Company

Address

Phone: Fax:

Website

**Employee Safety Acknowledgement**

Project:

Location:

Foreman:

Supervisor:

Date:

The attached Safety Plan has been prepared for the **PROJECT NAME**. Please read it carefully. Our Corporate Safety Officer, \_\_\_\_\_\_\_\_\_\_ is always available if you have any questions or require additional information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a zero-tolerance policy for safety violations.

Each employee on the job-site is responsible for understanding and adhering to this plan.

By my signature below, I acknowledge, understand, accept and agree to comply with the Safety Plan. I understand this Plan is not intended to cover every situation, which may arise on the job-site; as a result, I am expected to exercise good judgment and rely on my training. In the event that I may be unsure of the proper safety protocol for a task, I understand that it is my responsibility to review this task with the assigned foreman or a company officer prior to proceeding.

I have read and understand the emergency evacuation plan.

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employee Safety Acknowledgement**

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