

INDIVIDUAL SAFETY TRAINING RECORD

EMPLOYEE NAME _____

DATE OF HIRE _____

ASSIGNMENT _____

SUPERVISOR _____

I, _____, hereby certify that I have read The First Baptist Church of Windsor INJURY AND ILLNESS PREVENTION PROGRAM.

This I.I.P.P. manual included the following information:

Please initial each box,

- Overview of the organizational safety program, the leadership's commitment to the program and the requirements expected of me in the performance of my job.
- Leadership's commitment to uphold my right to ask questions or make comments and observations about safety concerns without any concern of unwarranted reprisal.
- Training to recognize potential occupational hazards in the general work setting, defining the hazards specific to my job assignment and how to respond to them.
- Leadership's commitment to safety with regularly scheduled safety meetings, training and inspections for safety hazards and practices.
- The Hazard Communication System which declares my right to know of any and all potentially hazardous substances I might be exposed to during my work and the information contained in the MSDS (Material Safety Data Sheets) about those substances.
- Non-compliance to the Safety Program endangers me and my co-workers, and for this reason the employer will use disciplinary measures to ensure compliance.

I understand the information included in the I.I.P.P. Manual, and I commit myself to support the safety efforts in my department and in this organization.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____