



**OCCUPATIONAL HEALTH AND SAFETY
STATUTORY DECLARATION FORM**

Business Information

Name of Company (Registered and Operating As)

Authorized Signing Officer(s) of Company, including Title(s)

Business Address (Street Number and Name)

City	Postal Code	Telephone Number	Fax Number
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On behalf of the above-named Company, I certify the following:

- a) The above-named Company has a health and safety policy and will maintain a program to implement such policy as required pursuant to clause 25(2)(j) the *Occupational Health and Safety Act*, R.S.O. 1990, c.0.1, as amended, (the "OHSA").
- b) With respect to the services being offered pursuant to the Township of Oro-Medonte's Towing By-law, the above-named Company and our proposed subcontractors, acknowledge the responsibility to, and shall:
 - i) fulfill all of the "employer" obligations under the OHSA and ensure that all work is carried out in accordance with the OHSA and its regulations;
 - ii) ensure that adequate and competent supervision is provided as per the OHSA to protect the health and safety of workers; and
 - iii) provide information and instruction to all employees to ensure they are informed of the hazards inherent in the work and understand the procedures for minimizing the risk of injury or illness.
- c) The above-named Company agrees to take every precaution reasonable in the circumstances for the protection of worker health and safety, as required under the OHSA.

Signature of Authorized Signing Officer

Signature of Authorized Signing Officer

Dated at the Township of Oro-Medonte this _____ day of _____, 20_____.

Signature of Witness – Township Staff

Printed Name and Title of Township Staff