



P.O. Box 273
White Marsh, MD 21162

I understand that as a part-time employee of DENTAL/MEDICAL ASSOCIATES, I am required to read and follow the exposure control plan and hazard communication plan of each office that I accept assignment. I also understand that the utilizing employer (the dental or medical office), is responsible for providing and explaining the proper use and disposal of all required personal protective equipment while I am assigned to the utilizing office.

I further understand, according to MOSH regulations all dental/medical offices should be in compliance to ensure employee safety. However, if I feel during any assignment that I am at unnecessary risk due to inadequate MOSH compliance I will then notify DENTAL/MEDICAL ASSOCIATES. Failure to notify DENTAL/MEDICAL ASSOCIATES will require me to assume all responsibility for any exposure encountered.

Signature

Date

Name (printed)