



Letter of Attestation for Compliance with TSSA's COVID-19 Vaccination Policy

I, _____, on behalf of _____ (Contractor/Vendor/Regulated party/Visitor Name), confirm and attest that I have reviewed TSSA's COVID-19 Vaccination Policy effective October 8, 2021 and I or the employees of my company visiting or working with TSSA will be in compliance with the policy.

This Attestation is for the sole purpose of complying with the terms and conditions of TSSA's COVID-19 Vaccination Policy.

1. Definitions

1.1 For the purpose of this Attestation, the term listed below has the following meaning, unless otherwise expressly stated:

a) Representative/Affiliate means an individual recognized or appointed by the organization either as an employee, visitor, vendor, contractor or subcontractor, either working with TSSA staff in close proximity at any site in Ontario or that may be entering the TSSA head office located at 345 Carlingview Dr., Toronto.

2. COVID-19 Vaccination Policy

2.1 TSSA's COVID-19 Vaccination Policy is aligned with TSSA's general duty under the Occupational Health and Safety Act, to take every reasonable precaution to protect its workers (broadly defined) and the responsibility to assess the workplace for risks, including that of COVID-19 transmission. This policy is applied in accordance with the Ontario Human Rights Code, Occupational Health and Safety Act and any other applicable legislation.

2.2 Effective October 8, 2021 all individuals visiting, working or providing services at TSSA or who will be required to work in close proximity with TSSA employees must disclose their COVID-19 vaccination status. If they are not vaccinated, they will be required to show a negative rapid antigen test or negative PCR test received within 48 hours prior to entering TSSA's head office or working in close proximity with a TSSA employee.

2.3 Any organization or individual assigning representatives to work with TSSA staff in close proximity or visiting, working at or providing services at or for TSSA, must verify that those representatives will comply with this policy and that those representatives are willing to share their proof of vaccination or proof of negative test with a TSSA representative.

2.4 Upon becoming aware that any visitor, employee, subcontractor or vendor, as applicable, has been diagnosed with COVID-19 within 14 days of working with a TSSA employee or of their visit to TSSA, you will immediately notify TSSA's Contact Person (Shuchi Singh at, 416-734-3424) and provide further information if requested by the TSSA Contact Person such as:



- Last day worked in close proximity to a TSSA employee
- Last day at TSSA facility;
- Contact information of the individual(s) involved;
- Names of any TSSA employees contacted;
- Locations or room accessed;

Confirmation that the affected individual has been cleared by Public Health before returning to TSSA or assigned to work with TSSA employees

2.4 Individuals/Organizations that do not attest to compliance with TSSA Covid-19 Vaccine Policy, including your own administration of the rapid antigen testing or PCR testing process will not be permitted to enter TSSA head office nor will TSSA accept bookings for inspections that will require work in close proximity.

Therefore, on behalf of myself or as a representative of
I attest that I, or any employee within my organization, is fully in compliance with TSSA's COVID-19 policy, and will be fully vaccinated, or will have tested negative for COVID-19 (tested by a rapid-antigen test or PCR test) within 48 hours of entering TSSA facilities or being in close proximity with a TSSA employee. Further I will ensure that representatives of my organization will agree to sharing their proof of vaccination or negative test.

ATTESTATION OF COMPLIANCE WITH TSSA's COVID-19 VACCINE POLICY ACCEPTED BY:

Name Title

I am authorized to bind the corporation

Signature Date

TSSA Contact Person

Please send your signed Attestation Form to tssahr@tssa.org.