

**MILLARD REFRIGERATED SERVICES
SAFETY AND INJURY PREVENTION PROGRAM**

EMPLOYEES ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received Millard Refrigerated Services' Safety and Injury Prevention Program booklet. I have read the program information and understand my responsibilities in participating in the program. I also know that this program will not work without my active participation.

Employee's Signature

Date

Supervisor's Signature

Date