



Yellowhead County

Contractor Safety Agreement

This Contractor Safety Agreement will be presented to all contractors who perform services on any Yellowhead County owned, leased or otherwise controlled premises .Before the Contractor begins performance of the contracted services a signed copy of this Agreement and the following information must be acknowledged. Do you have?

Satisfactory insurance coverage Yes Insurance Company Name: _____

Worker's Compensation coverage Yes WCB# _____

Years of related work experience in field: _____

If Contractor is providing an operator for work provided please indicate name of operator: _____

Operator years of experience: _____

This Agreement is not intended to be all inclusive, but rather a guide for The Contractor. The Contractor hereby acknowledges that it is the responsibility of the Contractor to ensure that all safety rules and good safety practices including Occupational Health & Safety Regulations and the Yellowhead County Health and Safety Policy are followed when working on County owned, leased or otherwise controlled premises. The Contractor will provide the necessary safety equipment to perform the required service in such a manner as to eliminate the cause of personal injuries and accidents.

Contractor Safety Agreement Acknowledgment

The Contractor acknowledges that The Contractor Safety Agreement has been read and its conditions are hereby accepted by the undersigned on behalf of the Contractor and its employees, agents, subcontractors, and subcontractor employees and agents.

The undersigned Contractor assumes full responsibility to inform its employees, agents, and subcontractors about this Contractor Safety Agreement, and agrees that it will conform and will have all employees, agents, and subcontractors conform with the Contractor Safety Agreement at all times while on the premises controlled by the County. It is further understood that any person not conforming to the Contractor Safety Agreement will not be permitted to perform services on such premises.

It is further understood by the undersigned Contractor that compliance with this Contractor Safety Agreement is a continuing requirement and that in consideration of the undersigned accepting any contract to be performed on County premises, the acceptance of and compliance with these conditions will automatically continue from job to job for a period of one year from the Contractor Safety Agreement was signed, unless written notice revoking such acceptance is given by the undersigned to the County to which this Contractor Safety Agreement was originally submitted.

CONTRACTOR:	YELLOWHEAD COUNTY
Company Name:	Verified By (print name):
Contractor's Signature:	Employee Signature:
Print Name:	Date:
Title:	
Date:	

The personal information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and is protected by the FOIP Act. If you any questions or concerns about the collection and use of this information, please contact the FOIP Coordinator of Yellowhead County at (780)723-4800.