

**MIS CORPORATION - MICHIGAN'S
SAFETY POLICY
ACKNOWLEDGEMENT FORM**

I hereby acknowledge that MIS has provided me with a personal copy, or has given me access to its Safety Program manual, including the High Pressure Water Jetting System Policy and the Discipline Policy and has given me the opportunity to ask questions. I understand that I am obligated to comply with all of MIS' safety policies, procedures, rules and requirements in addition to all federal and state laws regarding workplace safety. I take full responsibility for reading the safety manual and for knowing and understanding the information contained in it. I understand that MIS may discipline me, up to and including discharge for failing to comply with its safety program. I further am aware that MIS has the right to add to, change, amend, delete, or suspend any of its safety policies, procedures, rules, or requirements at any time in its sole discretion in compliance with state and federal law. Should MIS do so, I will receive notification of any modifications to its safety program. I further accept that safety is everybody's responsibility and that my conduct and failure to adhere to the Company's safety program could result in my injury or injury to others, or damage to Company or customer property.

Employee's Signature:

X _____

X Dated: _____

MIS Corporation's Safety Policy and Employee Handbook are available on our web site: miscorporation-michigan.com. Please review before signing. If internet access is not available, a hard copy will be made available upon request.

All employees must sign and return this Safety Program Acknowledgement Form to management. The Company will include a copy in the employee's personnel file. Failure to sign and return the form may result in the employee's termination.