



**6340 Sayres Road  
Colorado Springs, CO 80927  
Fax: (303)484-5899**

## **Employee Safety Manual Confirmation**

I, {print name} \_\_\_\_\_, have read/been read and understand the safety rules of Coating Specialist, LLC and agree to act in accordance with the safety rules at all times while working, and understand that the violation of any rule is cause for stern disciplinary action, which could include termination of employment. I understand that if I am injured because of violation of a written safety rule my workers' compensation monetary benefits me be reduced by up to 50%. By signing this confirmation I will follow all safety procedures to ensure the safety of myself and my fellow team members.

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Employee Signature

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Date