



**POLICIES AND PROCEDURES CHECKLIST**  
**Safety, Accidents/Injuries, and Substance Abuse**

**Please place your initials in the box next to the enumerated items below.**

- 1. I understand ATC Healthcare Services, Inc. takes its responsibility as my employer very seriously and that it has gone to great expense to provide a safe work environment. In the event that I am injured on the job, ATC Healthcare Services, Inc. will deal promptly with legitimate claims and injuries and has workers compensation insurance that will pay medical expenses and wages. I also understand the ATC Healthcare Services, Inc. has extensive experience investigating claims and will fight fraudulent type claims with all available resources.
  
- 2. If I sustain an injury on the job, I will inform the client supervisor and ATC Healthcare Services, Inc. immediately after the accident. ATC Healthcare Services, Inc. will coordinate with the client and myself the proper procedure for treatment and reporting the accident.
  
- 3. ATC Healthcare Services, Inc. has a very strict “ZERO TOLERANCE DRUG POLICY” and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
  
- 4. I understand and will comply with ATC Healthcare Services, Inc.’s safety rules and hazardous communications program explained to me in the company’s orientation.
  
- 5. I have read and fully understand the above statements regarding ATC Healthcare Services, Inc.’s policies and procedures and agree to the same. I understand that failure to comply with these polices and procedures could lead to my termination and may jeopardize my insurance benefits.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date