

# Acceptance Form for Safety Policy on Drugs & Alcohol

I have read and understand the contents of the Gay Construction Company Safety Policy on Drugs and Alcohol. By signing this Acceptance Form, I acknowledge receiving a copy of the Safety Policy on Drugs and Alcohol, and I agree to abide by all of the terms and conditions stated in the Safety Policy on Drugs and Alcohol.

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(Signature of Employee)

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(Date)

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(Signature of Witness)

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(Printed Name of Employee)

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(Printed Name of Witness)