



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 crewmember.

Designates promote health and safety onboard the fishing vessel.

For more information about provincial requirements contact the NL-FHSA at 769-8177 or email info@nlfhsa.com.

Benefits of registering your health and safety designate...

Recommit to safety in 2017 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 practises onboard fishing vessels.
- Learn about the latest research on fishing industry safety.
- Receive the NL-FHSA quarterly newsletter.

The NL-FHSA is an industry driven association committed to ensuring harvesters have the necessary skills, knowledge, technology, and support to work safely and successfully without occupational injury, illness or fatality.



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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.

NL Fish Harvesting Safety Association
Committed to harvesters coming home safely to their families.

www.nlfhsa.com