



# Sub- Contractor Safety Orientation Form

Health and Safety orientations are required under the AB Occupational Health and Safety Regulations. This form is to be completed before a new subcontractor commences work. Please complete all sections that are applicable. This form must be signed and dated by the individual responsible for the orientation and the subcontractor representative who has received the orientation. Once signed, maintain the original copy of the Subcontractor Orientation Form as documentation

**SUBCONTRACTOR**

COMPANY:	NAME:	PHONE:
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SERVICE(S) TO BE PROVIDED:

NOTES:

**SUPERVISOR**

POSITION:	NAME:	PHONE:
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NOTES:

**SUBCONTRACTOR SITE ORIENTATION**

<input type="checkbox"/> Contact Information	<input type="checkbox"/> Site Orientation	<input type="checkbox"/> Emergency Response Plan
<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> Site Hazard Assessments
<input type="checkbox"/> Location of First Aid / Eye Wash	<input type="checkbox"/> Hot Work	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

I, the undersigned subcontractors' representative hereby claim that I have reviewed the Swab Master Ltd. Emergency Response Plan, that I know the location of the document, and that I understand it, agree to it, and will abide by it at all times.

NAME:	SIGNATURE:	DATE:
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I have instructed the foregoing information with the above subcontractor and believe that he/she has a reasonable understanding of the information.

NAME:	SIGNATURE:	DATE:
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**SITE ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK**



# Sub- Contractor Safety Orientation Form

**SUBCONTRACTOR**

COMPANY:	NAME:	PHONE:
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DESCRIPTION OF WORK PERFORMED:


DEFICIENCIES / COMPLICATIONS / HAZARDS OBSERVED:


**SUPERVISOR**

NAME:	POSITION:	PHONE:
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NOTES:


We, the undersigned agree that the work performed by the above noted sub-contractor is satisfactory and was completed with competence, and the utmost care and attention in compliance with Swab Master Ltd. Health & Safety Regulations.

CONTRACTOR:

SWAB MASTER LTD. REPRESENTATIVE

\_\_\_\_\_  
DATE:\_\_\_\_\_  
DATE:

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