**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: 1-855-329-7545