



What alternative or equivalent safety precautions/procedures do you propose to ensure the safety of workers?  
(please explain and include any supporting documents along with your application)

How many workers will be affected by this request?

Less than 50    50-99    100-199    200-499    More than 500

Have you discussed your proposal with other interested, affected, or relevant groups at the mine site? (For example: Union Representatives, Occupational Health and Safety Committee).

Yes (If Yes, please complete Part B)    No (**If No, we will reject your application.** You must consult with the groups affected.)

### PART B

Please provide the contact information for each group at the mine site with which you discussed your proposal. If there are more than three groups, please submit the additional information along with your application.

#### GROUP ONE

First Name:	Last Name:	Telephone Number (include area code):
Cell (include area code) :	Email Address:	Preferred Contact Method: <input type="checkbox"/> Telephone <input type="checkbox"/> Cell <input type="checkbox"/> Email

Representative for:

Union    Occupational Health and Safety Committee    Other: \_\_\_\_\_

Did they have concerns?

No concerns identified    Yes, they identified concerns

If concerns were identified, how did you resolve them in your proposal plan? (please explain). *If no concerns identified, leave this section blank.*

GROUP TWO		
First Name:	Last Name:	Telephone Number (include area code):
Cell (include area code) :	Email Address:	Preferred Contact Method: <input type="checkbox"/> Telephone <input type="checkbox"/> Cell <input type="checkbox"/> Email
Representative for: <input type="checkbox"/> Union <input type="checkbox"/> Occupational Health and Safety Committee <input type="checkbox"/> Other: _____		
Did they have concerns? <input type="checkbox"/> No concerns identified <input type="checkbox"/> Yes, they identified concerns		
If concerns were identified, how did you resolve them in your proposal plan? (please explain). <i>If no concerns identified, leave this section blank.</i>		
GROUP THREE		
First Name:	Last Name:	Telephone Number (include area code):
Cell (include area code) :	Email Address:	Preferred Contact Method: <input type="checkbox"/> Telephone <input type="checkbox"/> Cell <input type="checkbox"/> Email
Representative for: <input type="checkbox"/> Union <input type="checkbox"/> Occupational Health and Safety Committee <input type="checkbox"/> Other: _____		
Did they have concerns? <input type="checkbox"/> No concerns identified <input type="checkbox"/> Yes, they identified concerns		
If concerns were identified, how did you resolve them in your proposal plan? (please explain). <i>If no concerns identified, leave this section blank.</i>		

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

**Submit your completed application to the Chief Inspector of Mines.**

**Yellowknife:** Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596  
Toll Free Fax: 1-866-277-3677 • Email: NoticeToCIM@wsc.nu.ca

or

**Iqaluit:** 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501  
Toll Free Fax: 1-866-979-8501 • Email: NoticeToCIM@wsc.nu.ca

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