



P.O. Box 3401 Renton, WA 98056

Employee Site Specific Safety Plan Sign-Off Sheet

Job Name: _____

Job Address: _____

I have received and reviewed a copy of the B.C. Pavers, Inc. Site Specific Safety Plan. I understand that I must read and familiarize myself with the contents of this plan and that it provides information for the guidance and reference of all employees. I understand that I am responsible for personally adhering to this plan and that if I witness any breaches of this plan by others, I will immediately inform the on-site foreman, or company representative. I also understand that this plan will be available on-site for the duration of the project.

NAME:

DATE:

For Office Use:		
_____	_____	_____
Foreman Name	Date of Training	Initial