

Building your Health and Safety Program Form

WSIB Account No.

WSIB Firm No.

No. of Workers

Do you have other WSIB Account No.s?

If yes, Account No.:

Street Address

City/Town

Postal Code:

Phone No.:

Fax No.:

Participant 1 (Owner)**:

Job Title:

Business email:

Participant 2:

Job Title:

Business email:

TERMS AND CONDITIONS OF PARTICIPATION:	INITIALS
1. The participant is the owner or senior manager** of the company (see definition below).	
2. The owner or senior manager must attend all three sessions and complete program requirements.	
3. Employer premiums must be \$90,000 or less.	
4. Employer's WSIB account must be in good standing (paid up to date).	
5. An employer who experiences a traumatic fatality while participating in the program will be disqualified from receiving the program rebate.	
6. Employer cannot be currently registered in the Safety Groups program or have received a SCIP or Building Your Health and Safety Program rebate in the past.	
7. Participants may be asked to complete questionnaires, surveys or interviews as part of the ongoing program evaluation.	
Owner/Senior Manager Signature:	Date:

**Definition of senior manager: The key decision-maker within the company who is responsible for approving the allocation of resources on behalf of the company (people, equipment, training, and materials).

Please select one location date and location:

Location	Dates	Times
Owner/senior manager must attend all 3 in-class training sessions.		

Please return this form by email, fax or mail to the attention of:

Program Administrator, WSIB, Workplace Health and Safety Services Division
 200 Front St. West, 11th Floor, Toronto, ON M5V 3J1
 phone 1-800-387-0750, ext. 5533 or 416-344-5533 Fax: 416-344-3493
 or email: smallbizsafety@wsib.on.ca

You will receive a confirmation by email before the session.

