



Temporary Transfer of Site Responsibilities

Project Name: _____ Project Number: _____

Location/Address: _____

Krawford Construction Site Superintendent: _____

Name of Responsible party: _____

Date/Time of transfer: _____

Valid Until (Date/Time): _____

The above responsible party, by signing this document, agrees to represent the site superintendent and Krawford Construction in a way that reflects **ALL** Krawford Construction's policies, procedures and safety guidelines, on the dates outlined above.

The above responsible party will ensure compliance to all Workers Compensation Board, Occupational Health & Safety as well as all Legislation and Acts that are applicable on the job site.

Krawford Construction Site Superintendent: _____

Signature: _____

Date: _____

Responsible Party: _____

Name of Company: _____

Signature: _____

Date: _____

*Please provide a copy to the office

Office Approval

Project Manager: _____

Date: _____

Safety Manager _____

Date: _____