

New Employee Introduction

Personal Commitment

- ▶ Be Engaged in what you are doing
 - Know the expected outcomes and ensure you meet them every time
- ▶ Clean according to SOP
- ▶ Protect our customers
 - Babies and children
 - Athletes
 - Your families
- ▶ Protect your jobs

Next Step: On the Job Training

I, the undersigned, have viewed the PouchTec New Employee Training Video. If I have any questions or concerns about any of the policies introduced within the training I will ask my supervisor for clarification or direction.

Michael J. Wronsky
Print Name

9-21-16
Date

[Signature]
Signature



Safety Glasses and Ear Protection

As of 5:00 A.M. June 14, 2005 the use of safety glasses and ear protection is mandatory in production rooms only.

I acknowledge I have received the addendum to the safety program and complying with the use of ear protection and safety glasses set forth by PouchTec Industries, LLC. is my responsibility.

Employee's Name Michael J. Jennings

Employee's Signature [Signature] Date 9-21-16

Trainer: [Signature] Date: 9-21-16

		Title: Personnel Hygiene Requirements / GMPs	
Effective Date: 1/14/15	Supersedes: 11/18/14	Approval: SQF Practitioner	Document No.: QAP-023
Prepared by: Patti VonderHaar		SQF Element: 11.3	Page 10 of 10

I have been given a copy of the PouchTec Industries, LLC. GMP policy (Dated 08/23/07).
 I understand that it is my responsibility to comply with all portions of this policy.
 I understand that I may ask my Supervisor, Manager or the Quality Assurance Manager if I have any questions regarding this policy.
 I understand that if I fail to comply with the Good Manufacturing Practices, I will be subject to progressive disciplinary action, up to and including termination.
 I understand that Human Resources will keep this signature page in my personnel file.

Employees name (printed):

Michael J. Wennings

Employees signature:

MJW

Date:

9-21-16



Non-Management Harassment Prevention

Training Employee Acknowledgment

By signing below, I acknowledge that I have read and understand the contents of this guide, Harassment Prevention Training for Non-Managers. I also acknowledge my understanding of the company's zero-tolerance policy against harassment. I understand that the company prohibits harassment on the basis of one's sex, race, color, religion, national origin, age, disability, or any other legally protected status, and that I have a duty to report to the company all forms of such harassment affecting any employee.

I also acknowledge that I have read and understand the company's Fraternization Policy.

A handwritten signature in dark ink, appearing to read 'Michael J. Wanning', is written over a horizontal line.

Employee Signature

The name 'Michael J. Wanning' is handwritten in dark ink over a horizontal line.

Employee Name

The date '9-21-16' is handwritten in dark ink over a horizontal line.

Date

Note: If you have any questions about the company's no-harassment policy please ask a senior manager or a member of Human Resources. **This page will be kept in your personnel file.**