



APPENDIX A - REQUIRED SITE INFORMATION

Trade Name:

Postal code:

Address:

Contact:

Phone:

Fax:

ITC USE ONLY

Project:

Project No.:

Contract No:

Cost Code: See Schedule B

CONTRACT SYNOPSIS:

As part of the Trade Contractor/Subcontractor's contractual obligations, please provide the following information to Site prior to performing any work on Site. Additionally, the completed form should be faxed to the applicable ITC Office **prior to performing any work on Site.**

1.	SAFETY COORDINATOR Phone number during working hours: Phone number after working hours: Additional phone numbers or pager:	_____ _____ _____
2.	SITE SUPERVISOR Phone number during working hours: Phone number after working hours: Additional phone numbers or pager:	_____ _____ _____
3.	ALTERNATIVE REPRESENTATIVE Phone number during working hours: Phone number after working hours: Additional phone numbers or pager:	_____ _____ _____

NOTE: In case of emergency involving hazard, loss or damage to the job or equipment, the above individuals shall be contacted.

This form must be completed and submitted to the site and ITC Office, Attention: Regional Safety Officer, at least 1 week before the first day of work on site.