

Contractor Information

Full Name: _____
Company Name (if applicable): _____
Phone Number: _____
Email Address: _____

Safety & Compliance Agreement

As an independent contractor for Lisscombe Solutions, LLC, I acknowledge and agree to comply with all applicable **federal, state, and local occupational safety and health regulations, including OSHA standards**. I understand that compliance with these regulations is mandatory for all personnel performing work on job sites.

I further acknowledge and agree to the following conditions:

1. **Worksite Safety Compliance:** I will comply with all OSHA, federal, state, and local safety requirements, as well as any site-specific safety protocols mandated by the prime contractor or contracting agency.
2. **Personal Protective Equipment (PPE):** I am responsible for wearing and maintaining all required PPE, including but not limited to hard hats, safety glasses, gloves, and steel-toed boots, as required by the job site.
3. **Hazard Communication & Reporting:** I will immediately report any workplace hazards, unsafe conditions, accidents, or near misses to the designated site safety officer and Lisscombe Solutions, LLC.
4. **Injury & Incident Reporting:** In the event of an injury or accident, I will follow the designated reporting procedures and provide all necessary documentation as required by OSHA and Lisscombe Solutions, LLC.
5. **Prohibited Conduct:** I understand that violations of safety policies, including but not limited to drug or alcohol use, failure to follow safety procedures, or reckless endangerment, may result in immediate contract termination.
6. **Training & Certification:** I affirm that I have received or will obtain any necessary safety training, certifications, or licenses required for my role and will provide proof of compliance upon request.
7. **Site-Specific Requirements:** I acknowledge that certain job sites, including government-regulated or high-security areas, may have additional compliance and safety measures that I must adhere to without exception.

Indemnification & Liability Statement

I understand that as an independent contractor, I am responsible for my own safety and the safety of those working under my direction. I agree to **indemnify, defend, and hold harmless Lisscombe Solutions, LLC, its officers, employees, and affiliates from any claims, damages, or liabilities** resulting from my failure to comply with safety regulations.

Acknowledgment & Agreement

By signing below, I confirm that I have read, understand, and voluntarily agree to the terms outlined in this Safety & Compliance Acknowledgment.

Contractor Signature

Lisscombe Solutions, LLC Representative

Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____
	Title: _____

This document must be signed and submitted before commencing any work under Lisscombe Solutions, LLC. If you have any questions, please contact our office at 3379 Peachtree Road, Suite 700, Atlanta, GA 30326.