



Safety Equipment Acknowledgement

Employee Name (Please print)

Date

Upon acceptance of assignment from CMG, I may be issued the safety equipment indicated below.

I understand that proper use of this equipment is mandatory and failure to comply will result in disciplinary action up to and including termination.

I authorize CMG to make a payroll deduction equal to the replacement cost of any safety equipment that is lost or destroyed due to negligence.

Upon my termination, resignation, or end of my assignment, I authorize CMG to deduct any cost for safety equipment that has not been returned by the first Monday following my last day of work.

EQUIPMENT ISSUED:

- _____ SAFETY GLASSES
- _____ EAR PLUGS
- _____ TIMECARD
- _____ SAFETY SHOES
- _____ RESPIRATORS
- _____ HARD HAT
- _____ OTHER _____

Rules and procedures with regard to use and care of this equipment, including replacement because of wear, damage or loss have been explained to me. I understand them and agree to follow rules and procedures fully.

Employee Signature

Date

CMG On-Site Manager

Date

February 2007