



DURABUILT
CONSTRUCTION INC.

Project Name: _____

Location: _____

Name of Sub Contractor: _____

Durabuilt Construction Inc.

Occupational Health and Safety

Constructors

(General Contractor)

Effective 1 December 2017

To our valued sub-contractors:

You are required to provide the following documents prior to commencement of work:

1. Current and valid WSIB Certificate of Clearance (no exemptions all sub-contractors are required to provide proof of certificate as required under Bill 119)
2. Provide proof of training for all workers engaged on our project(s):
 - a. MOL Working at Heights Cards

As of April 1, 2015, employers (including sub-contractors) must ensure that certain workers complete a "Working at Heights" training program that has been approved by the MOL Chief Prevention Officer and delivered by an approved training provider before they can work at heights.

- b. WHMIS
 - c. First Aid certificate
 - d. Trade qualification cards (e.g. Electrician, Plumper etc..)
3. Copy of current safety policy and program (dated with 12 months)
4. Copy of Material Safety Data Sheets (MSDS) for materials being used on site
5. Name of safety representative (must be a worker not a supervisor)
6. Complete and sign sub-contractor agreement – see page 3
7. Complete MOL Form 1000 – see page 4 and 5

Fax all documents to 613-565-9276 or email fred@durabuilt.ca

**SUB-CONTRACTOR'S COMPETENCY AND
HEALTH AND SAFETY AGREEMENT**

- 1.0 Policy:
- 1.1 It is the policy of Durabuilt Construction Inc. [Durabuilt] to comply with the requirements of the Ontario *Occupational Health and Safety Act* ("the OHSA") and OHSA Regulation 213/91. This includes informing sub-contractors of their workplace responsibilities while performing work with Durabuilt.
- 3.0 Responsibilities of sub-contractor:
 - 3.1 Work in a safe productive manner consistent with the Ontario *Occupational Health and Safety Act* ("the OHSA") and OHSA Regulation 213/91;
 - 3.2 Provide qualified and competent workers for the work being performed; and ensure workers are properly trained for the work being performed;
 - 3.3 Appoint a competent supervisor for work being performed;
 - 3.4 Ensure employees understand their safety responsibilities and take all necessary precautions to prevent injuries;
 - 3.5 At no time, remove or make ineffective any protective device(s) required under the OHSA Regulation 213/91;
 - 3.6 Will not use or operate any equipment, machinery, or device in a manner that may endanger themselves or any other worker;
 - 3.7 Ensure that equipment and tools are in good working order prior to use. This includes but not limited to using grade 1 ladders, proper use of scaffolding, bakers and other related equipment used on-site;
 - 3.8 Confirm that they are fully covered and are in good standing with the Workplace Safety and Insurance Board;
 - 3.9 Confirms current commercial insurance; is in good standing with a recognised insurance carrier;
 - 3.10 Confirms workers have received Working at Heights; WHMIS training and any other training [as it relates to the work being performed] as required under the OHSA Regulation 213/91.

SUB CONTRACTOR'S NAME:

AUTHORISED SIGNATURE OF CONTRACTOR:.....

DATE: _____
Day / Month / Year

.....
For Durabuilt Construction Inc.

Registration of Constructors and Employers Engaged in Construction

Pursuant to section 5 of the Regulation for Construction Projects made under the Occupational Health and Safety Act, "Before beginning work at a project, each constructor and employer engaged in construction shall complete an approved registration form. The constructor shall ensure that each employer at the project provides to the constructor a completed approved registration form; and a copy of the employer's completed form is kept at the project while the employer is working there."

Nature of Business (check one)

Individual
 Sole Proprietor
 Corporation
 Partnership
 Joint Venture

Individual (Legal Name)

Last Name	First Name	Middle Initial
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Sole Proprietor or Corporation Name

Operating Name	Business Number
Legal Name	Corporation Number

Partnership Partner or Joint Venture Party 1

Corporation
 Individual

Individual Legal Name

Last Name	First Name	Middle Initial
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Corporation Information

Operating Name	Business Number	
Legal Name	Corporation Number	
Director Name or Principal Officer Name	Title	Date Appointed (yyyy/mm/dd)

Partnership Partner or Joint Venture Party 2

Corporation
 Individual

Individual Legal Name

Last Name	First Name	Middle Initial
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Corporation Information

Operating Name	Business Number	
Legal Name	Corporation Number	
Director Name or Principal Officer Name	Title	Date Appointed (yyyy/mm/dd)

Business Address					
Unit Number	Street Number	Street Name		Street Type	Street Direction
PO Box	Rural Route	City/Town		Province	Postal Code
Telephone Number		Fax Number	Email Address (if available)		

Business Registration Information		
Harmonized Sales Tax Number	WSIB Firm Number	WSIB Rate Number
Do you have a clearance certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate Number

Project Information				
Average number of employees employed by your firm on the project				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 - 5	6 - 19	20 - 49	50+	
Project Location				
Does the project have a street address? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Location - street address					
Unit Number	Street Number	Street Name		Street Type	Street Direction
City/Town		Province	Postal Code	Workplace Telephone Number	
		ON			

Location - not a street address
Directions to the workplace:

Lot and plan

Acknowledgement

I confirm that I am authorized to complete this form.
 I hereby certify that the information provided is true and correct to the best of my knowledge.

Last name of the person completing this form		First name of the person completing this form	
Title			Date (yyyy/mm/dd)
Email Address			

[Print Form](#)