



**INJURY AND ILLNESS PREVENTION PROGRAM (IIPP),  
SUPPLEMENT (COVID-19 EXPOSURE CONTROL PLAN) AND TRAINING  
ACKNOWLEDGEMENT**

**VOLUNTEER ACKNOWLEDGEMENT**

I have reviewed the City's Injury and Illness Prevention Program (IIPP), which includes General Safety Rules and Safety Rules and Regulations, IIPP Supplement (COVID-19 Exposure Control Plan) and required Training Videos. I have been informed that the IIPP, IIPP Supplement and Training Videos are posted on the City's internal website. I understand and agree to fully comply with the City's IIPP, Supplement and Training Videos in order to be in compliance.

I understand that failure to comply with the City's General Safety Rules and Regulations as outlined in the IIPP, IIPP Supplement (COVID-19 Exposure Control Plan) and Training Videos may result in being prohibited from working on site at the City of Carson.

\_\_\_\_\_  
Volunteer Name/Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Employee

\_\_\_\_\_  
Date