

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

EMPLOYEE ID (IF APPLICABLE)

JOB TITLE

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 RSD 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

COMMENTS (IF ANY)

DATE

Confirmation: I verify that the employee completed the safety training and received all required materials.

SUPERVISOR SIGNATURE