

The BCIT Contractor Safety Program addresses Occupational Health and Safety requirements for all contracted construction, maintenance and service projects. It applies to all employees of contractors, subcontractors, vendors, suppliers, consultants and all other involved in work on BCIT properties.

During the performance of any contracted work the Workers' Compensation Act, WorkSafe BC OHS Regulations and BCIT Safety Program requirements must be strictly observed with no exceptions. Any contractor, subcontractor, vendor, supplier, or consultant not complying with this program will be ordered to cease work until compliance is achieved. Any contractor, subcontractor, vendor, supplier, consultant found to be in non-compliance with this program may be subject to dismissal. Any costs incurred due to non-compliance will be borne by the contractor, subcontractor, vendor, supplier, or consultant.

Contractors, subcontractors, vendors, suppliers, consultants should consult their BCIT Contractor Liaison for any questions concerning the requirements of the BCIT Contractor Safety Program.

Prior to the commencement of work, a representative of the contractor, subcontractor, vendor, supplier, consultant must read the Information for Contractors and sign and submit this page to their BCIT Contractor Liaison. They must also complete the Pre Job Safety Checklist and submit any forms or documentation as indicated to their BCIT Contractor Liaison. The contractor is responsible for ensuring that the relevant contents of this Program have been communicated to the contractor's employees and subcontractors.

I, \_\_\_\_\_ (print/type) have read and understood the BCIT Contractor Safety Program – Information for Contractors document. I will adhere to the Workers' Compensation Act, WorkSafe BC OHS Regulations and BCIT Safety Program requirements while working on any BCIT campus. I will ensure that my employees, subcontractors, and suppliers will comply with the Workers' Compensation Act, WorkSafe BC OHS Regulations and BCIT Safety Program requirements.

**Company Name**

**WorkSafe BC Reg. #:**

**Name (company official):**

**Job Title:**

**Signature**

**Once completed, please provide this form to your BCIT Contractor Liaison.**