

14.0 ACKNOWLEDGMENT AGREEMENT

14.1 Antea Group Employee

SITE HEALTH AND SAFETY PLAN REVIEW RECORD

I acknowledge that I have read and understood the contents of this Site Health and Safety Plan and I agree to abide by all provisions as set forth. I have also checked in with the site client contact to alert them of our presence and for any daily safety issues. Please note: "no implements are to be brought on a Antea Group site, or while performing Antea Group business that are, or are intended to be used, as weapons (such as: guns, knives, etc.)". Firearms are expressly prohibited. By signing below you are certifying, that this policy is upheld. Antea Group retains the option to audit your personnel and equipment to assure your compliance.

NAME	SIGNATURE	CELL PHONE	DATE
6) Vegen	Thom	707-592-6684	4/10/14
Dennis DetHoff	Dans Stell	W	4/10/14
5ohMh,	Atto H	4555217	4/6/14
JOSH WOLFF	Jersel	4555217 303-746-3035	4/10/14
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14.2 Subcontractor & Visitor

SITE HEALTH AND SAFETY PLAN REVIEW RECORD

I have been given the opportunity to review the Health and Safety Plan for this site and have been briefed on its contents and on the nature of the contaminants and the level and degree of exposure likely as a result of participation in this project. I agree to conform to all the requirements of this plan. (This HASP does not replace the requirement or liability for your company to have it's own safety program and HASP.) I also acknowledge that this plan is specific for this Antea Group site and may not address unforeseen hazards not included in the Site Health and Safety Plan or your specific contracted task. Please note: "no implements are to be brought on a Antea Group site, or while performing Antea Group business that are, or are intended to be used, as weapons (such as: guns, knives, etc.)". Firearms are expressly prohibited.

By signing below I am certifying that this policy is upheld. Antea Group retains the option to audit your personnel and equipment to assure your compliance.

ALL WORKERS HAVE THE AUTHORITY TO STOP, AND/OR REFUSE TO PERFORM, ANY UNSAFE WORK.

NAME & AFFILIATION	SIGNATURE	CELL PHONE	DATE
Steve Moriary	/tom	510797-5880	4/10/14
Joe Peldoto	Muy	510-714-5231	4/10/14
Have Adid	H5		4-10-14
WALTER SPRANE	alling	206-979-1179	4-10-14
Keith Nowell	Drust lowcel	206-919-1119 510-754-5720	4-10-14
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