

## **Injury and Illness Prevention Program Employee Acknowledgement Form**

I have received instruction regarding the content and availability of the written Injury and Illness Prevention Program (IIPP) that outlines Company policies and employee responsibilities concerning safety. By my signature below, I agree to the terms of this Acknowledgement and also agree to follow the policies and procedures contained in the IIPP.

Employee's name (please print): \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training provider: \_\_\_\_\_

Location: \_\_\_\_\_