

Acknowledgment of Receipt Safety and Health Program Orientation for Motion Picture and Television Production

Production: _____

I understand that there is an Injury and Illness Prevention Program in place and hereby confirm that I have read and understand information contained in the Safety and Health Program Orientation for Motion Picture and Television Production handout.

I also understand that I must attend a safety awareness orientation from my supervisor before commencement of any work.

Please Print

Employee's Name: _____

Employee's Signature: _____

Job Title or Position: _____

Date: _____

This form should be signed, dated and returned to your Production Office Coordinator (POC).