



Contractor Safety Management Program

## Contractor Acknowledgement and Proof of Competency

Date: \_\_\_\_\_

This acknowledgement of "Proof of Competency" may only be used when contracted work is under the control of the College as "Employer" (service contract work) or when contracted work is under the control of the College as "Constructor" for a construction project. It may **not be used** when contracted work of a construction project is under the control of a "General Contractor" hired as a "Constructor". Where a "General Contractor" is hired as a "Constructor", this will be the responsibility of the "Constructor".

Contract Authority: \_\_\_\_\_

Department: \_\_\_\_\_ Phone number: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Description of Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (*Contractor Company Name*) acknowledges that the employees listed below have been appropriately trained and are authorized to operate the respective devices. "Proof of Competency" for each of the employees listed below is attached.

Device	Authorized Employees
Aerial Lift	



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Device	Authorized Employees
Aerial Boom	
Forklift	
Crane	
Hoist	
Other _____:	

\_\_\_\_\_ (Contractor Company Name)

\_\_\_\_\_ (Name and Title of Contractor Representative)

\_\_\_\_\_ (Signature of Contractor Representative)

\_\_\_\_\_ (Date Contractor Representative Signed)