

Date:

Operating As:

Mailing Address:

OHS Contact Report No.:

One or more orders cited in the above referenced OHS Contact Report include a requirement for you to provide a Report of Compliance to Occupational Health and Safety, explaining the measures taken to remedy the contravention(s).

Instructions for Completion

1. Complete in full the Report on Compliance. If you prefer to submit documents in addition to or in place of this Report on Compliance, note the associated OHS Contact Report number on those documents.
2. Submit by email, or mail a copy of the Report on Compliance and any other related documents to the Occupational Health and Safety Officer identified below.
3. A copy of all completed Reports on Compliance must be provided to the Joint Work Site Health and Safety Committee, or Health and Safety Representative, or posted at the worksite as required.
4. If present at the worksite, The Joint Work Site Health and Safety Committee, or Health and Safety Representative will receive and consider the Report on Compliance, as part of their duties specified in section 19 of the *Occupational Health and Safety Act*. If the Joint Work Site Health and Safety Committee, or Health and Safety Representative agrees that the information contained within the report on compliance is factual and true they may sign the submitted report on compliance to support compliance with the order(s).

Submit Report on Compliance to:

Attention:

Email:

Phone:

Mailing Address:

Should you have any questions, please contact the OHS Officer / Peace Officer identified above.

The *Occupational Health and Safety Act*, Section 66; requires the person to which an order has been issued to return a report to the officer within 7 days of the compliance date of the order to achieve compliance. A copy of this report must be provided to the Joint Work Site Health and Safety Committee (HSC) or, Health and Safety Representative (HS representative). A copy of this report must be posted at the work site if no HSC or HS representative is required at the work site.

OHS Contact Report No.:	Date of Issuance:
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Work Site Party Identification

Operating As:

Mailing Address:

Compliance Notification

Refer to OHS Contact Report "Orders" section when completing this form.

Order No.	Act Regulation Code	Section	Order Compliance Date	Measures taken to remedy contravention	Remedy Completion Date

Person submitting report on compliance on behalf of the work site party

Name:	Date submitted:
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Email / Phone:

Copy submitted to HSC	Copy submitted to HS representative	Copy posted at work site
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Joint Work Site Health and Safety Committee (HSC) or Health and Safety Representative (HS representative) Sign Off

HSC	If the representative agrees that the information contained within the report on compliance is factual and true they may sign to support compliance with the order(s).	Name:	Signature:
HS representative	If the representative agrees that the information contained within the report on compliance is factual and true they may sign to support compliance with the order(s).	Name:	Signature: