

# CONSTRUCTION HEALTH AND SAFETY OFFICER

Infrastructure Health & Safety Association

5110 Creekbank Road, Suite 400, Mississauga, ON L4W 0A1  
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 Email: info@ihsa.ca • www.ihsa.ca

**YOU MUST COMPLETE ALL REQUIRED COURSES BEFORE SUBMITTING THIS APPLICATION FORM.**  
**PLEASE INCLUDE COPIES OF PROOF OF TRAINING AND THE APPLICATION FEE WHEN SUBMITTING THIS FORM TO IHSA.**  
**MEMBERS: \$50.00 + HST NON-MEMBERS: \$150.00 + HST**

Applicant Name \_\_\_\_\_ Participant Training Number \_\_\_\_\_  
 Date \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## TRADE/OCCUPATION

Please check all that apply to you  Owner  Consultant  Worker  Union  Non-union  
 Manager  Supervisor  Apprentice  Other

Company Name \_\_\_\_\_ Local \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

IHSA Member  Non-Member

## REQUIRED TRAINING PROGRAMS

DATE COMPLETED  
 1) WHMIS \_\_\_\_\_  
 2) Working at Heights \_\_\_\_\_  
 3) Construction Health and Safety Representative \_\_\_\_\_  
 4) Sector-Specific Training \_\_\_\_\_

## REQUIRED TRAINING PROGRAMS

DATE COMPLETED  
 5) Simulated Hazard Analysis \_\_\_\_\_  
 6) Basics of Supervising \_\_\_\_\_  
 7) Basic Auditing Principles \_\_\_\_\_  
 8) First Aid/CPR \_\_\_\_\_

## REQUIRED EXPERIENCE

Please read and sign the following declaration confirming that you have the minimum experience requirements.



I, \_\_\_\_\_, declare that I have at least five years of practical health and safety experience.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## PAYMENT INFORMATION (MAY REQUIRE SECURITY CODE)

Cheque enclosed  Please charge my credit card

Method of payment:  Visa   MasterCard   American Express

Credit card # \_\_\_\_\_ Expiry date \_\_\_\_\_

Cardholder name \_\_\_\_\_ Amount authorized \_\_\_\_\_  
 (As it appears on card)

*Final billing amounts on US credit card orders may vary slightly due to currency conversion. IHSA will contact you for your credit card security code.*

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

HST # 85409 8066 RT0001

## APPLICANT CONSENT

I hereby agree to allow IHSA to collect, store, and use my name, address and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

IHSA reserves the right, at its sole discretion, to deny the issuance of any certificate on the basis of either an applicant furnishing false information or an applicant's prior conduct involving fraudulent activity or conviction of an offence under the Occupational Health and Safety Act.



Signature \_\_\_\_\_ Date \_\_\_\_\_