



**Contractor  
Workplace Electrical Safety  
Program Acknowledgement**

**Appendix K.3**

Project Reference No. \_\_\_\_\_

Location: \_\_\_\_\_

**SIGNATURE REQUIRED PRIOR TO START OF ANY WORK**

As a condition of our contract to provide services and material to Humber College, I, the undersigned, acknowledge that I have received a copy of the **Humber College Capital Development & Facilities Management Workplace Electrical Safety Program** and agree that this Contractor and/or its employees/agents/sub-contractors, will follow all electrical safety practices as outlined in this program as a minimum standard while engaged in work at any Humber College sites.

I, \_\_\_\_\_ representing \_\_\_\_\_  
[Please Print Name of Company Representative] [Please Print Company Name]

I have read the Program document and understand all of the responsibilities of my company and/or any of its employees/agents or sub-contractors employed by my company.

\_\_\_\_\_  
[Signature of Company Representative] [Please Print Title of Signing Officer] [Date (YY/MM/DD)]

*This form is to be signed and returned to the Capital Development/Facilities Management Office or Designate prior to the Contractor and/or any of its employees/agents/sub-contractors beginning work on the premises.*

Revised 2016 04 26 Bridgeford

**Receipt Acknowledgement**

\_\_\_\_\_  
[Signature of College Representative] [Date (YY/MM/DD)]



# Contractor Statement of Understanding

Appendix L

Project Reference No. (If Available): \_\_\_\_\_

Location: \_\_\_\_\_

## SIGNATURE REQUIRED PRIOR TO START OF ANY WORK

I, \_\_\_\_\_ representing \_\_\_\_\_  
[Please Print Name of Company Representative] [Please Print Company Name]

have reviewed and understand the **Humber College Capital Development & Facilities Management Contractor Guidelines, Policies and Procedures** document and agree that my company and/or its employees/agents and sub-contractors, will abide by the requirements contained therein. We agree that we have a good working knowledge of the *Occupational Health and Safety Act* (and the *Regulations* thereto) and the associated safe work practices required on any construction site.

I understand that non-compliance with any of these guidelines, policies and procedures as described will result in immediate work stoppage. Work will not commence again until a resolution to any such non-compliance has been determined in consultation with the Capital Development/Facilities Management Office or Designate.

I further understand and acknowledge that any additional costs incurred due to such non-compliance with said policies and procedures will be borne solely by my company or its agents/sub-contractors.

\_\_\_\_\_  
[Signature of Company Representative] [Please Print Title of Signing Officer] [Date (YY/MM/DD)]

*This form is to be signed and returned to the Capital Development/Facilities Management Office or Designate prior to the Contractor and/or any of its employees/agents/sub-contractors beginning work on the premises.*

Revised 2016 04 19 Bridgeford

## Receipt Acknowledgement

\_\_\_\_\_  
[Signature of College Representative] [Date (YY/MM/DD)]