This form is to be completed when the Owner / Employer authorizes the start of work by a Contracting Employer or when the Owner / Employer requires the work be stopped, 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’s Representative:** | |
| **Date Issued:** | **Date Closed:** |
| 1. This completed *Start / Stop Work Notice for Contracting Employers* must be posted conspicuously on the Work Site, in as many locations as necessary to ensure full coverage of the site. | |
| **Authorization to Begin Work** | **Notice to Stop Work** |
| Date Authorized: | Date Stopped: |
|  | Reason for Work Stoppage: |
|  | Actions Required (must be approved by Municipal Representative before work restarts): |
| **Authorization** | **Authorization** |
| **Municipal Representative** | **Municipal Representative** |
| Print Name: | Print Name: |
| Title: | Title: |
| Date: | Date: |
| Signature: *(I have the authority to bind the Owner / Employer)* | Signature: *(I have the authority to bind the Contracting Employer)* |
|  |  |
| **Contracting Employer Representative** | **Contracting Employer 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)* |