



### Application for Sister STATUS

Incomplete applications will NOT be considered. Therefore, please ensure that your application includes:

- Letter of Good Standing from Home Local (Needs to be Updated Regularly)
- Direct Deposit Information
- Current Resumé and References
- Completed TD1 Tax Forms for both Federal and Provincial Taxes  
(Please find attached, or download from [www.cra-arc.gc.ca/formspubs/forms/td1-e.html](http://www.cra-arc.gc.ca/formspubs/forms/td1-e.html) )
- Copies of any relevant Certificates you hold (eg. Set Etiquette, First Aid, WHMIS, Fall Arrest, etc...)
- Other Certificates and Licenses that are relevant to Departments you are applying for  
(eg. License and Certificate for Hair)

Full Name (PLEASE PRINT CLEARLY): \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MM/DD/YYYY)

Emergency Contact Number \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Have you applied to IATSE Local 210 before?  No  Yes If Yes, please give date: \_\_\_\_\_

*\* Please Note: To apply for Film work, you must have taken the Set Etiquette and Protocol Course.*

1<sup>st</sup> Department: \_\_\_\_\_ Stage  or Film

2<sup>nd</sup> Department: \_\_\_\_\_ Stage  or Film

3<sup>rd</sup> Department: \_\_\_\_\_ Stage  or Film

Approval for Departments  
Is based on the information  
Provided in your resume

I am currently a Member of IATSE Local \_\_\_\_\_ in \_\_\_\_\_  
Number City

Registered with Group Retirement Services National RSP:  Yes  No Certificate# \_\_\_\_\_

**General Certifications:**

- Basic First Aid
- WHMIS

**Skill Set Certifications - Check all that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> Set Etiquette – Film and Television | <input type="checkbox"/> ETCP Arena Rigger                |
| <input type="checkbox"/> ETCP Theatre Rigger                 | <input type="checkbox"/> Pyrotechnic – Senior Technician  |
| <input type="checkbox"/> Hair Stylist                        | <input type="checkbox"/> Pyrotechnic - Technician         |
| <input type="checkbox"/> Advanced First Aid                  | <input type="checkbox"/> Lift Truck (fork lift) class 4/5 |
| <input type="checkbox"/> Industrial First Aid                | <input type="checkbox"/> Telehandler Class 7              |
| <input type="checkbox"/> AED training                        | <input type="checkbox"/> Aerial Platform up to 80 feet    |
| <input type="checkbox"/> Paramedic - EMT-P                   | <input type="checkbox"/> Aerial Platform over 80 feet     |
| <input type="checkbox"/> Paramedic – EMT-A                   | <input type="checkbox"/> Scissor Lift                     |
| <input type="checkbox"/> Food Handling                       | <input type="checkbox"/> Stacker Class 3, code 5          |
| <input type="checkbox"/> Provincial Electrical License       | <input type="checkbox"/> Fall Arrest                      |
| <input type="checkbox"/> Master Electrician                  |   |
| <input type="checkbox"/> Welding                             | <input type="checkbox"/> Other – please provide list      |
| <input type="checkbox"/> Welding – Aluminum                  |   |
| <input type="checkbox"/> SIM                                 |   |

If you have checked any of the above boxes under skill set qualifications; PLEASE SUBMIT COPIES with this application. If you do not supply copy of the certificates we can not recognize it or have you on a call/job that requires said certificate.



# 2025 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	For non-residents only Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$16,129. However, if your net income from all sources will be greater than \$177,882 and you enter \$16,129, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$177,882 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2025 Personal Tax Credits Return, and enter the calculated amount here.

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,687 for each infirm child born in 2008 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2025, and your net income for the year from all sources will be \$45,522 or less, enter \$9,028. You may enter a partial amount if your net income for the year will be between \$45,522 and \$105,709. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$10,138.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if two of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your spouse or common-law partner is infirm)

In all cases, go to line 9 if your spouse or common-law partner is infirm and has a net income for the year of \$28,798 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply:

- You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)

In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$28,798 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$28,798 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,816) whose net income for the year will be \$20,197 or less, enter \$8,601. You may enter a partial amount if their net income for the year will be between \$20,197 and \$28,798. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.

Your employer or payer will use this amount to determine the amount of your tax deductions.

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2025?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$16,129. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2025 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2025. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2025:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](https://canada.ca/taxes-northern-residents).

\$

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have **less** tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

It is a serious offence to make a false return.

