

AOS Form F256-3 : Contractor Acknowledgement

Employee / Contractor Acknowledgement Health Safety Security Environment (HSSE) Systems

This page is to be completed and returned to Amalgamated Pest Control Pty Ltd

I,

_____ (print name)

Of

_____ (company)

have read and have access to:

- Contractor Management Policy
- Contractor Management Procedure

- OHS policy
- Environmental Management Policy
- Drugs & Alcohol Policy
- Fatigue Management Policy
- Personal Protective Equipment Policy
- Safe Driving Policy
- Security Policy
- Emergency Response Procedure

- Incident / Near Miss Management Procedure
(P008 Request for Action)

have received:

- OHS Induction Handbook
- F264-1 Safe Work Method Statement - General
- F264-2 Safe Work Method Statement – Preconstruction*
- F264-3 Risk Matrix – Site Specific SWMS
- F264-4 Site Specific SWMS

* where applicable

In Addition I have received (Tick applicable items):

For All Service Station Work:

- AIP Training and Accreditation
- P293 Treatment - Service Stations
- 293-1 Service Station Treatment Checklist

For All BP / Reliance Sites:

- BP Safe Working Conditions (Rev 1 Date May 2009)
- BP Emergency Response Procedures (November 2002)
- BP Golden Rules
- BP Reporting Forms
 - Incident Report Form
 - Near Miss Report Form

I acknowledge that I have read and understood the policies and safety guidelines detailed.

I acknowledge that at **no time can I subcontract out work done in behalf of Amalgamated Pest Control without prior written consent from Amalgamated Pest Control.**

In addition, I know that I can contact Amalgamated Pest Control at any time to discuss the contents of these materials or any other safety issue that may arise.

Signature _____

Position _____

Date _____

Please return this from to:

Mail: Amalgamated Pest Control, Attn: National Accounts Manager, PO Box 74, Archerfield, QLD 4108

Fax: (07) 3275 1314

Email: NationalAccounts@amalpest.com.au