

EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

Giles Electric Company, Inc.
1700 South Segrave Street
South Daytona, Florida 32119

As a condition of employment, I, _____
(please print name)

do hereby agree to comply with the following safe working practices:

- 1) I agree to follow established departmental safety procedures.
- 2) I agree to report any work related accident, or injury to my supervisor as soon as it occurs, but no later than the end of my duty shift.
- 3) If I need treatment for a work related injury, I agree to:
 - A) Notify my EMPLOYER of the need for treatment.
 - B) Only go to an EMPLOYER directed physician(s) for necessary treatment.
 - C) On the initial visit, hand carry a Medical Authorization For Treatment form to the authorized treating facility.
 - D) Notify my EMPLOYER when referred for *any* specialist treatment and only go to an EMPLOYER directed specialist.

I understand that failure on my part, to follow the above procedures, could result in disciplinary action, not to exclude termination!

I also understand that according to Section 440.09 (4) of the Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury which occurs because of a failure to follow established safety procedures.

Employee Signature

Date

Witness