

Basic Workplace Safety Policy Form

Company Details

Company Name

Manager/Supervisor Name

Date

Employee Details

Employee Name

Employee ID

Employee Email

Safety Policy Acknowledgement

Has the employee read and understood the workplace safety policy?

☐ Yes ☐ No

Has the employee completed required safety training?

Select 

Comments / Notes

Additional Comments

Signatures

Employee Signature

Type name as signature

Manager/Supervisor Signature

Type name as signature