

Employee Acknowledgement

rule	s orientation was conducted to introduce employees to Gateway and provide an understanding of our safety es and safe work procedures. Gateway is committy X to maintaining a productive and safety-conscious ork Ybj]fcba Ybh
l, _	Ucknowledge receipt of: (Employee's printed name)
	☐ New Employee Safety Orientation ☐ Annual Review of Safety Orientation
V	I have been instructed on Gateway's basic safety policies and safe work procedures.
	I will receive additional and ongoing training as required for specific tasks and assignments.
\square	I understand that I have digital access to the Gateway Companies safety programs. I also understand that I have access to the Gateway Companies safety programs on site (located in the job trailers).
$\overline{\checkmark}$	I am responsible for protecting myself and my fellow workers from potential exposure to hazards.
\square	Safety is a condition of my employment. Violating any type of safety requirement and/or rY[i 'Uh]cb can 'YUX' hc' disciplinary action or termination of employment.
\square	All Gateway employees have the authority and obligation to Stop Work or operation where concerns or questions regarding the control of Ybj]fcba YbHJž\YUT\ZcfgJZYmrisk exist wit\ci hZYUfcZreprimand.
	It is my responsibility to immediately inform the <i>Site Supervisor</i> or <yuta \unufx="" address.<="" am="" any="" conditions="" do="" familiar="" guzyma="" gzunsafe="" how="" i="" its="" know="" not="" or="" potential="" practices,="" safely="" situations="" td="" that="" ubu[yfof="" with="" work="" working=""></yuta>
	I will do my part to help maintain a safe and healthful work environment.
Top	oics Covered
Em	nployee's Signature Date Signed

Date Signed

Trainer/Supervisor's Signature