



Notice of Project

The Occupational Health and Safety Act

Notice of Project Number	
	25eN803164
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.

Section A – Constructor Information						
Constructor Operating Name			Business Number			
			877965327			
Constructor Legal Name MIMICO GROUP INC.						
Head Office Address						
Unit Number	Street Number	Street Name	Street Type	Street Direction (e.g. East)		
2	3151	WOLFEDALE				
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)				
City/Town		Province/State	Postal/Zip Code	Country		
Mississauga		Ontario	L5C1V8	CA		
Telephone Number		Fax Number	Email Address			
905-276-9599	ext.	905-275-4509				
Company Official Last Name		Company Official First Name	Company Official Position or Title			
PEREIRA		MELISSA	CONTROLLER			
WSIB Firm Number		WSIB Account Number	WSIB Rate Group			
635370		8767130	G1-236220			

Section B – Project Information				
Project Address				
Unit Number	Street Number	Street Name	Street Type	Street Direction (e.g. East)
	298	Spadina	Ave	
Route Type and Route Number		Lot, Plan and/or Location Description	GPS Coordinates (WGS 1984)	
			Latitude	Longitude
City/Town		County	Province	Postal Code
Toronto		Toronto	Ontario	M5T 2E7
Project Start Date (yyyy/mm/dd)		Project End Date (yyyy/mm/dd)	Estimated Total Cost of Labour and Materials for the Project	
2025/05/26		2025/09/05	\$	
Supervisor of Project Last Name		Supervisor of Project First Name	Project Telephone Number	
Pereira		Brandon	647-406-5340	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 one)				
<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Repair or Restoration				
Description of Project (Attach map of locations and/or boundaries if necessary)				
Interior fit-out of McDonald's Restaurant				

Is there an ice road being constructed for this project?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have you received a list of designated substances located on this project? (Section 30 of the OHSA)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
What designated substances may be used, handled or disturbed by work on the project?				
<input type="checkbox"/> Acrylonitrile <input type="checkbox"/> Arsenic <input type="checkbox"/> Asbestos <input type="checkbox"/> Benzene <input type="checkbox"/> Coke Oven Emissions <input type="checkbox"/> Ethylene Oxide <input type="checkbox"/> Isocyanates <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Silica <input type="checkbox"/> Vinyl Chloride				

Project Type (Select one primary and as many secondary as applicable)		
Residential Building	Primary	Secondary
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)		
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"/>
Buildings	Primary	Secondary
Commercial	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	Primary	Secondary
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 type="checkbox"/>	<input type="checkbox"/>
Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Highway & Road Construction (including ice roads)	<input type="checkbox"/>	<input type="checkbox"/>
Additional Categories	Primary	Secondary
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"/>

Section C – Project Owner Information				
Owner Name			Telephone Number	
McDonald's Restaurants of Canada Limited			ext.	
Unit Number	Street Number	Street Name	Street Type	Street Direction (e.g. East)
	1	McDonald's	Pl	
Route Type and Route Number		Other Address Text (PO Box, Care of Line, etc.)		
City/Town		Province/State	Postal/Zip Code	Country
Toronto		Ontario	M3C 3L4	CA
Signature of Company Official (Constructor)		Date Signed (yyyy/mm/dd)		
Melissa Pereira		2025/05/08		