

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

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: _____