 **WORK CREW EXPECTATIONS DECLARATION**

Name DOC number

**I acknowledge with my signature below that I have reviewed, understand, and agree to the following expectations:**

* Tool control
* How to report work-related injuries
* How to report unsafe/hazardous conditions
* Having the right to refuse unsafe/hazardous work assignments
* Participate in crew meetings designed to increase safety awareness
* Wearing required Personal Protective Equipment, including proper use and care
* Power equipment will not be used until properly trained by local government/non-profit agency
* Availability of first aid response and the unit/personnel qualified to provide first aid assistance
* Wearing a seatbelt appropriately and when required
* Information regarding the following:
* Meals
* Communication
* Unauthorized behavior
* Job expectations/work crew rules
* Assigned work area boundaries
* Clothing, personal property, and identification
* Reporting information to the work crew supervisor (e.g., contraband, emergencies, safety concerns)

**NOTE:** If you believe that you may have a restriction/limitation that would affect your ability to perform the work and/or meet the expectations, you must have a current Health Status Report on file.

Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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