



Ghilotti Construction Company Safety Acknowledgement of Receipt

I, the undersigned employee, acknowledge that I have received, read, and understand the following written GCC company policies and agree to abide by established guidelines.

- GCC Code of Safe Practices
- Substance Abuse Policy Summary
- Workplace Violence Policy
- Vehicle Policy – Rules of the Road

I acknowledge that I have been provided a Hard Hat and Safety Vest and understand that GCC enforces mandatory use of these items at all times while on a GCC job site. I understand that additional Personal Protection Equipment (PPE) is available and it is my responsibility to use PPE, as appropriate.

I also understand that I have the right to review the following company programs, upon request:

- Injury and Illness Prevention Program
- Hazard Communication Program
- Emergency Action Plan
- Fire Prevention Plan

I understand that I have the right to view records relating to potentially toxic materials or harmful physical agents. I will be provided with information by means of Material Safety Data Sheets (MSDS), and/or equivalent training that is designed for informing employees on how to use hazardous substances safely. If I have not received training on the safe handling of a specific substance, I agree to advise my supervisor immediately.

I understand that GCC uses designated medical facilities for the treatment of work-related injuries. I have been provided with written information regarding my rights under workers' compensation law. In the event an injury occurs, I understand that I am required to immediately notify management or my supervisor.

I understand that in accordance with Cal/OSHA requirements, GCC has a disciplinary policy in place to enforce compliance with company policies and procedures. I understand that any violation(s) on my part or anyone working under my direct supervision will be grounds for disciplinary action and/or cause for discharge. A written warning will be processed for each violation of the established policies and procedures.

I agree to actively participate in the efforts established to maintain a safe and healthy workplace. I understand my right to refuse to perform work that would violate any occupational safety or health standard, without jeopardizing my employment.

Employee Name (Print): _____

Employee Signature: _____
Date

Witnessed by: _____



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