

Record of Safety Instruction

Employee: _____ **Date:** _____

Department: _____

Description of Instruction: _____

(Attach additional sheet if necessary)

This safety instruction is issued as a measure to prevent further injury or mishap during working hours and to provide record for mitigation in case of Workers' Compensation claims.

Signature of Person Issuing Instruction

Title

I hereby acknowledge that a copy of the Record of Safety instruction has been given to me this day.

Signature of Employee

Date

cc: Employee / Employee Personnel File