

Schedule 13 - Health and Safety Attestation

Selected Respondent's/Proponent's Name: _____
confirms and acknowledges that:

- a) Any Town Staff or Town Consultant inspection is provided solely for the purpose of quality assurance;*
- b) The Contractor assumes full responsibility of the Health and Safety at the Project Site.*
- c) All Health and Safety obligations lie with the contractor; and*
- d) If any Health and Safety issue is observed by the Town or its Consultant that it will be reported to the Contractor for action and correction. Such notice shall not relieve the Contractor's sole responsibility for site safety.*

Selected Respondent's/Proponent's Name: _____
represents that they have a comprehensive health & safety policy and programs to protect the safety of workers and public in similar work, meeting or exceeding all requirements of the Occupational Health & Safety Act and all other relevant legislation.

Selected Respondent's/Proponent's Name: _____
confirms that:

- ☐ *We have no prior convictions under the Occupational Health & Safety Act; **or***
- ☐ *We have the following prior convictions under the Occupational Health & Safety Act:*

Should the selected respondent/proponent have prior conviction(s) under the Occupational Health & Safety Act, the selected respondent/proponent shall provide written explanation of why the conviction(s) do(es) not impact the ability of the selected respondent/proponent, as Contractor to perform the work.

Selected Respondent/Proponent:

(_____
(Signature Print Name
(_____
(_____
(Position (I have authority to bind the Company)