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.  
 Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number
<p><b>1. Basic personal amount</b> – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2025, see "More than one employer or payer at the same time" on page 2</p>			<b>22,323</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2025, and your net income from all sources will be \$46,308 or less, enter \$6,221. You may enter a partial amount if your net income for the year will be between \$46,308 and \$87,782. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2025 Personal Tax Credits Return.</p>			
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$1,719 or your estimated annual pension.</p>			
<p><b>4. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$17,219.</p>			
<p><b>5. Spouse or common-law partner amount</b> – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You are supporting your spouse or common-law partner</li> <li>• Your spouse or common-law partner lives with you</li> <li>• Your spouse's or common-law partner's net income for the year will be less than the amount on line 1</li> </ul>			
<p><b>6. Amount for an eligible dependant</b> – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>• The dependant is related to you and lives with you</li> <li>• The dependant's net income for the year will be less than the amount on line 1</li> </ul>			
<p><b>7. Caregiver amount</b> – Enter \$12,922 if you are taking care of a dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)</li> <li>• The dependant lives with you</li> <li>• The dependant has a net income of \$20,545 or less for the year</li> </ul> <p>You may enter a partial amount if the dependant's net income for the year will be between \$20,545 and \$33,467. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.</p>			
<p><b>8. Amount for infirm dependants age 18 or older</b> – Enter \$12,922 if you are supporting an <b>infirm</b> dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• The dependant lives in Canada and is related to you or your spouse or common-law partner</li> <li>• The dependant is 18 years or older</li> <li>• The dependant has a net income of \$8,536 or less for the year</li> </ul> <p>You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,536 and \$21,458. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You <b>cannot</b> claim an amount for a dependant you claimed on line 7.</p>			
<p><b>9. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p><b>10. Amounts transferred from a dependant</b> – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.</p>			
<p><b>11. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 10.          Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.</p>			

**Filling out Form TD1AB**

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2025, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize IATSE Local 210 to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold IATSE Local 210 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until IATSE Local 210 receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Any changes to this direct deposit agreement form must be made in writing and given to the Payroll Department with two weeks notice for processing.

Pay statements will be mailed to me on a biweekly basis: I will therefore notify, in writing or email, IATSE Local 210 immediately of any changes in my address.

Name of Member \_\_\_\_\_ Date: \_\_\_\_\_
(please print)

Signature \_\_\_\_\_ Signature #2 \_\_\_\_\_

If Joint Account we require both signatures

I am Requesting Direct Deposit for the First Time

Or

I am changing my banking Information

(do not close prior account until after the first deposit has gone into to the new account)

I have attached a void cheque

Or

I have attached a payroll direct deposit form from my financial institution.

FOR OFFICE USE ONLY

Payroll #: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Entered by: \_\_\_\_\_



## **Alberta Jubilee Auditoria** **Back of House Procedures and Operating Policies**

Everyone working in the Jubilee Auditorium is expected to follow these procedures. Please read through and sign as indicated.

### **First Aid Reporting Procedures**

If a worker requires minor first aid and can administer the first aid to themselves (ex. Band-aids) then the worker must complete the First Aid Record on the front of the First Aid kit and deposit the completed form into the envelopes attached to the fronts of the first aid kits. This will be gathered on a monthly basis by Culture Technical Staff.

### **Incident Reporting Procedures**

The following incidents must be reported:

- Fatality
- Serious incidents
- Lost time (ex. next scheduled shift is missed)
- Medical aid or treatment on the same day of the occurrence
- Personal property damage
- First aid
- Near miss
- Damage to GOA property

NOTE: Do not disturb any incident scene except to administer first aid, protect property from further loss (ex. Fire) and to allow for all elements to be documented

- Seek medical treatment if required.
- Submit a Worker's Report of Injury to WCB for anything beyond first aid.
- Document the incident by filling out an Incident Report form and submit to Culture Technical Staff.

### **Near Miss (Prevention and Communication) Reporting Procedures**

*"An incident that had the potential to cause personal injury, property damage or both, but did not"*



- Inform the House Technicians and/or Culture Technical Staff immediately.
- Document the incident by filling out a First Aid Record form (if required) and a Prevention and Communication Report form and submit to Culture Technical Staff

## **Fire Alarm System**

The Jubilee Auditoria have a two stage fire alarm system. This system, designed for public assembly buildings, allows time to investigate the cause of the alarm.

