



# VILLAGE OF ANMORE CONTRACTOR COMPLIANCE FORM

Project Name:	
Village Contract Administrator:	Location:
Pre-Start Meeting Location:	Meeting Date:
Contractor Firm Name:	Prime Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contractor Address:	
Phone Number:	Fax Number:      Email:
24 Hour Emergency Phone Number:	WCB Registration Number:
Notice of Project Completed (WCB Regulation 20.2) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Contractor Representative Name:	Phone Number:

**The Contractor:**

<ul style="list-style-type: none"> <li>• Acknowledges the appointment of contractor</li> <li>• Understands that in any conflict of directions, Workers Compensation Act and OH&amp;S Regulations shall prevail</li> <li>• Has been informed of any known designated substances and other known pre-existing workplace hazards (Pre-Contract Hazard Assessment Form)</li> <li>• Will communicate hazards to anyone who may be affected and ensure that appropriate measures are taken to effectively control or eliminate the hazards</li> <li>• Will immediately report to the Village any known hazards that are found during the contract</li> <li>• Understands that written documentation (e.g. safety program, notes, records, inspections, meetings etc.) on all health and safety issues must be available upon request to the Village and/or to a WCB Officer at the workplace</li> <li>• Will ensure all equipment to be used on the project complies with OH&amp;S Regulations and is maintained in a safe working order and all necessary personal protective equipment is made available and used by employees</li> <li>• Will ensure that all workers are suitably trained and competent to perform the duties for which they have been assigned</li> <li>• Will provide safety orientations for all new workers</li> <li>• Will assess and coordinate the first aid requirements</li> <li>• Will provide MSDS for all controlled products brought into the workplace</li> <li>• Assumes responsibility for the health and safety of their workers and for ensuring compliance by their workers with the Workers' Compensation Act and OH&amp;S Regulations</li> <li>• Understands any WCB violation by the Contractor may be considered a breach of contract resulting in possible termination or suspension of the contract and/or any other actions deemed appropriate at the discretion of the Village</li> <li>• Understands that the Village may inspect the project and direct the Contractor regarding design, timeliness or quality. The Village may also randomly inspect health and safety activities as part of its due diligence</li> <li>• Understands any penalties, sanctions or additional costs levied against the Contractor (prime) will be the responsibility of the Contractor (prime)</li> <li>• Ensure that all documentation provided to the Village is accurate and up to date (e.g. WCB Clearance Letter)</li> </ul>
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Contractors must deliver the following documentation when returning this document:
<input type="checkbox"/> Completed <i>Contractor Compliance Form</i> <input type="checkbox"/> WCB Clearance Letter <input type="checkbox"/> VOA Business License <input type="checkbox"/> Completed <i>Hazard Assessment Form</i> <input type="checkbox"/> Certificate of Insurance

By signing this I agree as a representative of the contracted firm noted in this document to assume responsibilities of the Contractor for this project
Contractor Representative (Prime): _____ Date: _____ (Signature)

Village Contract Administrator: _____ Date: _____ (Signature)
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