

I; _____ (print/type):

Have read and understood the BCIT Contractor Safety Program – Information for Contractors document;

Will adhere to the Workers' Compensation Act, WorkSafe BC OHS Regulations and BCIT Safety Program requirements while working on any BCIT campus.

Will ensure that my employees, subcontractors, and suppliers will comply with the Workers' Compensation Act, WorkSafe BC OHS Regulations and BCIT Safety Program requirements.

Have had a safety orientation discussion with my BCIT Contractor Liaison covering:

- Site hazards that I need to be aware of and control in order to work safely;
- Hazards that will be introduced by the project work and how they will be controlled;
- First aid requirements for site employees and how I will provide first aid coverage;
- The emergency response plan and protocols for the work site, and;
- Potential impacts to BCIT employees, students, visitors, tenants, property, and operations caused by the proposed work, and how these impacts will be minimized and the necessary stakeholders notified.

Will notify my BCIT Liaison of any accidents and incidents requiring an incident investigation, and provide them with a copy of all investigations reports relating to the project work.

Company Name

WorkSafe BC Reg. #:

Name (company official):

Date:

Job Title:

Signature

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

TO BE COMPLETED BY THE BCIT CONTRACTOR LIAISON

BCIT Liaison Name:

Date:

Signature

Once complete, send to ssemprojects@bcit.ca