

SOLANO'S INC.

Miter (Chop) saw Safety Awareness Form

As a SOLANO'S employee, I am aware of the injury potential when operating a Miter saw as part of my job assignment. I have read and understand the safe operations guidelines included in the company's safety manual and have discussed any questions I might have with my supervisor.

Employee signature: _____ Date: _____

Employee printed name _____