



INSULATION SUPPLY COMPANY

1901 HARPERS WAY * TORRANCE * CA * 90501

P. O. BOX 5249 * TORRANCE, CA. 90510

FORKLIFT CERTIFICATE

FOR MY PERSONNEL FILE:

I ACKNOWLEDGE THAT IT HAS BEEN EXPLAINED AND DEMONSTRATED TO ME THE PROPER USE OF THE FORKLIFT, I WILL BE WORKING WITH AND THE SAFETY ELEMENTS INVOLVED IN USING THE FORKLIFT. I WILL DO MY BEST TO CONFORM TO ALL SAFETY STANDARDS.

EMPLOYEE SIGNATURE

DATE

PRINT EMPLOYEE NAME

RECD-10
11-10-99