

MATHIS INDEPENDENT SCHOOL DISTRICT



ACKNOWLEDGEMENT OF RECEIPT OF EQUIPMENT CUSTODIAL & MAINTENANCE DEPARTMENT

I acknowledge receipt and assignment of having and carrying the following District Safety Equipment on a daily basis:

- Safety Belt**
- Chemical/Fume Mask**
- Gloves**
- Uniform Wear**
- Safety Glasses**
- Rain Coats**
- Rain Boots**
- Other Equipment (please list) _____**
- DCD(Local) Policy Handout**

I attest to follow all the requirements asked to carry in my possession at all times.

The above has been addressed with me and I understand the contents and acknowledge and understand the corrective action required. I also acknowledge and understand the potential consequences of noncompliance that could lead to grounds for termination.

Employee Name (Please Print)

Date

Employee Signature