



EXCELLENCE
IN MANUFACTURING
CONSORTIUM

Health and Safety Excellence Program Firm Application/Provider Agreement Form

Yes, as the owner/senior manager, I would like to apply on behalf of my company to participate in the Health and Safety Excellence Program.

COMPANY INFORMATION:

WSIB Account Number:		WSIB Firm Number:		Number of Employees:	
Firm Name / Legal Business Name:					
Parent Company (if any):					
Address			City/Town:	Province	Postal Code
Telephone Number:	FAX Number:		E-Mail Address:		
Contact Name (please print):					
Contact Title:					
Alternate Contact Name (please print):		Alternate Contact Title:		Alternate Contact E-Mail Address:	
Signature:				Date (mm/dd/yyyy):	
Health and Safety Excellence Provider: EXCELLENCE IN MANUFACTURING CONSORTIUM					

TERMS AND CONDITIONS OF PARTICIPATION

1. Employers must attend an orientation session to participate in the program prior to the completion of their action plan and online assessment, as offered by EMC.
2. Employers must complete the WSIB online assessment and Action Plan, with approval.
3. Employers must complete topics. Employers are responsible for uploading their completed documentation to the WSIB portal.
4. Employers must appoint a contact to fulfill the administrative activities required as a participant in the Health and Safety Excellence Program. Should the person appointed change during the year, EMC **must** be advised.
5. Employers must attend and participate in at least two Health and Safety Excellence Program's meeting/workshops per year as organized by EMC.
6. If asked, employers must cooperate with WSIB and on-site validation audits as part of the evaluation process.
7. Employers will pay their EMC Health and Safety Excellence Program fee within 90 days of their application being approved by EMC. Any extension to that timeline must be pre-approved with EMC. Failure to meet this deadline may result in removal from the Health and Safety Excellence Program.
8. Employers must maintain regular contact with EMC. Contact shall be professional and courteous at all times.
9. If at any time any provision of this agreement is violated, EMC has the right to terminate the agreement and remove the employer from the Health and Safety Excellence Program. Refunds will not be permitted if removed from the program due to agreement violations.

Signature:	Title (Owner/Senior Manager)	Date (mm/dd/yyyy):
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