ER INCIDENT SAFETY PLAN (ISP) WORKER ACKNOWLEDGEMENT FORM	1. Incident Name:	2. Site Location:	3. Attachments:			
4. Type of Briefing:	5. Presented By:		6. Dat	ъ.	7. Time:	
□ Safety Plan/Emergency Response Plan □ Start Shift □ Pre-Entry □ Exit □ End of Shift Specify Other:	o. Tresented by:		o. But		7. Timo:	
8. Worker Name (Print):	Signature:*			Date:	Time:	
*By signing this document. I am stating that I have read and fully understand				ER ISP	Worker Acknowledgement	
the plan and/or information provided to me.				Page # of		