



NL-FHSA
FISH HARVESTING
SAFETY ASSOCIATION

P.O. Box 8277, 368 Hamilton Avenue, St. John's, NL, A1B 3N4
Tel. 709-722-8177 Fax. 709-722-8201 www.nlfhsa.com

WHO IS THE HEALTH AND SAFETY DESIGNATE ON YOUR VESSEL?



DID YOU KNOW?

The provincial government requires owner/operators with less than six workers employed on their fishing vessel, to identify a workplace health and safety designate.

Workplace health and safety designates can be the owner/operator or a crew member.

Designates promote health and safety onboard the fishing vessel.

For more information about provincial requirements contact the NL-FHSA at 1-709-722-8177 or email info@nlfhsa.com



BENEFITS OF REGISTERING YOUR HEALTH AND SAFETY DESIGNATE

Commit to safety by registering your health and safety designate with the Newfoundland and Labrador Fish Harvesting Safety Association (NL-FHSA). While owner/operators are required to identify a health and safety designate, there is no requirement to register with the NL-FHSA.

Please remember that the Safety Association is *your* organization—for harvesters, by harvesters.

Benefits of registering include the following opportunities:

- Receive assistance with solving health and safety issues aboard your vessel
- Increase your awareness about the importance of workplace health and safety
- Stay informed on industry alerts and injury statistics
- Keep up to date on government regulations and requirements
- Access information on best practices on board fishing vessels
- Learn about the latest research on fishing industry safety
- Receive the NL-FHSA quarterly newsletter



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HEALTH AND SAFETY DESIGNATE REGISTRATION FORM

Designate Name: _____

Mailing Address: _____

Street Address: _____

Phone: _____ **Cell:** _____ **Fax:** _____

Email (required): _____

Owner/Operator **Crewmember**

I consent to be the Health and Safety Designate for the _____
(vessel name/vessel number)

Signature of Designate: _____ **Date:** _____

I appoint _____ **as the Health and Safety Designate for the**
(name of designate)

(vessel name/vessel number)

Signature of Owner/Operator _____

We use contact information from the registration form to send industry safety information and information about the NL-FHSA. Contact information from the registration forms is used to get in touch with the users when necessary. There is no fee to receive information. The contact information will remain confidential and will not be shared with other organizations.