



REPORT ON COMPLIANCE

Ministry of Labour and Immigration
Occupational Health and Safety Delivery

Date:

Legal name:

Work site address:

Contact report #:

If an officer requires you to submit a report on compliance, you can choose to use this form to record the measures taken to achieve compliance. Alternatively, you can use the Report on Compliance online tool or create your own report. For more information, see the bulletin, [Report on compliance](#).

Instructions for Completion

1. Complete the report on compliance form. Include additional documentation in your submission as applicable.
2. Submit by email, or mail a copy of the report on compliance and any other related documents to the Occupational Health and Safety officer identified below.
3. A copy of all completed reports on compliance must be provided to the joint health and safety committee, or health and safety representative, or posted at the worksite as required.
4. If present, the joint health and safety committee (HSC) or health and safety representative (HS representative) must verify the information in the report on compliance is true.

Submit report on compliance to:

Attention:

Email:

Phone:

Mailing address:

Should you have any questions, please contact the OHS officer/peace officer identified above.



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Use this form, the online reporting feature or create your own report to record the measures taken to address contraventions listed in the OHS contact report.

Contact report #:

Work site party identification:

Legal name:

Work site address:

Compliance notification

Refer to OHS Contact Report "Orders" section when completing this form.

Order No.	Act Regulation Code	Section	Order compliance date	Measures taken to remedy contravention	Remedy completion date

Person submitting report on compliance on behalf of the work site party

Name:

Date submitted:

Email / Phone:

HSC/HS representative

If the HSC/HS representative agrees that the information contained within the report on compliance is factual and true they may sign to support compliance with the order(s).

Name:

Signature: