



Flintshire Local Voluntary Council

Health & Safety Policy

Staff confirmation of acceptance of H&S responsibilities

I have read and understood this policy.

I agree to act in accordance with it and to exercise responsibility and care in the prevention of injury and ill health to myself and others who may be affected by acts and omissions at work.

In addition I shall not intentionally interfere with, or misuse anything provided by FLVC in the interests of health, safety or welfare.

I will inform the H&SO of any H&S observations, comments or concerns.

I will familiarise myself with the H&S procedures in existence, and any updates as they are made.

Signed:.....

Position:.....

Date:.....

Please sign the above and return to Administrative Secretary for inclusion in your personnel file.