



ACKNOWLEDGEMENT OF RECEIPT OF PRODUCTION SAFETY GUIDELINES

PRODUCTION: _____

I understand that there is a health and safety program in place and hereby confirm that I have read and understood the production Safety Guidelines.

If applicable, I acknowledge that I have read and understand one or more of the following supplemental instructions:

- | | (Initial) |
|---|-----------|
| • Occupational Health and Safety Regulation | _____ |
| • Occupational First Aid Regulation (Part 3) | _____ |
| • Fall Protection Regulation (Part 11) | _____ |
| • Personal Fall Protection Equipment
(safety harnesses, lanyards, lifelines) | _____ |
| • Workplace Hazardous Materials Information System
(W.H.I.M.S.) (Part 5) | _____ |
| • Other _____ | _____ |

I also understand that I must attend a safety awareness orientation from my supervisor before commencement of any work.

Employee's Signature

Employee's Name (Please Print)

Job Title or Position

Date

THIS FORM SHOULD BE SIGNED, DATED AND RETURNED TO THE PRODUCTION MANAGER.