



Safety Acknowledgement Form

Compliance Notes:

- Federal OSHA requires employers to provide training on workplace hazards (29 CFR 1910.1200 for chemical hazards, 29 CFR 1910.147 for equipment safety, etc.).
- Florida follows federal OSHA standards for private employers; check state-specific rules for multi-state operations.
- Retain forms for at least 3 years or as required by company policy/OSHA inspections.
- Verify OSHA training requirements: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910>.

1. Employee Information

- Name: _____
- Job Title: _____
- Employee ID (if applicable): _____
- Date of Hire: _____
- Date of Training: _____

2. Safety Training and Policy Acknowledgement

- Training Topics Covered: (Check all that apply, based on OSHA landscaping hazards)
 - ☐ Equipment Safety (e.g., mowers, trimmers, chainsaws)
 - ☐ Chemical Handling (e.g., pesticides, fertilizers; OSHA Hazard Communication)
 - ☐ Fall/Slip/Trip Prevention (e.g., uneven terrain, wet surfaces)
 - ☐ Heat/Cold Stress Awareness (OSHA guidelines for outdoor work)
 - ☐ Personal Protective Equipment (PPE) Use (e.g., gloves, safety glasses, hard hats)
 - ☐ Vehicle/Transportation Safety (e.g., loading, driving)
 - ☐ Electrical Safety (e.g., avoiding overhead lines)
 - ☐ Other: _____
- Training Method: ☐ In-Person ☐ Online ☐ Written Materials ☐ Other: _____
- Training Provider: (Name/Organization) _____
- Policy Documents Received: (e.g., Employee Handbook, Safety Manual)

3. Employee Acknowledgement

I, _____, acknowledge that I have:

- Received and understood safety training for the topics listed above.
- Received and reviewed A Better Choice Staffing's safety policies and procedures.
- Been informed of my responsibility to report hazards, injuries, or near-misses immediately.
- Been provided with appropriate PPE and trained on its use.

Employee Signature: _____

Date: _____

4. Supervisor Verification

- Supervisor Name: _____
- Confirmation: I verify that the employee completed the safety training and received all required materials.
- Comments (if any): _____
- Date: _____
- Supervisor Signature: _____