertaken by contracted parties of the builder or prime contractor will be undertaken in a safe manner, the following declaration must be signed and submitted prior to start-up.

 Submitted To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WCB Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Manitoba Heavy Construction Association Safety Program Information**

 COR or SECOR Certification # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I have read the information provided to me by the builder or prime contractor respecting my company’s safety and health requirements when working on their site. I will do everything reasonable and practicable to help ensure a safer jobsite.

* As required by all employers in the Province of Manitoba, I have obtained current copies of the workplace safety and health (WSH) legislation and the trades safety guidelines.
* As required by all employers in the Province of Manitoba, I will ensure workers are supervised by a competent supervisor, familiar with the WSH Act and regulations.
* As required by all persons in the Province of Manitoba, I will share required information with the prime contractor and those affected, necessary to identify and control both the existing and potential hazards.
* To the best of my knowledge, I and my company employees meet the minimum safety training requirements as outlined in Manitoba’s WSH legislation.

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_