

***SAFETY ACKNOWLEDGEMENT FORM.***

I, \_\_\_\_\_ (*print name here*), employee of CDN Power Pac, hereby state that I have read through the provided safety documentation and any questions that I have been asked. I also state that I understand the documents and intend to comply with the company safety rules and regulations.

I also understand that should I fail to comply with the rules and regulations set forth, the company and its supervisors cannot be held responsible for any injuries that I may sustain.

\_\_\_\_\_ (*employee signature*) \_\_\_\_\_ (*date*)

\_\_\_\_\_ (*supervisor signature*) \_\_\_\_\_ (*date*)

Employee Name: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver's Licence #: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact #1 :**

**Emergency Contact #2 :**

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

Phone No. : \_\_\_\_\_ Phone No. : \_\_\_\_\_

Relationship : \_\_\_\_\_ Relationship : \_\_\_\_\_