**Form 3 - Contractor Agreement and Understanding**

The Contractor Representative has agreed to and understands the information and responsibilities contained within the City of Guelph Contractor Safety Management Program.

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Note: The COG Project Manager, is responsible for reviewing any additional safety / job performance requirements with the contractor before work beginning.**

Contractor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature (mm – dd – yyyy)*

The following employees and/or subcontractors have agreed to and understood the information and responsibilities contained within the City of Guelph Contractor Safety Management Program, and, if unable to attend an onsite orientation, have reviewed the provided orientation and will comply with the content.

**Please ensure all employees who may be assigned to the work sign below:**

**Provide name and signature below if working on site:**

Contractor Employee Name:

Please Print Signature

Contractor Employee Name:

Please Print Signature

Contractor Employee Name:

Please Print Signature

Contractor Employee Name:

Please Print Signature

Contractor Employee Name:

Please Print Signature

Contractor Employee Name:

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Contractor Employee Name:

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