



## Injury Illness Prevention Program

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### Acknowledgement Form

I, \_\_\_\_\_ acknowledge that I have been provided the **Injury Illness Prevention Program (IIPP)** of the City of Pacifica. I understand that I should consult with my supervisor or the Department of Human Resources regarding any questions not answered in the IIPP.

I acknowledge that information in the IIPP is subject to change. The City of Pacifica reserves the right to modify and eliminate information in the IIPP, at any time, based on CalOSHA Healthcare Emergency Temporary Standards updates. All changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing documents.

Furthermore, I acknowledge that the IIPP is made available to me on the City's Intranet or at the City's Human Resources office. I have received the IIPP and I understand that it is my responsibility to read and comply with the IIPP.

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**