



**Workplace-Specific Hazard Training Confirmation to the Ministry of Labour
(1996 JHSC Part Two)**

Please complete all information. Type or print clearly.

WSIB Firm Number	WSIB Rate Group
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Employer Information

Employer Name

Address (including Unit number if applicable)

City	Province	Postal Code	Telephone	Fax
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Employer Health & Safety Contact	Contact E-mail Address
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Employer Health & Safety Contact's Signature	Contact's Telephone Number	Date (dd/mm/yyyy)
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Employee Information

Employee Name	Certification ID Number (required)
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Address (including Unit number if applicable)	Work E-mail Address
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City	Province	Postal Code	Home E-mail Address (optional)
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Employee's Signature	Telephone Number	Date (dd/mm/yyyy)
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Confidentiality Note

Your personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used, disclosed and retained to administer the Certification Training program, pursuant to the *Occupational Health and Safety Act*. Please call **1-877-202-0008** if you have any questions regarding the collection and use of this information.

Has a workplace hazard assessment been conducted to determine hazard topics and shared with the workplace JHSC?

yes no

Name of Hazard Topic(s) or Name of the Sector Program Completed	Date(s) Training Received (dd/mm/yyyy)	Name of Training Provider

Completed Form

Mail to: Ministry of Labour Health and Safety Program Administration and Certification Unit 400 University Avenue, 12th floor Toronto, Ontario, M7A 1T7	or Fax to: (416) 326-1416
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