

SuperMom's AWAIR Policy

I acknowledge that this document has been reviewed with me and how to obtain a copy. I will notify my supervisor or the company's policy administrator should I have any safety questions that may arise. I also understand that failure to follow the safety policies may result in disciplinary action. I understand that it is my responsibility to read and comply with the policies contained in the manual.

SIGNATURE: Dianne M. Hiatt

PRINTED NAME: Dianne M. Hiatt

EMPLOYEE NUMBER: CME

DATE SIGNED: 6/13/14