ABS Company is committed to maintaining a safe and healthy working environment in compliance with all applicable health and safety regulations. To ensure that every employee understands and acknowledges their responsibilities, the following form confirms receipt and understanding of the Company’s Health and Safety Policies.

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

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge that:**

I have received, read, and understood the ABS Company Health and Safety Policy, including workplace safety procedures, emergency response protocols, and incident reporting requirements.

I agree to comply fully with all health and safety rules, use protective equipment as required, and participate in necessary training programs.

I understand my obligation to immediately report any unsafe conditions, accidents, or injuries to my supervisor or designated Safety Officer.

I recognize that failure to observe safety standards may result in disciplinary action and could endanger myself and others.

I commit to promoting a culture of safety and cooperation within ABS Company.

**Signature of Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor/Manager Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor/Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please retain a copy of this signed form in your personnel file for compliance and record-keeping purposes.*

Picture of signature

Olivia Wilson

Manager