

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. I have read and understand the company's safety policy. I agree to abide by this policy when performing my work tasks.

I will report any unsafe conditions I observe to my supervisor or manager, and I will contact my Johnson Service Group representative to report any unsafe conditions I observe. I understand that my Johnson Service Group representative can keep my report anonymous.

I will immediately report any work injury I sustain to a supervisor or manager, and the Johnson Service Group Safety Team at (888) 659-8388 or Safety@JSGINC.com.

I understand that failure to fulfill these responsibilities may result in corrective action, up to and including termination.

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: _____