



Establishment Construction Site

1. Employer

A. Identification of Establishment or Construction Site	Establishment numbers <small>(These numbers can be obtained from your regional CSST office.)</small>
Name of establishment or construction site	ETA
Address	Experience file no.
	Construction site no.
Mailing address (if different from above)	Principal activity

B. Number of Workers per Work Shift (see definition on instruction page)

Hours of work	Number of workers (other than management) per work shift	Names of workers in establishment		Continued on back →
		Name	Date	
1 st shift (day)				
2 nd shift (evening)				
3 rd shift (night)				
4 th shift (weekend)				
Total no. of workers in establishment				

Note: If the entire subsidy is used up during the three-year period, any costs exceeding the amount of the subsidy must be borne by the enterprise.

C. Name of Person Authorized to Sign on Behalf of Establishment or Construction Site

Name	Telephone number
Title	Signature
	Date

2. Training Organization

A. Number of First Aiders per Work Shift	B. Program Administration
	Dates proposed
	<input type="checkbox"/> Will wait for call
	<input type="checkbox"/> Confirmed for
	(date)
	<input type="checkbox"/> Postponed to
	(date)
	Comments

Name of person who completed the form

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