



Title:		<b>Gallo Glass Company</b> Contractor Receipt of Work Rules Documentation			
Document No.:	Gallo Glass Addendum to CSS-000-FM-00057		Revision No.:	3	
Process Owner:	EHS Manager		Revised by:	Ted Bobak, MS, PE, CSP	
Date Initiated:	02-03-07	Date Reviewed	01-31-20	Date Revised:	01-31-20

***Vendor/Contractor Receipt of Work Rules Documentation***

**Vendor/Contractor Company:** \_\_\_\_\_

*If Applicable:*

Capital Project Number: \_\_\_\_\_

PWO/PO Number: \_\_\_\_\_

***CONTRACTOR SHOULD PERFORM REGULAR INSPECTIONS OF THEIR WORK SITES TO ENSURE COMPLIANCE WITH ALL CONTRACTOR WORK RULES.***

**GALLO GLASS COMPANY REPRESENTATIVES MAY OBSERVE, AUDIT, OR INSPECT CONTRACTORS WORK AREA (S) AND EMPLOYEE WORK PRACTICES FOR COMPLIANCE WITH THESE RULES. HOWEVER, GALLO GLASS COMPANY WILL NOT BE HELD RESPONSIBLE FOR THE SAFETY OF EMPLOYEES UNDER CONTRACTOR'S CONTROL; INCLUDING SUBCONTRACT EMPLOYEES.**

**IF YOU ARE NOT SURE OF THE SAFETY, ENVIRONMENTAL, OR GMP RULES THAT APPLY TO YOUR CONTRACT, CONTACT YOUR PROJECT MANAGER.**

**FAILURE TO COMPLY WITH SAFETY, ENVIRONMENTAL, AND GMP GUIDELINES MAY RESULT IN REMOVAL OF THE CONTRACTOR OR CONTRACTOR EMPLOYEE FROM THE PREMISES.**

**I have been provided with a copy of the Gallo Glass Company Contractor Work Rules. I have had the opportunity to review this material with an authorized Company representative.**

**I understand it is my responsibility to ensure all my employees and subcontractors receive and understand these rules.**

**Name (print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Last 4 digits of Driver's License:** \_\_\_\_\_

**Gallo Glass Company Representative:** \_\_\_\_\_