



Safety Manual Acknowledgement

By signing this document, I acknowledge that I have read and understand the SPLLC Safety Manual and agree to comply with these set policies.

I understand that I must always conduct myself in a safe manner at work and that it is my responsibility to report all unsafe conditions to minimize potential injuries.

Employee's Full Name: _____

Employee's Signature: _____ Date: ___/___/___

Employer's Full Name: _____

Employer's Signature: _____ Date: ___/___/___

Completed forms should be faxed to (207) 513-3747 or emailed to FI@SeniorsPlus.org