

# Receipt For

## Codes Of Safe Practice

This acknowledges that I have received a copy of the Codes Of Safe Practice. I have also had an opportunity to see and read a copy of the Company's Injury and Illness Prevention Program. In consideration of my employment, I agree to conform to the rules and standards of the Safety Policy.

Either the Company or I may end my employment relationship with it either with or without cause or any prior notice. No one has any authority to enter into any agreement for employment with the Company for any specified period of time or to make any agreement contrary to the foregoing.

Except for the terms of employment set forth in the previous paragraph which specify that my employment with the Company is irrevocable at will, the Company reserves the right to change, revoke or add to its employment policies, including the Injury and Illness Prevention Program, at any time by notifying employees of the change, revocation or addition. By remaining in employment after having been notified, an employee is deemed to have agreed to the change, revocation or addition.

I must read the Codes of Safe Practice thoroughly and secure the assistance of the Safety Officer, my supervisor or the Manager should I not understand something in it.

*I have received a copy of this signed statement.*

X \_\_\_\_\_ Date  
Signature of Employee

X \_\_\_\_\_ Date  
Supervisor/trainer

*NOTE: A copy of this receipt will be retained in the employee's personnel file.*