

DYNAMIC CONTRACTOR & SUPPLIER ACKNOWLEDGEMENT

1. Contractor & Supplier Details			
Company Name:			
Company Contact:			
Company Address:			
Company Phone No:			
2. Insurance Policy Details (Please attach copy of <i>Certificate of Insurance</i>)			
	Workers' Compensation OR Personal Accident/Disability	General Liability	
Insurer (Name):			
Policy Number:			
Expiration Date:			
3. Declaration by Contractor & Supplier			
			YES
			NO
1. I / We hereby certify that:			
<ul style="list-style-type: none"> All persons, employees and sub-contractors used by us have the necessary training, qualifications and competency to carry out all work in a safe and satisfactory manner, without placing themselves, Dynamic Manufacturing, Inc. employees, visitors or any other person on Dynamic Manufacturing, Inc. premises at risk of injury. 			
<ul style="list-style-type: none"> None of our employees, agents or other people under our control are employees of Dynamic Manufacturing, Inc. 			
<ul style="list-style-type: none"> All work will be carried out in a safe, competent manner in compliance with; and all processes, plant, equipment, and materials used or supplied will comply with; all applicable Federal, State and local laws and associated regulations. 			
2. I / We agree to:			
<ul style="list-style-type: none"> Pay for or make good all damaged caused by us or any employees or sub-contractors engaged by us whilst carrying out work for, or on the premises of Dynamic Manufacturing, Inc. 			
<ul style="list-style-type: none"> Accept responsibility for all accidents, injuries or illnesses which are the result of actions by our employees or sub-contractors. 			
<ul style="list-style-type: none"> Abide by any induction, security procedures, notifications and safety rules including drug & alcohol testing (received in verbal or written form, now or in the future) pertaining to all work we carry out for Dynamic Manufacturing, Inc. 			
<ul style="list-style-type: none"> Immediately advise Dynamic Manufacturing, Inc. management of any incident, injury, near-miss, security incident, equipment failure and property or environmental damage, including contamination of any land or water. 			
<ul style="list-style-type: none"> Ensure that our employees, sub-contractors or other people under our control are qualified and competent to undertake the scheduled work and have been advised of the abovementioned Dynamic Manufacturing, Inc. environmental, health, safety & security requirements and will comply with them. 			
<ul style="list-style-type: none"> Renew the abovementioned insurances by the due date(s) as appropriate and provide updated copies of certificates of insurance to Dynamic Manufacturing, Inc. 			
<ul style="list-style-type: none"> Obtain approval and provide Safety Data Sheets (SDS) for any chemicals brought on any Dynamic Manufacturing, Inc. premises. 			

Dynamic Manufacturing, Inc. requests you ensure all your employees and all other persons under your control are made aware of all the requirements noted above and in all attachments **before** entering our premises or commencing any work for us. Please acknowledge your acceptance of Dynamic Manufacturing, Inc.'s requirements relating to contractors and suppliers and Environmental, Health, Safety & Security, by signing below, and returning the completed form to us as soon as possible, along with certificates of insurances before commencing or carrying out any further work for us or annually thereafter.

Signed:	Date:
Name:	Job Title: