



OCCUPATIONAL HEALTH & SAFETY DIVISION  
**Application For Deviation**

Form # 301 Date issued: 01/06  
Form Revision date: 02/06  
Approved by: Jim LeBlanc, Director

**The attached form may be filed with the Director of Occupational Health and Safety. The completed form must be delivered to:**

**Director,  
Occupational Health and Safety Division,  
Nova Scotia Department of Environment and Labour,  
6th Floor, 5151 Terminal Road,  
Halifax, Nova Scotia**

**or**

**Director,  
Occupational Health and Safety Division,  
Nova Scotia Department of Environment and Labour,  
P.O. Box 697,  
Halifax, N. S., B3J 2T8.**

**Please complete the form legibly and attach any documentation required to support the request for the deviation including technical information and copies of notices that indicate that consultation has occurred with the parties that may be affected by a decision regarding the deviation.**

## Application For Deviation

**1(a). Applicant's name:**  
*(organization or individual who is applying):*

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**Address:**

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**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_

**1(b). Employer name (if not applicant):**

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**Address:**

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**Phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_

- 2. I certify that I have complied with:**
- (i) Section 83(4) and (8) of the *Act*
  - (or)
  - (ii) Section 83(5) of the *Act*.



6. The following technical information is provided for consideration in respect to this request for a deviation *(use additional pages if necessary)*

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7. The following information with respect to benefits and drawbacks to health and safety that might reasonably be anticipated is provided for consideration in respect to this request for a deviation *(use additional pages if necessary)*

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8. I, \_\_\_\_\_, hereby declare that:  
*(print name)*

I am the \_\_\_\_\_ and hereby certify that my  
*(print position or office, if appellant is not an individual)*  
statements in this application are true and correct to the best of my knowledge and  
belief.

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

Signed at \_\_\_\_\_, Nova Scotia,

\_\_\_\_\_, 20 \_\_\_\_\_.  
*(Date)*

**REMEMBER TO ATTACH ANY DOCUMENTATION WHICH SUPPORTS  
THE DEVIATION WHICH IS BEING APPLIED FOR**