

Physical Plant Health & Safety 89 Freedman Crescent Winnipeg, MB Canada R3T 2N2

Phone: 204 474 6281

U of M Contractor Orientation Registration

Company Name:
Contact Person:

Address:

Phone Number:

Email: Project Location: Session Date: Confirmation of Receipt? **Attendee Information** If hand printing, please do so clearly. Indicate whether the attendee is a supervisor or worker. Signature field is to be filled out on the day of orientation. Full Name Supervisor/Worker Signature Submitted By: Date: Received By: Date: