

**Saint Cloud Area School District
Contractor Relations Worksheet**

I have received information pertaining to Saint Cloud Area School District concerning the Lockout/Tag out Program. I have reviewed the program and understand the rules and obligations and agree to the terms of this program.

Contractors Signature: _____

Authorized Employee Signature: _____

School Health and Safety Coordinator: _____

Saint Cloud Area School District have agreed to allow _____ to perform work, using _____ lockout/tag out program. Saint Cloud Area School District has received a copy of the program and understand the rules and obligations and agree to terms of the program.

Contractors Signature: _____

Authorized Employee Signature: _____

School Health and Safety Coordinator: _____