



DRAKE INDUSTRIES

Reclamation & Environmental Services

Ack. 001

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the Drake Industries, LLC Company Written Safety Program and Safety Policies Handbook. I understand that I am responsible for reading and abiding by all policies and procedures in this Handbook, as well as all other policies and procedures of the Company.

I also understand that the purpose of this Handbook is to inform me of the Company's policies and procedures, and that it is not a contract of employment. Nothing in this Handbook provides any entitlement to me or to any Company employee, nor is it intended to create contractual obligations of any kind.

I understand that the Company has the right to change any provision of this Handbook at any time and that I will be bound by any such changes. I expressly agree to the provisions in the Dispute Resolution section of the Handbook.

Signature

Full Name (please print)

Date





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DRUG ALCOHOL POLICY ACKNOWLEDGMENT AND CONSENT FORM

Drug-use and alcohol-impairment testing through urine, breath, or blood samples is part of the Company's overall pre-employment and ongoing employment requirements. Please read the following carefully.

I understand that a pre-employment drug-use test and that drug-use or alcohol-impairment tests during employment are part of the procedures of the Company. I consent to submit to a urine, breath, or blood analysis drug-use or alcohol-impairment test and any other post-offer physical examination that the Company may determine is necessary for business reasons. I also authorize and hereby release the Company's testing laboratory, hospital, or health care provider to provide the results of any such tests to the Company. I further agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for the presence of drugs or alcohol.

I understand that workers' compensation claims may be denied in circumstances where I test positive for drugs and alcohol and drug or alcohol impairment was a substantial contributing cause of the accident.

I understand that the Company will pay all actual costs for drug-use or alcohol-impairment testing required of current employees. The Company will reimburse prospective employees who are hired for the actual costs for drug-use testing.

I understand that by signing this form, I acknowledge that I have received, read, and fully understand the Company's Drug and Alcohol-Free Workplace Policy.

Signature

Full Name (please print)

Date





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HEPATITIS B VACCINE DECLINATION

(SIGNATURE IS MANDATORY IF EMPLOYEE DECLINES VACCINATION)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (Print) _____

Employee Name (Sign) _____

Date: _____





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**ACKNOWLEDGMENT OF RECEIPT OF HEARING
CONSERVATION SAFETY PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Hearing Conservation Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Hearing Conservation Safety Program and understand that the Company's policies, practices, and procedures may change and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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Disclosure and Authorization of Motor Vehicle Records

In conjunction with my employment at Drake Industries, LLC, I _____ consent to the release of my Motor Vehicle Records (“MVR”) to the Company. I understand the Company will use these records to evaluate my suitability to fulfill driving duties that may be related to my employment duties at the Company. I also consent to the review, evaluation, and other use of any MVR I may have provided to the Company.

This consent is intended to constitute written consent as required by 18 U.S.C § 2721 *et. seq.*, and any other relevant law or rule.

Employee Signature: _____

Employee Name (Printed): _____

Date: _____





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Fleet Safety Acknowledgment Form

I, _____, hereby acknowledge that I have received and read a copy of the Company's Fleet Safety Program. I understand that my failure to comply with any part of the policies, practices, and procedures contained within the Company's Fleet Safety Program may result in disciplinary action up to and including the termination of my employment. I agree to comply with the policies, practices, and procedures contained in the Company's Fleet Safety Program and all other requirements, practices, policies, and procedures that the Company may implement regarding its Fleet Safety Program.

Employee Signature: _____

Employee Name (Printed): _____

Date: _____





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Ack. 007

HAZARD COMMUNICATION PROGRAM
ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the Drake Industries, LLC Hazard Communication Program.

I understand that I have access to a list of hazardous chemicals and Safety Data Sheet (SDS) used in the work area. The Company has provided me with

1. A copy of the written Hazard Communication Program;
2. Employee training on the Hazard Communication Program;
3. Information on how to locate and request the SDS;
4. Information regarding labeling of hazardous chemicals used in the workplace and how to protect myself.

I understand that the Company's President and/or my supervisor is responsible for maintenance of the Company's Hazard Communication Program, and I may contact those individuals if I need further information.

Signature

Full Name (please print)

Date





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Ack. 008

**ACKNOWLEDGMENT OF BLOODBORNE PATHOGEN
SAFETY PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Bloodborne Pathogen Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Bloodborne Pathogen Safety Program and understand that the Company's policies, practices, and procedures may change and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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Ack. 009

**ACKNOWLEDGMENT OF RECEIPT OF FIRE PROTECTION
AND PREVENTION SAFETY PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Company Fire Protection and Prevention Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Fire Protection and Prevention Safety Program and understand that the Company's polices, practices, and procedures may change and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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Ack. 010

**ACKNOWLEDGMENT OF RECEIPT OF BENZENE
AWARENESS SAFETY PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Benzene Awareness Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Benzene Awareness Safety Program and understand that the Company's polices, practices, and procedures may change, and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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Ack. 011

**ACKNOWLEDGMENT OF RECEIPT OF CONFINED SPACES
SAFETY PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Confined Spaces Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Confined Spaces Safety Program and understand that the Company's policies, practices, and procedures may change and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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Ack. 012

**ACKNOWLEDGMENT OF RECEIPT OF HEAVY MACHINERY
SAFETY PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Heavy Machinery Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Heavy Machinery Safety Program and understand that the Company's policies, practices, and procedures may change, and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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**ACKNOWLEDGMENT OF RECEIPT OF PERSONAL
PROTECTIVE EQUIPMENT PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Personal Protective Equipment Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Personal Protective Equipment Safety Program and understand that the Company's policies, practices, and procedures may change, and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date





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Ack. 014

**ACKNOWLEDGMENT OF RECEIPT OF TOOL SAFETY
PROGRAM**

I acknowledge that I have received a copy of the Drake Industries, LLC Tool Safety Program. I understand that I am responsible for reading and abiding by all policies and procedures in the Company's Tool Safety Program and understand that the Company's polices, practices, and procedures may change, and I agree to abide by and comply with any future policies, practices, and procedures that the Company may implement.

Signature

Full Name (please print)

Date

