

Safety Policy Acknowledgement

AS AN EMPLOYEE OF OR CONTRACTOR TO NEW-ALLIANCE LTD.,

I ACKNOWLEDGE THAT I HAVE READ MY COPY OF THE NEW-ALLIANCE LTD.
SAFETY POLICY BOOKLET;

AND I RECOGNIZE THAT IN ACCEPTING EMPLOYMENT OR ANY CONTRACT
WITH NEW-ALLIANCE LTD., I MUST ABIDE BY THE RULES AND PROCEDURES
SET OUT IN THIS POLICY AND THE ONTARIO HEALTH AND SAFETY ACT AND
ITS REGULATIONS;

AND I ACKNOWLEDGE THAT ANY REPEATED VIOLATION TO THIS POLICY
WILL BE CAUSE FOR DISCIPLINARY ACTION OR TERMINATION OF MY
EMPLOYMENT AND OR ANY CONTRACT WITH NEW-ALLIANCE LTD.

DATE: _____

COMPANY NAME: _____
(CONTRACTOR)

EMPLOYEE NAME: _____

SIGNATURE: _____
EMPLOYEE / TRADE CONTRACTOR SIGNING OFFICER