

**WAIVER FORM**

**WEARING OF SAFETY EQUIPMENT**

I, \_\_\_\_\_, payroll # \_\_\_\_\_ do hereby acknowledge after having been dispatched to work for any of the member companies of the Port of Saint John Employers Association, it is my responsibility to wear the appropriate safety equipment in all areas where said equipment is designated. I further acknowledge that any lost or misplaced safety equipment is my responsibility to replace at my own expense. Additionally, the employing company will replace any safety equipment damaged in the course of my employment at their cost.

**Safety Equipment Items:**

Hard Hat  
Traffic Vest  
Rain Suit  
Safety Glasses  
Work Boots  
Rubber Boots

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_