

SAFETY CERTIFICATION FORM

To: City of Williamsburg

Project Title: WALLER MILL PARK IMPROVEMENTS IBF 02-7102-15

Project Safety Responsibility (Name) \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Number: \_\_\_\_\_

The undersigned hereby attest that the project has been carefully evaluated for the safety risks it presents and all safety procedures required based on these risks by Virginia Occupational Safety & Health, referenced in the bid document, will be implemented. Virginia Occupational Safety & Health and all other applicable Federal, State and local laws referenced on the use of safety equipment and safe work practices.

By: \_\_\_\_\_  
(Type Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)