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| --- | --- | --- | --- | --- | --- |
| **PROJECT TITLE** | | | **DATE ISSUED (YYYY-MM-DD)** | | |
| **PROJECT SITE LOCATION(S) / ADDRESS OR DIRECTIONS** | | | **PROJECT TENDER / NO.** | | |
| 1. All incidents on the Project Site must be reported to the Owner / Employer’s Representative or designated for immediate follow-up. 2. Any incident resulting in significant damage to property of the Owner / Employer or any adjacent property owner or injury to, or death of any worker or member of the public must be reported to the Owner / Employer, at 999-999-9999. 3. These instructions do not supersede, replace, or take precedence over the minimum requirements for incident reporting and investigation as outlined in the Alberta Occupational Health and Safety Act and site-specific response procedures. 4. The form must be displayed in a conspicuous location on the Project Site. If the Project Site has multiple geographical locations, additional copies of the completed Project Emergency Contact must be posted at each site location. | | | | | |
| **AMBULANCE, FIRE, POLICE (24 HOURS)** | | | | | **9-1-1** |
| **ALBERTA WORKPLACE HEALTH AND SAFETY (24 HOURS)** | | | | | **1-866-415-8690** |
| **ALBERTA ENVIRONMENT (24 HOURS)** | | | | | **1-800-222-6514** |
| **POISON & DRUG CONTROL** | | | | | **1-800-332-1414** |
| **WCB Report Fatal Incidents**  **WCB Contact Centre** | | | | | **1-855-498-7969**  **1-866-922-9221** |
| **TRANSPORTATION OF DANGEROUS GOODS (24 HOURS)** | | | | | **1-800-272-9600** |
| **Crime Stoppers - TIPS Line** | | | | | **1-800-222-8477** |
| **Mental Health Services** | | | | | **1-877-303-2642** |
| **Bullying Help Line (24 Hr.)** | | | | | **1-888-456-2323** |
| **Addiction Services Helpline** | | | | | **1-866-332-2322** |
| **OWNER / EMPLOYER OHS EMERGENCY (24 HOURS)** | | | | | **999-999-9999** |
|  | | | | | |
| **NAME OF CONTRACTING EMPLOYER** | |  | | | |
| **PROJECT SPECIFIC CONTACTS** | |  | | | |
| **OWNER / EMPLOYER REPRESENTATIVE** | |  | | | |
| **PRIME CONTRACTOR’S REPRESENTATIVE** | |  | | | |
| **CONTRACTING EMPLOYER’S REPRESENTATIVE** | |  | | | |
| **SUB-CONTRACTOR’S REPRESENTATIVE** | |  | | | |
| **CONTRACTING EMPLOYER OR PRIME CONTRACTOR’S AUTHORIZED DESIGNATE (EMERGENCY CONTACT)** | | | | | |
| **NAME** | **PRIMARY PHONE** | | | **CELL PHONE** | |

The Town of Grey Goose is committed to keeping personal information that it collects from its visitors, volunteers, customers, employees, and Contracting Employers accurate, confidential and secure. The Town of Grey Goose will disclose information in connection with a legal proceeding. Only the information specifically requested by legitimate authorities will be disclosed, questions regarding the collection of personal information may be made to 999-999-9999. This information is collected per the FOIP Act, Section 33(c).