
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 may not be held responsible for any incident that may occur.

_____ (*employee signature*) _____ (*date*)

_____ (*supervisor signature*) _____ (*date*)

Employee Name: _____

Address : _____ City: _____
_____ Province: _____

Phone Number: () _____ E-Mail: _____

Date of Birth (Month/Day/Year): _____

Emergency Contact #1 :

Name: _____

Phone No. : _____

Relationship : _____

Emergency Contact #2 :

Name: _____

Phone No. : _____

Relationship : _____