



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 and agrees that it will be the Prime Contractor for the purposes of the Occupational Health and Safety Act for the work site as defined in the Act. The Contractor is responsible for establishing and maintaining systems and processes that will ensure compliance with the Act and regulations, as required to ensure the health and safety of all persons at the work site.

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 being collected under the authority of the Protection of Privacy Act (POPA) s.4(c) and is being used for **Hiring Contractors**. Questions about the collection or use of this information can be directed to the GM of Infrastructure and Planning Services for Yellowhead County at (780) 723-4800.*