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Contractor Authorization to Work Form

It is our policy that contractors perform work in accordance with all laws, regulations, bylaws, rules, and standards applicable to the performance of work on any facilities and worksites. The Authorization to Work Form and Hazard and Risk assessment is to be completed by the Contractor. The hazard and risk assessment is to be reviewed by the Contract Administrator, taking into consideration any potential impacts on company operations. If change management is required as a means to control a hazard, document action item, person responsible and date communicated on the hazard and risk assessment form.

Contractor/Company Name:	Click here to enter text.	Tele:	Click here to enter text.
Contractor/Supervisor Name:	Click here to enter text.	Cell:	Click here to enter text.
Contractor Address:	Click here to enter text.		
Worksite:	Click here to enter text.		
Date:	Click here to enter a date.		
Period of Work:	Start:Click here to enter a date.	End:	Click here to enter a date.
SAFE WORK METHOD			
Work Description:			
Working on roof	<input type="checkbox"/> Painting	<input type="checkbox"/> Window cleaning	<input type="checkbox"/>
Asbestos Work	<input type="checkbox"/> Overhead Door Maintenance	<input type="checkbox"/> Abrasive blasting	<input type="checkbox"/>
Mould Remediation	<input type="checkbox"/> Working Outside Regular hours	<input type="checkbox"/> Tree Felling/Pruning	<input type="checkbox"/>
Driving on Company Property	<input type="checkbox"/> Sub Contract Labour &/or Equipment	<input type="checkbox"/> Working Alone	<input type="checkbox"/>
Operating Powered Mobile	<input type="checkbox"/> Working on / near energized apparatus	<input type="checkbox"/> Working by buried facilities	<input type="checkbox"/>
Welding	<input type="checkbox"/> Abrasive cutting/coring	<input type="checkbox"/> Hoisting or Lifting	<input type="checkbox"/>
Using Power Tools	<input type="checkbox"/> Erecting scaffolding	<input type="checkbox"/> Excavation or Trenching	<input type="checkbox"/>
Demolishing	<input type="checkbox"/> Explosives	<input type="checkbox"/> Using Chemicals	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/> Transporting Dangerous Goods	<input type="checkbox"/> Confined Space	<input type="checkbox"/>
Hot Work	<input type="checkbox"/> Plumbing/ Heating/ Mechanical	<input type="checkbox"/> Noise / Vibration work	<input type="checkbox"/>
Electrical Work	<input type="checkbox"/> Surveying	<input type="checkbox"/> Vehicle Recovery	<input type="checkbox"/>
Working where public may be exposed	<input type="checkbox"/> Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a safe work method(s) to undertake the work indicated above? ☐ Yes ☐ No  
Have you been trained and are you competent in the safe work method(s)? ☐ Yes ☐ No

I \_\_\_\_\_ of \_\_\_\_\_ Declare that I/We  
Contractor Representative - please print Contractor Company Name

- a) Understand obligations under the Occupational Health and Safety Act, other applicable Provincial Regulations and applicable OH&S policies and standards.
- b) Have valid certification, qualifications and/or competencies required by Provincial legislation.
- c) Will cease working, make safe the workplace and contact the Contract Administrator if an incident has occurred or I become aware of a situation, that creates a danger to myself or others.
- d) \_\_\_\_\_ (have / do not have) a current WCB account (or indicate if you do not know).
- e) Have participated in a pre-job safety meeting, including a hazard & risk assessment and orientation, and agree to comply with the safety rules any and special instructions.
- f) Report an incident that has caused injury or property damage to the contract administrator.

Signed: Contractor Representative: \_\_\_\_\_ Date: Click here to enter a date.



COMPANY NAME  
Address  
City, State, Zip  
Phone: 000-000-0000  
Website  
CA State Locksmith License #LCO 0000  
CA State Contractor License #00000

No. 1001

AUTHORIZATION

The following information is required by the California Penal Code, Section 466.6, whenever a duplicate motor vehicle key is made by means other than direct duplication or Sections 466.8 and 467, whenever a duplicate key is made for a lock by impression, cut by code, or otherwise manufactured by means other than direct duplication. The Locksmith **MUST** have this information **BEFORE** a key can be made or access provided.

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

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

VID: \_\_\_\_\_ VEH. LIC. #: \_\_\_\_\_ STATE: \_\_\_\_\_

CODES: \_\_\_\_\_

RELATIONSHIP TO DESCRIBED PROPERTY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify, under penalty of perjury, that I am the owner or agent of the owner, and that all of the statements and representations in this authorization are true and accurate, knowing that providing false information is a misdemeanor. I release the Locksmith providing me with a duplicate key or manufacturing the duplicate key for purposes of gaining entry with respect to the above described from any liability or claims whatsoever, whether brought by myself or by others on my behalf, with respect to my use or intended use of the duplicate key. I have reviewed the entire contents of this form.

Signature

Date

Locks | Safes | Keys | Electronic Access Control Systems





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