



Notice of Project Number	
20eN539448	
For MLTSD Use Only	

The following Notice of Project is given pursuant to the Occupational Health and Safety Act (OHSA) under the Regulation for Construction Projects, made thereunder.

<b>Section A – Constructor Information</b>				
Constructor Operating Name D. CRUPI & SONS LIMITED			Business Number 1171668	
Constructor Legal Name D. CRUPI & SONS LIMITED				
<b>Head Office Address</b>				
Unit Number	Street Number 85	Street Name PASSMORE	Street Type Ave	Street Direction (e.g. East)
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)		
City/Town Scarborough		Province/State Ontario		Postal/Zip Code M1V4S9
Country CA				
Telephone Number 416-291-1986	ext.	Fax Number 416-291-3252	Email Address	
Company Official Last Name PASSALACQUA		Company Official First Name DOMENIC		Company Official Position or Title GENERAL MANAGER
WSIB Firm Number 240 150M		WSIB Account Number 1723235		WSIB Rate Group 711

<b>Section B – Project Information</b>				
<b>Project Address</b>				
Unit Number	Street Number	Street Name	Street Type	Street Direction (e.g. East)
Route Type and Route Number		Lot, Plan and/or Location Description Various Locations within Scarborough Area Wards 16, 17, 18, 19, 20, 22, 23, 24 & 25	GPS Coordinates (WGS 1984) Latitude Longitude	
City/Town Scarborough		County Toronto	Province Ontario	Postal Code M1W3W3
Country CA				
Project Start Date (yyyy/mm/dd) 2020/04/22		Project End Date (yyyy/mm/dd) 2020/12/31	Estimated Total Cost of Labour and Materials for the Project \$	
Supervisor of Project Last Name Spinello		Supervisor of Project First Name Carmen		Project Telephone Number ext.
Anticipated number of workers regularly on the project <input type="checkbox"/> 1-5 <input checked="" type="checkbox"/> 6-19 <input type="checkbox"/> 20-49 <input type="checkbox"/> 50 and over				
Type of Construction (Select <b>one</b> ) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Repair or Restoration				
Description of Project (Attach map of locations and/or boundaries if necessary) Local Road Resurfacing in Wards 16, 17, 18, 19, 20, 21, 22, 23, 24 & 25				

Is there an ice road being constructed for this project?  Yes  No

Have you received a list of designated substances located on this project? (Section 30 of the OHSA)  Yes  No

What designated substances may be used, handled or disturbed by work on the project?  Acrylonitrile  Arsenic  Asbestos  Benzene  Coke Oven Emissions  Ethylene Oxide  Isocyanates  Lead  Mercury  Silica  Vinyl Chloride

**Project Type** (Select **one** primary and as many secondary as applicable)

	Primary	Secondary
<b>Residential Building</b>		
Single-Family Housing (including detached, semi-detached homes/cottages)	<input type="checkbox"/>	<input type="checkbox"/>
Apartment and other Multiple Housing (including apartments, condos and townhouses)	<input type="checkbox"/>	<input type="checkbox"/>
High-Rise (10 storeys or more)	<input type="checkbox"/>	<input type="checkbox"/>
Medium-Rise (4 to 9 storeys)	<input type="checkbox"/>	<input type="checkbox"/>
Low-Rise (less than 4 storeys)	<input type="checkbox"/>	<input type="checkbox"/>
Wood Structure (4 to 6 storeys)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Buildings</b>		
Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utilities</b>		
Alternative Energies (solar/wind farm)	<input type="checkbox"/>	<input type="checkbox"/>
Cable	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Towers/Transmission Lines	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>
Hydro	<input type="checkbox"/>	<input type="checkbox"/>
Hydroelectric Power Plants and Related Structures (except transmission lines) includes dams, hydroelectric power, hydro-electric generating station	<input type="checkbox"/>	<input type="checkbox"/>
Pipeline	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>

Road	Primary	Secondary
Asphalt Paving	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Highway & Road Construction (including ice roads)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Additional Categories</b>		
Asbestos Glove Bag Removals ≥ 1 sq m of insulation removal - Type 2	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos Operation – Type 3	<input type="checkbox"/>	<input type="checkbox"/>
Caisson	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>
Marine	<input type="checkbox"/>	<input type="checkbox"/>
Mining Plant	<input type="checkbox"/>	<input type="checkbox"/>
Moving of a Building/Structure	<input type="checkbox"/>	<input type="checkbox"/>
Railway	<input type="checkbox"/>	<input type="checkbox"/>
Shaft	<input type="checkbox"/>	<input type="checkbox"/>
Shipbuilding & Repair	<input type="checkbox"/>	<input type="checkbox"/>
Subway	<input type="checkbox"/>	<input type="checkbox"/>
Trench (meets section 6(1)(g)-(h) of 213/91)	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input type="checkbox"/>	<input type="checkbox"/>
Well Drilling	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section C – Project Owner Information</b>				
Owner Name City of Toronto			Telephone Number 416-338-5926 ext.	
Unit Number	Street Number 55	Street Name John Street 20th Floor	Street Type	Street Direction (e.g. East)
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)		
City/Town Toronto		Province/State Ontario		Postal/Zip Code M5V3C6
Country CA				
Signature of Company Official (Constructor)			Date Signed (yyyy/mm/dd) 2020/04/21	