

To:	All Supervisors		
From:	Dieudonne Enterprises Management		
Re:	Dieudonne Enterprises Insurance Requi	rements	
Date:	November 22, 2013		
receive Effectiv	e accept this letter as the terms and condi es compensation for a vehicle (i.e. Month ive December 13, 2013, all employees rec	ly truck allowance or Daily vehic eiving Vehicle Compensation are	le allowance).
a MINIMUM, 50/100/50 insurance limits to continue to receive compensation. Proof of these limits must be submitted to the office before the effective date. Failure to do will result in loss of vehicle compensation.			
Sincere	ely,		
Dieudo	onne Enterprises Management		
	PRINTED NAME	SIGNATURE	DATE
	I MITTLE INCIVIL	SIGNATORE	DAIL



MEMORANDUM

To:	All Employees		
From:	Dieudonne Enterprises Ma	nagement	
Re:	Damages/Liability		
Date:	May 26, 2010		
company vehi	cle, or operating compan	n employee is involved in an ac y equipment and the company 0.00 deductable, toward the rep	is at fault, then the
		nne Enterprises in full, or can upon between the employee an	
Any questions	regarding this policy, pleas	e contact our office at (504) 304	-7794.
Thank You,			
Management			
 (Print)	 Signa	 uture	 Date



To: All Employees		
From: Dieudonne Enterprises Manageme	nt	
Re: PPE Requirement Reminder		
Date: November 22, 2013		
As you all are aware, it is a company policy ALL employees on the jobsite. This involve pants and sleeved shirts. Also, on certain be worn (i.e. Safety glasses and gloves).	es at a minimum, safety toe boots,	safety vest, hard hat, long
Failure to comply with these rules has becommitten warning to ALL employees (Forem employee found not complying with these be dealt. If a Foreman is present when an procedures, that Foreman will also be write.	an, Operators, Laborers, Saw-cutte procedures will be written up and other employee is found failing to	ers and Drivers). Any further consequences will comply with these
Dieudonne spends a great deal of time and required, to complete the job in a safe ma employees' part.		
Please print name, sign and date for our o	fficial records.	
Sincerely,		
Dieudonne Enterprises Management		
PRINTED NAME	SIGNATURE	DATE



MEMORANDUM

To:	All Employees			
From:	Dieudonne Enterprises Management			
Re:	Safety Equipment/Equipment Repairs			
Date:	May 21, 2010			
Enterprises w Enterprises w must however gear is stolen, The items ma	ent (hard hats, safety vests, safety glasses) must be worn ill supply these safety items upon employment with our lill replace these items if they are worn out or damaged, be returned to his or her supervisor for replacement. For an employee loses their safety gear, it is his or her resty be purchased from the company at cost, or the employer of their choosing. The gear must, however, be replaced	company. Dieudonne on the job. The item of an Employee's safety ponsibility to replace it yee can purchase them		
Steel toe boot	s or shoes are required and are the responsibility of the En	nployee.		
	who comes to work without his safety gear will be sent he cour safety as well as for the safety of this Company.	ome for the day. These		
	e quits or is terminated, these items will be returned to Di will be responsible for payment of these items, on his last	·		
	pment damaged due to an Employee's negligence, the Emmeet the DOTD specifications.	iployee must repair the		
Any questions	regarding this policy, please contact our office at (504) 30-	4-7794.		
Thank You,				
Management				
Print	 Signature	Date		



MEMORANDUM

10:	All Employees				
From:	Dieudonne Enterprises Management				
Re:	Weapon, Drug & Alcohol Policy				
Date:	October 14, 2010				
drugs or alco alcohol, in the Any question	hol in vehicles or on perso eir vehicle, or on their pers	orises, AT NO TIME, will excuse ns, on job sites. Anyone found ons, will be immediately terminates ase contact our office at (504) 3	d with weapons, drugs on nated.		
Thank You,					
Management					
 (Print)	 Sig	nature	 Date		