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

School Name: ___________________________ Date: _______________________

Contractor Signature: ________________________________________________

Authorized Employee Signature: _______________________________________

--------------------------------------------------------------------- OR ---------------------------------------------------------------------

Saint Cloud Area School District has agreed to allow __________________ (Authorized Company & Employee(s) Name) to perform work, using their own company’s Confined Space Program. Saint Cloud Area School District has received a copy of the program and understands the rules and obligations and agrees to the terms of the program.

School Name: ___________________________ Date: _______________________

Contractor Signature: ________________________________________________

Authorized Employee Signature: _______________________________________

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