

EMPLOYEE RECEIPT OF INJURY & ILLNESS PREVENTION POLICY

Name: _____ Employee Number: _____
Position: _____ Department: _____

Today, I reviewed a copy of the _____ Injury & Illness Prevention Program.
(Company Name)

ACKNOWLEDGEMENT

By my signature below, I acknowledge that I have read, understand and agree to comply with this policy.

Employee (Print Name)

Date (Month/Day/Year)

Employee's Signature

ADMINISTRATIVE USE ONLY

Supervisor's/Management Representative's Signature

Date Received (Month/Day/Year)

Title

Distribution: Original to Employee, Copy to Employer