



**INJURY and ILLNESS PREVENTION PROGRAM (“IIPP”)
Employee Acknowledgment**

These forms are to be retained and maintained by the department for recordkeeping purposes.

Name of Employee: _____
Department: _____
Job Title: _____
Date of Hire: _____

I, _____, hereby certify that I have read and understand the City’s IIPP.

Please check all that are applicable.	
<input type="checkbox"/>	I have reviewed and understand the IIPP and do not need additional information.
<input type="checkbox"/>	I request further information on the IIPP.
<input type="checkbox"/>	Completed the job analysis questionnaire.
<input type="checkbox"/>	I request further information on the specific hazards of my job duty, including chemical hazards.
<input type="checkbox"/>	My right to ask any questions or provide any information to the City of Fairfield on safety either directly or anonymously without fear of reprisal.
<input type="checkbox"/>	The City has the right to enforce disciplinary procedures, up to and including termination, if I fail to follow safe and healthy work practices.

Additional Comments:

Employee’s Signature **Date**