



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:

- | | |
|--|--|
| <input type="checkbox"/> Management Policy Statement | <input type="checkbox"/> Lockout/Tagout |
| <input type="checkbox"/> General Safety | <input type="checkbox"/> Electrical Safety |
| <input type="checkbox"/> Procedures/Training | <input type="checkbox"/> Overhead Lifting Devices |
| <input type="checkbox"/> Code of Safe Practices | <input type="checkbox"/> Forklifts |
| <input type="checkbox"/> OSHA Regulations | <input type="checkbox"/> Scissor Lifts |
| <input type="checkbox"/> Chemical Handling/Hazard | <input type="checkbox"/> Slips, Trips & Falls |
| <input type="checkbox"/> Communication/GHS | <input type="checkbox"/> Confined Spaces |
| <input type="checkbox"/> Safety Hazard Identification | <input type="checkbox"/> Heat Related Illnesses |
| <input type="checkbox"/> Personal Protective Equipment (PPE) | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Bloodborne Pathogens |
| <input type="checkbox"/> Safe Lifting Techniques | <input type="checkbox"/> Emergency Preparedness & Evacuation |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Fires |
| <input type="checkbox"/> Computer Fitness | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> Hand & Power Tools | |
| <input type="checkbox"/> Machine Guarding | |

(Contract Employee)

(Date)