By my signature affixed below, I commit to abide by the Two-Person rule while working at CAMD. Further, I understand that failure to comply with this rule may impair my ability to access the CAMD facility.

Signature: _______________________  Name: ________________  Date: _______

(print)

Affiliation: ______________________  Contact Number: ________________

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**Two-Person Contractor/ Visitor Compliance Form**

By my signature affixed below, I commit to act as the second person to comply with the two-person rule while working at CAMD. This includes taking responsibility to act as a second person during an emergency. My signature further implies that I have been given a copy of the CAMD emergency procedures (EP-PR-0001-D001.doc), understand and can comply with this document.

Signature: _______________________  Name: ________________  Date: _______

(print)

Affiliation: ______________________  Contact Number: ________________