

### Safety Huddle Topics

By virtue of signing this form, I acknowledge that I have reviewed the Safety Huddle topics with the supervisor listed below and that I comprehend and understand the important safety initiatives to help provide a safe work environment for myself, my patients, my colleagues, and the company in general.

Please answer the feedback questions below:

Were the safety topics presented in a manner in which I understand?      Yes      No

Do you feel reviewing the Safety Topics helps re-enforce a safe working environment?      Yes      No

Do you have any concerns about safety in your work environment that needs the attention of the company's management?      Yes      No

If you have any suggestions of additional safety initiatives we should consider, please list them below:

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Name: Carrie Diffenbaugh

Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_