AHLSTROM MUNKSJÖ

Contractor Orientation Logsheet

Use a separate form for each contract company

PLEASE PRINT CLEARLY

Company Name: _____

Address: _____

_____

Date: _____

Telephone Number: _____

Fax Number: _____

Supervisor's Name: _____

Orientation Led By: _____

Plant Location:
☐ Thilmany ☐ Nicolet
☐ Mosinee ☐ Rhinelander

Type of Work

☐ Maintenance/Construction ☐ Service/Admin

I certify that I have received safety orientation for contractors of Ahlstrom-Munksjö. I agree to abide by said rules prior to performing any work at any A-M facility. I understand that failure to comply with the safety and health rules and procedures places myself, my coworkers, and A-M employees at risk and may be subject to disciplinary action up to and including removal from the job site.

Liability Waiver for Ahlstrom-Munksjö Furnished Equipment
(MUST BE SIGNED BY EVERY CONTRACTOR EMPLOYEE USING A-M EQUIPMENT)

Ahlstrom-Munksjö recognizes that in the course of doing business it may be necessary to furnish equipment to contractors to assist them in completing their work. A-M will provide equipment with the understanding that A-M is in no way liable or responsible for any injuries that may occur to contract employees. As a contractor employee and/or representative you acknowledge the following:

1. I assume all risks of loss or damage to the Ahlstrom-Munksjö Furnished Equipment from any cause, and agree to return it to A-M in the condition received from A-M with the exception of normal wear and tear. I acknowledge that the A-M Furnished Equipment is provided "as is" and I use it at my own risk.

2. I acknowledge the Ahlstrom-Munksjö Furnished Equipment may only be used and operated in a safe and proper manner by qualified individuals and agree to use it in accordance with all laws, ordinances, and regulations.

3. I have all the necessary training and hold all necessary registrations and licenses required to possess, operate, use and control the Ahlstrom-Munksjö Furnished Equipment.

4. I will inspect all Ahlstrom-Munksjö furnished equipment prior to use and notify A-M of any deficiencies. I release and will hold A-M and A-M employees harmless from and against any and all claims that may arise in connection with my use of the Ahlstrom-Munksjö furnished equipment.

	PLEASE PRINT		Signature	Check if Thilmany mill Restricted Access and Manlift Training was Completed
	First Name	Last Name		
1				☐
2				☐
3				☐
4				☐
5				☐
6				☐
7				☐
8				☐

Return to Safety Department