

Sub-Contractor's Declaration

I,	, principal of and on behalf of				
			(sub-contr	actor);
	(Legal Company	Name)			
shall comply with your Healt cause my employees and my while on any job site or in an	y sub-contractors to also	comply with s	aid Healt	th and Saf	
My employees or my sub-correquire and shall provide coand all personal protective of their health and safety and shall follow all applicable leg	opies along with Declarate equipment required to pe the health and safety of o	ion as proof o erform their du	f training uties in a	g. They sh manner t	all wear any that protects
My employees have received	current formal training i	n the following	;		
WHMIS First Aid	Confined Space	Fall Protection	П	ΓDG □	
Excavation & Trenching [Forklift Zoom Boom	Scissor Lift			
Other	Other	Other			
I also make the following dec	clarations:				
1) I have in full force ar with my duties under this de	nd effect, public liability a claration.	and property d	amage in	surance ii	n connection
2) I am in good standing	g with the Worker's Comp	ensation Board	d of Nova	Scotia.	
My employees or my sub-co hazards or potential hazards				-	
DATED AT:	(location) THIS	<u> </u>	OF		
		(day)	(mo	onth)	(year)
				(Sub-Ca	ontractor)
	Company Repres	sentative			
*Seagate Job Location					