*Version date: February 23, 2023*

**Asbestos Acknowledgement Form for General/Emergency Contractors (Non-Asbestos Work)**

*Instructions:*

1. This form is intended for contractors that are engaged by UofT for **non-asbestos** work (e.g., general repairs and maintenance, emergency response). However, due to the presence of asbestos materials in University buildings and as required by O. Regulation 278/05, information regarding designated substance information must be provided to the contractor during the tendering process or when contracting the work. This information is usually provided as a Designated Substance Report or a Designated Substance Summary Report.
2. Once the UofT department has provided the Report to the contractors, this Acknowledgement is completed by the Contractor representative and sent back to the UofT representative.

This is to acknowledge that, We {insert name of contractor} undertake to adhere to the University's Asbestos Management Program, including [Appendix D (Emergency Procedures in the Event of Unexpected Asbestos Release)](https://ehs.utoronto.ca/wp-content/uploads/2018/03/AsbestosManagementProgram20190409.pdf), and follow the University's asbestos abatement guidelines as outlined in the [Asbestos Management Program](https://ehs.utoronto.ca/wp-content/uploads/2018/03/AsbestosManagementProgram20190409.pdf).

We also acknowledge receipt of the Designated Substances Summary Report (DSSR) for all buildings at University of Toronto St. George Campus and have read all the University of Toronto Designated Substance Management Programs/Procedures and ensure that each of my prospective contractor and subcontractor for the service order/emergency work has received a copy of these documents.

We undertake to adhere to the University's Programs/Procedures for Designated Substances. We also undertake to immediately stop work and inform the UofT contact if during the course of work any designated substances are discovered that were not referred to in the DSSR document.

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| **UofT Department:** |  |
| **UofT Department Representative:** |  |
| **Contractor Company Name:**  |  |
| **Contractor Signing Officer’s Name:** |  |
| **Signature:** |  |
| **Date:**  |  |
| **Address/Phone/Email:**  |  |