

SECTION 34**STATEMENT OF UNDERSTANDING****STATEMENT OF UNDERSTANDING – MAPP EMPLOYEES**

After reviewing the manual, fill this page out completely. Detach and return to the MAPP Superintendent or MAPP Safety Department immediately. MAPP representative shall sign and forward to the MAPP Safety Department.

MAPP.**SAFETY POLICY MANUAL**

I, _____ (print name) have been given a copy, reviewed and understand the MAPP Safety Policy Manual, and agree to abide by all policies as a condition of employment with MAPP.

Date_____
Employee Signature_____
Date_____
Signature Superintendent/Project Manager, MAPP_____
Date_____
Signature, MAPP Safety Department Representative

Employees must report ALL accidents and work related injuries IMMEDIATELY to their supervisor, whether the injury requires medical treatment or first aid only. Late reporting of any accident or work related injury is subject to disciplinary action up to and including termination.