



Verification of Instruction

I, _____ have read the TEKsystems Contract Employee Safety Handbook and understand that:

1. I am to receive site specific safety training from the TEKsystems Client before beginning my assignment.
2. I am to wear all appropriate personal protective equipment required by my assignment.
3. I am to report any injury or illness **IMMEDIATELY** to the Client Supervisor and my TEKsystems representative.
4. I am to report any unsafe condition or situation that I am untrained to handle to my Client Supervisor, TEKsystems representative or to the TEKsystems Safety Hotline.
5. I am to immediately report back to the TEKsystems office if I am asked to do anything outside of the position or work function I was originally placed to perform.

Contract Employee Safety Handbook Topics:

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| <ul style="list-style-type: none"><input type="checkbox"/> Management Policy Statement<input type="checkbox"/> General Safety Procedures/Training<input type="checkbox"/> Code of Safe Practices<input type="checkbox"/> OSHA Regulations<input type="checkbox"/> Chemical Handling/Hazard Communication/GHS<input type="checkbox"/> Safety Hazard Identification<input type="checkbox"/> Personal Protective Equipment (PPE)<input type="checkbox"/> Fall Protection<input type="checkbox"/> Safe Lifting Techniques<input type="checkbox"/> Ergonomics<input type="checkbox"/> Computer Fitness<input type="checkbox"/> Hand & Power Tools<input type="checkbox"/> Machine Guarding | <ul style="list-style-type: none"><input type="checkbox"/> Lockout/Tagout<input type="checkbox"/> Electrical Safety<input type="checkbox"/> Overhead Lifting Devices<input type="checkbox"/> Forklifts<input type="checkbox"/> Scissor Lifts<input type="checkbox"/> Slips, Trips & Falls<input type="checkbox"/> Confined Spaces<input type="checkbox"/> Heat Related Illnesses<input type="checkbox"/> Asbestos<input type="checkbox"/> Bloodborne Pathogens<input type="checkbox"/> Emergency Preparedness & Evacuation<input type="checkbox"/> Fires<input type="checkbox"/> Reporting |
|---|--|

(Contract Employee)

(Date)