

TOWN OF MILFORD

DEPARTMENT OF HUMAN RESOURCES



Acknowledgement of Receipt of Town of Milford Joint Loss Management Committee Loss Prevention Manual

This will acknowledge that I have received a copy of the Town of Milford Joint Loss Management Committee Loss Prevention Manual. It has been explained to me, and I understand and acknowledge, that the policies set forth in this Manual are designed to reduce the possibility of injury to myself and/or to others as a result of an accident through adherence to said policies.

I also acknowledge my obligation to acquaint myself with the provisions of this Manual and to any future amendments thereto, to abide by the stated policies, and to follow all department and equipment-specific safety and operating instructions.

Employee Signature

Employee Name (Printed)

Date