CONTRACTOR'S SITE SAFETY GUIDELINES

Statement of Compliance

ACKNOWLEDGMENT FORM

I hereby confirm that I have received, read and understand the content of the Contractor's Site Safety Guidelines/Requirements. I understand that it describes the conduct and behaviour expected of me as a Contractor of Tribute Communities. I am committed to helping Tribute provide a safe and healthy working environment for everyone.

Project/Site	
Contractor	
SUPERVISOR (PRINT NAME)	
SUPERVISOR (SIGNATURE)	
Date (MONTH/DAY/YEAR)	

It shall be the responsibility of the above-named Contractor/Subcontractor/Supplier to review these guidelines with its direct employees and/or with all Subcontractors hired by them.

PRINT NAME	SIGNATURE
1)	
2)	
3)	
4)	
5)	
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