



COUNTY OF NORTHERN LIGHTS

POLICY

WORKSITE VISITOR RESPONSIBILITIES

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 2

PURPOSE

The well-being and safety of all employees, contractors, and visitors at County of Northern Lights is a top priority in our business operations. It is the duty and accountability of management to ensure a safe workplace, including providing strong supervisory support, well-maintained equipment, and sufficient time for employees to perform their tasks safely. We are dedicated to fulfilling our role in this regard and are equally committed to ensuring that everyone within County of Northern Lights contributes to this collective effort.

HEALTH AND SAFETY RESPONSIBILITIES

The goals of our Safety Management System include:

- Preventing injuries, property damage, degradation of quality, loss of production, and negative environmental impacts.
- Minimizing the effects of any incidents that occur in the workplace.
- Meeting or surpassing all legislative requirements related to safety.

VISITOR RESPONSIBILITIES

Visitors have the following responsibilities:

- Review the Health and Safety Policy
- Check in before entering any worksite, including both office and field locations.
- Stay with an assigned employee for the duration of their visit to the worksite., unless an annual orientation has been received.
- Read, understand, and adhere to the company's Health and Safety Policy, ensuring they follow safe work procedures and rules.
- Wear required safety equipment and personal protective devices, in line with regulations and company policies. This includes high-visibility apparel, CSA-approved hard hats (blaze orange or fluorescent red), CSA safety glasses, and appropriate footwear.
- Report any unsafe conditions or actions that could pose a danger to themselves or others to the supervisor or company representative.



Chief Elected Official

Chief Administrative Officer

SAFETY MANAGEMENT SYSTEM
POLICY
VISITOR SIGN IN SHEET

ACKNOWLEDGEMENT & RECEIPT					
I have read and reviewed the Worksite Visitor Responsibilities and Health & Safety Policy provided to me by County of Northern Lights and agree to follow them in a safe and effective manner.					
SIGN IN					
NAME	DATE	TIME		COMPANY	SIGNATURE
		IN	OUT		