



ACKNOWLEDGEMENT OF RECEIPT

Please click below to read ComFact Corporation Health and Safety Policy

www.comfactcorporation.com/form-and-links/

I have read the ComFact Corporation's Health and Safety Policy and Employment Standards Act Rights and Responsibilities at Work.

I agree to work according to the health and safety policies and procedures.

I will provide all necessary documents prior to commencing work on any project.

NAME: _____

SIGNATURE: _____

DATE: _____