This form is to be completed as often as necessary if the Prime Contractor responsibilities transfer between the Contracting Employer and the Municipality, for ANY reason.

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| **Project / Contract Title:** |
| **Contracting Employer(s):**  |
| **Work Site Location(s) (attach maps or drawings as appropriate):** |
| **Municipal Representative:** |
| **Contracting Employer’s Health & Safety Designate:** |
| **Contracting Employer Representative:** |
| **Date Issued:** | **Date Closed:** |
| 1. In accordance with the current, and any subsequent revisions to, the Alberta OHS legislation, the Contracting Employer’s Representative acknowledges that the Contracting Employer will fulfill the role of the Prime Contractor for this work, for the period of time outlined below.
2. By signing this Acknowledgement, the Contracting Employer agrees to meet the Prime Contractor Obligations as outlined in the Alberta OHS legislation, including but not limited to: actively managing, co-ordinating, and monitoring the work, conducted on the site named above, by all employers involved in the work, to meet the requirements of the legislation.
3. A copy of the completed *Notice of the Designated Prime Contractor* must be posted conspicuiously on the Work Site, in as many locations as necessary to ensure full coverage of the site.
4. If any named Representative (either Municipal or Contracting Employer) are no longer responsible for this work, a new *Acknowledgement of Prime Contractor Designation* must be completed.
5. By signing this Acknowledgement, the Contracting Employer agrees that no change to the Prime Contractor role can be made without authorization from the Municipality.
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| **Prime Contractor Status Assumed by the Contracting Employer** | **Prime Contractor Status Returned to the Municipality** |
| Date Assumed:  | Date Returned:  |
| **Authorization** | **Authorization** |
| **Contracting Employer’s Representative** | **Contracting Employer’s Representative** |
| Print Name: | Print Name: |
| Title: | Title: |
| Date: | Date: |
| Signature: *(I have the authority to bind the Contracting Employer)* | Signature: *(I have the authority to bind the Contracting Employer)* |
|  |  |
| **Municipal Representative** | **Municipal Representative** |
| Print Name: | Print Name: |
| Title: | Title: |
| Date: | Date: |
| Signature: *(I have the authority to bind the Municipality)* | Signature: *(I have the authority to bind the Municipality)* |
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