



## Employee Safety Acknowledgment

I acknowledge that I have received and read a copy of the Scaffold Depot Company Safety Program Manual. As a condition of employment or contract between Scaffold Depot and myself, I have read and understood my responsibilities as they are defined in this program and will abide by these rules, policies and procedures as well as any regulations or otherwise governing safety.

I understand that this program is to be used in conjunction with the Workers Compensation Regulation/Act and if there is a discrepancy between the two, that the WorkSafeBC Regulation will take precedence over this program.

I understand that Scaffold Depot reserves the right to change or amend the Scaffold Depot Safety Program at any time.

I understand that any violation to the safety program policies or procedures will be cause for disciplinary action or termination of employment.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Name (Scaffold Depot)

\_\_\_\_\_  
Employee Signature (Scaffold Depot)

**THINK SAFE - WORK SAFE - STAY SAFE ...  
WATCH OUT FOR YOUR FELLOW WORKER**