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# Employee Acknowledgement & Agreement To Participate

I, \_\_\_\_\_, have read and fully understand all aspects of Gordon H. Bayer, Inc.'s Accident & Illness Prevention Program and agree to abide by the procedures outlined in this program. I further agree to report all unsafe practices to my Department Supervisor immediately. I know that if I have any additional questions or comments I am to reach out to my Department Supervisor.

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

\_\_\_\_\_  
Date