

## Acknowledgment of the University of Toronto's Asbestos Management Program and Ontario Regulations

Project Number:	Date:
Project Name:	
Name of Prime Contractor:	
То:	
This is to acknowledge that I,	, Project Manager,
am an authorizing signing officer fo	r
, the Prime Contractor for Project N	umber :
"Designated Substance Survey subcontractor(s) for the project	niversity of Toronto Asbestos Management Program" and the Report", and ensure that each of my workers and prospective has received a copy of the documents referred above.
(Emergency Procedures in the	Event of Unexpected Asbestos Release) and follow the nt guidelines as outlined in the specification.
Asbestos on Construction Proje	ario Regulation 278/05 entitled "Designated Substance – ects and in Building and Repair Operations", and Ontario signated Substances" made under the Occupation Health and
Company Name:	
Signing Officer's Name:	
Signature:	
Address:	
Phone Number: Email:	
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