In the first stage, the alarm rings intermittently and is only heard in the lobbies, auxiliary spaces and backstage areas. It is not audible in the audience chamber.

It is not necessary to evacuate during the first stage. However, once the alarms begin ringing continuously, this is an indication that the system has entered second stage. In the second stage all persons **MUST** exit the building through the nearest safe exit. Evacuation maps are posted in all back of house spaces.

There will be verbal announcements made shortly after the alarms begin ringing continuously and Jubilee staff will be clearing the building.

## **General Policies**

### **No Smoking**

In accordance with *The Tobacco Reduction Act* (Statutes of Alberta 2005 Chapter T-3.8) (as amended), the Alberta Jubilee Auditoria are non-smoking facilities and the licensee must ensure there is no smoking in the Back of House areas.

### **Fire Curtain**

The fire curtain line **must** remain clear of obstructions and must be able to travel freely at all times.

### **Power Tie-In:**

All electrical connections using cam lock connectors or bare wire and all bare wire disconnections must be performed by a certified electrician (CE) with a valid Journeyman Ticket. A CE must be supplied through the IATSE Local or through the Jubilee Auditoria and the cost for the CE will be added to your IATSE crew bill or invoiced by the Auditoria.

Connections that are of a multiple pole plug type of 50 amperes or less with a "first make, last break" grounding pole may be connected by Jubilee Auditoria staff. In addition, the disconnection of cam lock connectors may be done by the Jubilee Auditoria House Lighting Technician after power panels are powered down.

## Occupational, Health and Safety Policies

### **Fall Protection**

When any work is being performed in the Front of House catwalks, box booms, and balcony rails, the worker shall wear and use a safety harness and fall protection as directed in Alberta Jubilee Auditoria instructions. When any work is being performed on a man lift, if the lift must be moved or adjusted while at elevation, for example when focusing light fixtures, the worker must wear a safety harness and fall arrest as per the *High Engineering 100% Tie-off to Batten Procedures*, which can be found in the Fall Protection Plan. In addition, whenever the man lift is in operation all outriggers must be fully deployed. If the lift must be moved or adjusted then the worker shall be tied off to an approved external point.

A safety harness is not required for the operation of the drivable scissor lift provided it is being used on a level surface.

When any work is being performed overhead outside of the catwalk guard rails, the worker shall wear and use approved harness and fall arrest equipment as directed in Alberta Jubilee Auditoria instructions. “*Fall Arrest Procedures*” and “*Travel Restraint Procedures*” can be found in the Fall Protection Plan.

Any worker supplying their own Personal Protection Equipment (“PPE”), e.g. harness, lanyard and shock absorber, is responsible for ensuring that the PPE meets CSA standards and may be subject to a visual inspection by the House Technicians.

The Jubilee Auditorium Fall Protection Plan documentation is available for your review in the crew lounge and on the staff website at:

NAJA = <http://www.jubileeauditorium.com/northern/staff/tech/EvntInfo.htm>

SAJA = <http://www.jubileeauditorium.com/southern/staff/tech/EvntInfo.htm>

### **Hard Hats**

During all work calls when there are workers on the Grid or overhead, everyone working, supervising or visiting the stage must wear a CSA approved hard hat (CSA Standard Z94, Class E) regardless of task and duration on stage.

Failure to comply may result in an eviction from the stage.

### **Steel Toed Footwear**

During all work calls it is ***strongly recommend*** that CSA approved footwear with safety toe caps, shanks (Class 1, green “patch” triangle) and electrical shock resistance (white rectangle with orange Omega symbol) be worn at all times.

It is also **strongly recommended** that long pants are worn at all times while working on the stage.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE PROCEDURES AND OPERATING POLICIES SET OUT ABOVE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name



## IATSE LOCAL 210

The International Alliance of Theatrical Stage Employees, Moving Picture Technicians,  
Artists and Allied Crafts of the United States, Its Territories and Canada

IATSE Local 210 would like to ensure that we have your consent to receive our electronic communications, including our newsletter, production updates, notifications of job postings, communication from third parties and other notifications we send from time to time for the purpose of (i) sharing information; and (ii) establishing, developing and / or managing our relationship with you.

If you wish to continue to receive these electronic communications from us, please sign and date this consent form and return to us.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you have any questions or wish to withdraw your consent at any time please contact us at:

Email: [iatse210@iatse210.com](mailto:iatse210@iatse210.com)

Phone: 780.423.1863 Monday thru Friday between 8:30 AM and 4:00 PM



# IATSE LOCAL 210

The International Alliance of Theatrical Stage Employees, Moving Picture Technicians,  
Artists and Allied Crafts of the United States, Its Territories and Canada

IATSE Local 210 requires information to ensure we have a skilled and safe work force.

