

RETURN THIS FORM TO THE OSHA COMPLIANCE OFFICER

NAME: _____

I ACKNOWLEDGE THAT 1) I HAVE READ AND UNDERSTAND THE ABOVE BBP POLICIES, 2) I KNOW WHERE THE BBP POLICIES ARE LOCATED WITHIN MY OFFICE, AND 3) THAT I AGREE TO COMPLY WITH THESE GUIDELINES:

Signature Date: _____

Quality Assurance and Improvement Program Notes: How can we improve this process? _____

This section adapted from: <http://www.osha.gov/Publications/osha3186.html>