

Employee Acknowledgement Form

SOLANO'S, INC. "Injury & Illness Prevention Program Manual" has been prepared for your information and understanding of the policies, responsibilities, programs, and actions that make up the company safety program. PLEASE READ IT CAREFULLY. Upon completion of your review of this manual, please sign the statement below, and return it to your supervisor by the due date

I, _____, have read the SOLANO'S INC. "Injury and Illness Prevention Program Manual" which outlines the policies, work rules, expectations, and programs of the company, as well as my responsibilities as an employee.

By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in it. I understand this manual is not intended to cover every situation which may arise during my employment, but is a general guide to the health and safety program that I will be expected to take an active part in while performing my work duties.

I understand that it is a requirement of my employment that in case I am injured while in the course of my work, I will immediately report the injury to my supervisor and obtain the necessary first aid or medical treatment.

Employee Signature

Date Signed

Due Date: _____