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## **EMPLOYEE ACKNOWLEDGEMENT READ FORM**

- I agree to work according to the health and safety policies and procedure.
- I will provide all necessary documents prior to commencing work on any project.

I have read the ComFact Corporation Health & Safety Policy and Employment Standards Act Rights and Responsibilities at work.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*\*Please complete this page and send back to ComFact Corporation\*\***

Email (take photo or scan attach form): [Info@comfactcorporation.com](mailto:Info@comfactcorporation.com)

Fax: 855-329-7545