

Please print or type all information in BLOCK CAPITALS and press hard — you are making three copies.

**General information. You must complete this part.**

Name of owner	Name of prime contractor (if different from owner)	Name of person in charge of project
Address (street, city, postal code)	Address (street, city, postal code)	Job title
Employer account number	Employer account number	Telephone
Has the prime contractor agreed in writing with the owner to be the prime contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of person completing this form
Project site location (Indicate street address and city. If unavailable, describe general geographic location — road, kilometre, latitude/longitude, etc. — and nearest town. Attach a map if necessary.)		Telephone
		Project start date (yyyy/mm/dd)
		Anticipated duration of project Hours or Days or Months

**Only complete the section pertaining to your project.**

**Forestry (other than a silviculture project lasting five days or less) (OH&S Regulation 26.4) — Notice required before starting; or  
Aircraft operations (forestry) (OH&S Regulation 29.16) — At least two weeks' notice required**

Name of tree licensee (if different from the owner)	Address of licensee	Type of equipment used
Specify work activity and explain work procedures including: harvesting by commercial thinning, selective logging, or other individual tree selection method.	<p><b>Construction</b></p> <input type="checkbox"/> Road construction <input type="checkbox"/> Road deactivation <input type="checkbox"/> Bridge construction <input type="checkbox"/> Multi-plate culvert installation <input type="checkbox"/> Other (explain)	<p><b>Harvesting</b></p> <input type="checkbox"/> Felling <input type="checkbox"/> Cable yarding <input type="checkbox"/> Ground skidding <input type="checkbox"/> Heli-logging <input type="checkbox"/> Horse logging <input type="checkbox"/> Load and haul <input type="checkbox"/> Other (explain)
	<p><b>Partial cutting</b></p> <input type="checkbox"/> Commercial cutting <input type="checkbox"/> Patch retention _____% retention <input type="checkbox"/> Single stem retention _____% retention <input type="checkbox"/> Other (explain)	<p><b>Silviculture</b></p> <input type="checkbox"/> Planting <input type="checkbox"/> Spacing <input type="checkbox"/> Pruning <input type="checkbox"/> Chemical application <input type="checkbox"/> Other (explain)

**Diving (OH&S Regulation 24.9 (1) (a) to (f)) — At least 24 hours' notice required**

<input type="checkbox"/> Construction <input type="checkbox"/> Engineering inspection <input type="checkbox"/> Contaminated environment <input type="checkbox"/> Underneath ice	<input type="checkbox"/> Between nets <input type="checkbox"/> Other areas of entrapment (explain) <input type="checkbox"/> Exceeding the no-decompression limit <input type="checkbox"/> Using a mixed gas other than nitrox as a breathing medium	<input type="checkbox"/> Other (explain)	What is the planned maximum depth of the dive (in feet)?
Purpose of the dive	List diving equipment that will be used		

**Underground workings (OH&S Regulation 22.6) — At least 30 days' notice required**

Type of underground working	Mining method	Proposed hours of work	Maximum number of workers
Type of mining equipment	Number of units	Engine horsepower	Person responsible for ground support design
			Person responsible for ground support installation
			Proposed timing for ground support
Attach appropriate plans, drawings, and reports as required by OH&S Regulation 22.6 (g) and (h).			

**Instructions (To report construction, asbestos, or lead projects, please see Notice of Project form 52E49.)**

- For diving project, please post the white copy of this completed form at the project site.
- Please fax or mail the remaining copies of this completed form to:  
WorkSafeBC (Workers' Compensation Board), PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5  
Telephone 604 276-3100 in the Lower Mainland, or 1 888 621-7233 toll-free in B.C., Fax 604 276-3247

**FOR WORKSAFEBC USE ONLY**

Officer and number	Region	Area	Date received (yyyy/mm/dd)
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