

**OCCUPATIONAL HEALTH AND SAFETY ACKNOWLEDGEMENT FORM**

Employee Name: \_\_\_\_\_

Department/Division Name: \_\_\_\_\_

Position Name: \_\_\_\_\_

I have received, read and understood the Occupational Health and Safety Policy issued on \_\_\_\_\_.  
*(Insert date)*

Employee Signature: \_\_\_\_\_

*Completed form to be filed in employee's personnel file*