



## HEALTH AND SAFETY POLICY & PROGRAM

### EMPLOYEE ACKNOWLEDGMENT FORM

I, \_\_\_\_\_, acknowledge that I have received, read and fully understand Tribute Communities' Health and Safety Policy and Program and understand that I am required to work under the requirements of the Occupational Health and Safety Act, Regulations for Construction Projects and any applicable regulatory requirements.

I also understand that the health and safety guidelines is for my reference, and is intended to assist me in contributing to Tribute Communities' zero-accident vision.

I further understand that any willful and/or persistent violations of Tribute Communities' Health and Safety Policy and Program shall be considered cause for discipline and/or dismissal.

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**EMPLOYEE'S SIGNATURE**

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**EMPLOYEE'S NAME** *(printed)*

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**DATE** *(month/day/year)*