

SECTION 34

STATEMENT OF UNDERSTANDING

After reviewing the manual, fill this page out completely. Detach and return to the MAPP Superintendent or MAPP Safety Department immediately. MAPP representative shall sign and forward to the MAPP Safety Department.

MAPP CONSTRUCTION

HSE MANUAL

I, _____ (print name) have been given, reviewed and understand the requirements of the MAPP HSE Manual, and agree to abide by all requirements as a condition of employment with MAPP Construction.

Date

Employee Signature

Date

Signature Superintendent/Project Manager, MAPP Construction

Date

Signature, MAPP Safety Department Representative

Employees must report ALL accidents and work related injuries IMMEDIATELY to their supervisor, whether the injury requires medical treatment or first aid only. Late reporting of any accident or work related injury is subject to disciplinary action up to and including termination.