

**PROTECTION OF PRIVACY AND THE
COLLECTION OF PERSONAL INFORMATION**

The personal information which you are requested to provide by completing this form is being collected pursuant to The Workplace Safety & Health Act. This information is required and will be used solely for purposes relating to your safety and well-being while working alone in the course of your employment. This information is protected pursuant to the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, storage and/or use of this information, please contact: Community and Corporate Site Occupational Safety and Health at telephone: 940 8386

Name: _____

Home Address _____

Telephone: _____ Cell: _____ Pager: _____

Vehicle (make/model/license plate number)

- 1 _____
- 2 _____
- 3 _____

Name of emergency contact (in order of preference) including telephone number and cell number:

- 1 _____
- 2 _____
- 3 _____

Any changes to the above-noted personal information should be brought to the attention of your immediate supervisor. To ensure that this information is kept accurate and up-to-date please use this form to document changes and submit it to your immediate supervisor for processing.