

Onsite Employee Risk Acceptance Form

Employee Information

Full Name

Employee ID

Department

Email Address

Date

Work Site Information

Onsite Location

Purpose of Visit / Work

Expected Duration

Risk Awareness & Acceptance

- ☐ I acknowledge that I have read and understand the associated risks and hazards of this onsite assignment.
- ☐ I have received, reviewed, and commit to complying with all company safety policies and procedures.
- ☐ I will wear/use the required Personal Protective Equipment (PPE) as directed.
- ☐ I accept personal responsibility for my safety and agree to report any unsafe conditions or incidents.

Additional Comments or Notes (Optional)

Employee Signature

Sign above

Manager/Supervisor Name

Manager/Supervisor Signature

Sign above