



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. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Work Crew Supervisor