



GPI POLICY - ANNEX A TO OH&S – ACKNOWLEDGEMENT FORM

OCCUPATIONAL HEALTH AND SAFETY ACKNOWLEDGEMENT FORM

Employee Name: _____

Department/Division Name: _____

Position Name: _____

I have received, read and understood the Occupational Health and Safety Policy
issued on _____.
(Insert date)

Employee Signature: _____

Completed form to be filed in employee's personnel file

Date Policy last reviewed: 21st October 2021
Date Policy due for next review: October 2023