

Store Initiated Maintenance Contractor Health & Safety Acknowledgement

Store Number and Description of the Work (Include Anticipated Start and Completion Dates) _____

For LCBO – Note:

This form is to be used when the Store directly hires a company to do work at the store.

Any work done through the “HelloLCBO” Call Centre requires **NO** collection of any documentation by store staff.

Instruction to Contracted Company:

Complete all sections of this form, sign and date at the bottom and attach a current WSIB Clearance Certificate **prior to commencing any work.**

The Company agrees to ensure that all work done by the contractor or their sub-trades on behalf of the LCBO will be done in full compliance with all of the provisions of the Occupational Health and Safety Act (Ontario) and applicable Regulations. The contractor will, at all times, be responsible for the health and safety of their employees, sub-trades, all LCBO employees and all LCBO customers while working at this LCBO facility.

The Contractor Agrees to provide all Material, Equipment and Labour needed to complete the work described above, and that all materials to be used are new and the equipment to be used is in good, undamaged working condition.

The Contractor agrees not to use any LCBO equipment or request any assistance from LCBO Employees in order to complete the work.

☐ Check box to confirm that the contractor has received a copy of the ***Health and Safety Expectations for Contractors Involved in LCBO Store Initiated Maintenance Work (LCB 2275)*** document.

If Applicable:

Electrician's Certificate of Qualification _____

Gas Fitter's Certificate of Qualification _____

Others – Trade Name and Certificate of Qualification _____

**** WSIB Clearance Certificate (Current) NOTE: The Contractor must attach a copy of a Current WSIB Clearance Certificate with this completed form before any work is started. The dates for which the work is to be done must fall between the dates indicated on the Clearance Certificate form.**

Comprehensive General Liability Insurance

Company Name and Policy Number (min. \$5 million coverage): _____

Contractor's Name: _____

Company Name: _____

Address: _____

Telephone #: _____ Cell #: _____

E-mail Address: _____

Contractor's Signature

Date

PREVIEW DOCUMENT ONLY
The original document must be obtained for the Bid Submission