

### DECLARATION OF UNDERSTANDING - (Per document)

|                                                                                                                                                                                                                                                                   |  |                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|
| <b>Doc Number and Name:</b>                                                                                                                                                                                                                                       |  | <b>Revision:</b> |  |
| <b>Supervisor:</b>                                                                                                                                                                                                                                                |  | <b>Section:</b>  |  |
| <b>Date:</b>                                                                                                                                                                                                                                                      |  | <b>Time:</b>     |  |
| <p>I/We hereby confirm that I/We attended the Toolbox Talks / Caucus / Briefing.</p> <p>I/We furthermore confirm the I/We have listened / paid attention to the best of my / our ability and I/We will abide by the requirements communicated in the document</p> |  |                  |  |

| Name & Surname | Employee Number | Signature of Employee | Date Informed | Signature of Supervisor |
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| <b>Doc Number and Name:</b>                                                                                                                                                                                                                                                    |  | <b>Revision:</b> |  |
| <b>Supervisor:</b>                                                                                                                                                                                                                                                             |  | <b>Section:</b>  |  |
| <b>Date:</b>                                                                                                                                                                                                                                                                   |  | <b>Time:</b>     |  |
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