

**San Francisco Department of Public Health: Child Care Health Program**

**INDIVIDUAL SIGNATURE SHEET**

DATE: _____ TIME: _____ INSTRUCTOR: _____			
<p>I have attended this training session on the Injury and Illness Prevention Plan (IIPP).</p> <p>I know where the entire IIPP for _____ is kept and that I am free to read it at any time.</p> <p>I have been alerted to my workplace and job hazards and the ways to protect myself.</p> <p>I was informed of the means of communicating with my employer about safe working conditions.</p> <p>I understand what I have to do in order to comply with this plan.</p> <p>I know that safe work practices as described in the plan are a condition of my employment at _____.</p>			
Location of the copy for my worksite of _____ Injury and Illness Prevention Plan.			
My worksite:	Task:	Equipment:	
Hazards:	Prevention:		
Print NAME:	Position:	Worksite:	Signature

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