

Employees Declaration Health & Safety Policy 2011

I (print name in full)

Employed by (name and address of employer)

Declare that I have downloaded a copy of the above mentioned health and safety policy:
and:

- I have read it;
- I understand it;
- I agree to work according to those conditions and provisions.

Signed:

Witnessed:

Date:

Or:

- I have had the above health and safety policy read to me.
- I have had its contents explained to me.
- I agree to work according to those conditions and provisions.

Signed:

Signature of person reading and explaining policy:

Date:

The COPY of this page MUST be completed and returned to the office