



Contractor Acknowledgement

To:	_
Name:	Date:
Title:	
Contractor:	
Address:	
From:	
Contract Authority:	
Department:	Phone number:
Re: Contractor Acknowledgement of Compliance	
Location of Work:	_ Date of Work:
Time of Work (AM/PM):	_ Contract Order #:
Description of Work:	

Contractor Safety Management Program



The following acknowledgement of compliance applies to contracted work which is under the control of the College as "Employer" (service contract work), <u>and</u> contracted work which is under the control of the College as "Constructor" for a construction project. It does **not apply** to contracted work of a construction project which is under the control of a "General Contractor" hired as a "Constructor".

Contractor Acknowledgement

	(Contractor Company Name) will fully comply with all
applicable health and safety legislated requireme are relevant to the work that will be performed.	ents and College policies, programs and procedures that
contracted work and acknowledges that it has revrequirements of the College as outlined in the Co	(Contractor Company Name) understands that the ement Program that involves the safe performance of viewed the College's expectations and will comply with the ontractor Safety Management Program, and in particular stors or General Contractors (Constructors)) and 6.0
evidence their employees have received adequate practices associated with the type of work that with	(Contractor Company Name) has provided written te training in the recognition of hazards and safe work ill be performed.
and accepted Fleming College's "Contractor Safe are aware of these "Rules".	_ (Contractor Company Name) has reviewed, understood ety Rules" and agrees to ensure that all workers on site
	(Contractor Company Name)
	(Name and Title of Contractor Representative)
	(Signature of Contractor Representative)
	(Date Contractor Representative Signed)

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