



**Yellowhead County Contractor Safety Orientation
Acknowledgement**

ACKNOWLEDGEMENT

I have participated in and understand Yellowhead County's Safety Orientation.

**I also agree to comply with all Federal Legislation, Alberta Legislation, Municipal bylaws, and
Industry Standards as required.**

Workers Name: _____ (print)

Worker Signature: _____

Employer (Contractor)Signature: _____

Yellowhead County Representative: _____

**Please complete this acknowledgement sheet and hand in to Yellowhead County
Representative or Contract Manager.**

A copy will be returned to the Contractor.