

Safety Sign-Off Sheet

I, the undersigned, acknowledge that I have received and have read the Minn-Dak Farmers Cooperative Contractor Safety and Food Safety Policy and will adhere to the policies and programs set forth in it. I have had an opportunity to clarify any questions, which I may have concerning the provisions of this Policy.

I further understand that the Minn-Dak Farmers Cooperative Contractor Safety and Food Safety Policy is not a contract and that the policies and programs contained herein may be changed without notice at the sole discretion of Minn-Dak Farmers Cooperative. Minn- Dak Farmers Cooperative retains the right to interpret and apply the stated policies as they deem appropriate.

Contractor Name:

Job Site Supervisor:

Name (Print)	Signature	Date

This form must be signed by all of your employees who are assigned work at Minn-Dak Farmers Cooperative.