

Employee Safety Pledge

Workplace health and safety is everyone’s responsibility. That is particularly true during the current COVID-19 pandemic. Here at _____, we commit to providing you a healthy and safe workplace by investing the financial support, management oversight, PPE, tools, and training employees need to do their jobs safely. One of the ways in which you help us do that is by complying with our health and safety policies. Since we are all responsible for, and benefit from, maintaining a healthy and safe workplace, we ask that you pledge to adhere to our health and safety policies to help us identify and reduce the risks of spreading any communicable illness, including but limited to COVID-19, in the workplace. To view our health and safety policy, click here (or “please see attachment” or “request a copy from _____”).

I have received and reviewed _____’s Health and Safety Policy (“the Policy”). I now pledge to:

- To stay home if I am ill or experience a fever of 100.4 F;
- To disclose immediately to _____ (as designated in the Policy) if I experience any COVID-19 symptoms (I understand that the CDC presently has identified those symptoms as cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and/or new loss of taste or smell); and I further understand that any disclosure I make concerning my health will be treated confidentially;
- To promptly and properly use in the workplace any PPE _____ provides;
- To comply with proper handwashing and respiratory hygiene techniques as posted in all common spaces at work; and
- To promptly report to _____ (as designated in the Policy) any risks that I observe in the workplace.

Signed,

Employee Signature (and Printed Name)

Date

PLEASE (E)MAIL/FAX SIGNED PLEDGE TO:

ATTN: _____

Title of Employer Representative

Name of Company

Address of Company

City, New Jersey, Zip Code

Email, fax or phone number