Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBJECT: Contractor EHS Policy – Acknowledgement of Receipt

Please note: This acknowledgement is to be signed and returned with the Qualification EHS Questionnaire with supporting OSHA 300 Logs and Certificate of Liability Insurance.

I acknowledge receipt of the ATI Forged Products Contractor EHS Policy and agree to comply with the stated policy. I have read the information regarding guidelines, rules and regulations as they apply to contractors working in the facility. I will inform my employees and subcontractors of its content and requirements.

I understand that if at any time any of my employees or subcontractors are unsure as to the meaning of specific requirements of an item, they are to contact the Project Manager or EHS Department for clarification prior to beginning or continuing work. While performing any work at ATI Forged Products, the rules & regulations in this program will be followed at all times. My employees and subcontractors shall ensure that any hazards identified will be eliminated immediately. They will also follow all applicable OSHA regulations.

I acknowledge that if any of my employees or subcontractors are found to be non-compliant with the provisions of the Contractor EHS Policy or OSHA regulations, corrective action can be taken as appropriate for the violation up to and including termination of the work contract and immediate removal from the work-site

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revision History

| **REVISION** | **DATE** | **SUMMARY** |
| --- | --- | --- |
| 1 | 7/22/16 | Updated to a “Shared” form. Added “Contractor” to the To: section at the top of the letter. Took out Pre in front of Qualification and added “Certificate of Liability Insurance”. Added Name to title line at the bottom. |
| 2 | 4/6/17 | Annual review. No changes. |