IATSE Local 210 workers have been and will be working in venues and buildings which may  
require the workers to be bonded.

Please circle the correct answer

- 1) Are you bondable?    YES    NO
- 2) Have you been convicted of criminal offence?    YES    NO

Permit

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## WORKER ACKNOWLEDGMENT FORM

NO WORKER WILL PROCEED TO THE WORK AREA WITHOUT ATTENDING THE WORKPLACE ORIENTATION

### Section 1: Responsibilities

- Always obtain permission from your OEG on-site contact prior to arriving at site.
- Check-in with your OEG on-site contact OR the Security Control Room (780-664-0800) prior to commence work.
- Comply with facility rules and regulations (**if you don't know, ask**)
- Comply with all Occupational Health and Safety Regulations.
- Wear the appropriate Personal Protective Equipment.
- Report all injuries and unsafe Acts and Conditions immediately.

### Section 2: Emergency Response

- Please familiarize yourself with the Environment and the nearest Safety Equipment.
- When the alarm sounds proceed to the nearest exit/muster point. **Emergency # 9-1-1**

### Section 3: Health & Safety

- If you are concerned with any aspect of Health and Safety, please speak to your OEG representative.
- **Workers are required to work safely and have the right and responsibility to refuse unsafe work.**
- Wear the appropriate Personal Protective Equipment.
- **All injuries NO MATTER HOW SLIGHT, must be reported to your OEG Rep immediately and accurately**
- The use of drugs or alcohol is prohibited
- Also note that smoking on site is prohibited. Smoking is only permitted outside of the building.
- Fall protection is required for all work where a fall hazard of 3 meters or 10 feet exists.
- Observe all posted signage

### Section 4: Security

- Please ensure you wear your visitors pass and it is visibly displayed on your person at all times
- You may be asked to show your visitors pass at any time by a member of our team
- Please keep your personal belongings with you at all times
- Please report lost ID Cards and paper passes immediately to your OEG Representative

### Section 5: Credentials

**\*\*\*ALL CREDENTIALS MUST BE RETURNED TO SECURITY BEFORE DEPARTING THE PROJECT\*\*\* ORIENTATIONS ARE VALID FOR MULTIPLE ENTRIES WITHIN THE SAME SHIFT.**

**\*\*\*\*\*WORKER TO RETAIN THE TOP PAGE FOR REFERENCE\*\*\*\*\***

## WORKER ACKNOWLEDGMENT FORM

Short Service Personnel Commitment & Responsibility Acknowledgement			
<p>As a Worker at OEG/Rogers Place, I am committed to and understand my responsibilities with regards to Health Safety and Environmental Protection and shall ensure that:</p> <ol style="list-style-type: none"> <li>1. I comply with all applicable OH&amp;S Regulations and OEG Policies.</li> <li>2. Report all injuries, property damage or incidents immediately and accurately.</li> <li>3. Report any unsafe conditions or practices observed as soon as possible.</li> <li>4. I will wear the appropriate Personal Protective Equipment at all times on the project.</li> </ol> <p>Non-Compliance with any of the Company, Project /Client Policies or Procedures will result in removal from site.</p> <p><b>NOTE:</b> To review OEG policies or procedures in full please reach out to your OEG contact on-site.</p>			
Worker Information			
By signing below I acknowledge that I have read, understood my responsibilities			
First Name	Last Name	Signature	Assigned Credential #
Personal Contact Phone #	Employer	Company Phone #	Date

OEG Representative Information (not applicable to OEG employees)			
<p>As the OEG Representative you must agree to the following:</p> <ul style="list-style-type: none"> <li>• I will provide guidance and facilitate the worker at all times for a Visitor.</li> <li>• I will ensure the Visitor adheres to OEG Policies and Procedures as well as the guidelines outlined above while on the project.</li> <li>• I confirm that the worker has gone through the Workplace Orientation Program and understands the requirements.</li> <li>• I confirm that the worker understands the Contractor Access Procedure. By signing below, I accept responsibility for the Visitor.</li> </ul>			
First Name	Last Name	Signature	Credential #
			Click or tap to enter a date.
Personal Contact Phone #	Employer	Radio Contact Channel	Date