

SAFETY ORIENTATION

I _____ have reviewed the safety manual. I have been
(Print name)
given the opportunity to ask questions and I understand the information presented in the safety program.

- I understand that it is my responsibility any work related injury and report to my supervisor immediately. It is also my responsibility to notify my superior of my progress each week.
- The agency ***is not*** responsible for any damages or injuries that might occur while I am in route to or from a patient's residence.
- I agree ***not to*** solicit, coerce patients or otherwise be involved in illegal enumeration of other home health care providers, and agree neither to contact nor to speak to any patients of ***SAFEWAY HEALTHCARE SERVICES, INC.*** upon termination of my employment.
- I understand that in the event ***SAFEWAY HEALTHCARE SERVICES, INC.*** has knowledge of my violating this agreement, ***SAFEWAY HEALTHCARE SERVICES, INC.*** will take any and all legal actions available under federal law and regulations.
- I have received and read all the above. I have received and read my job description and fully understand the condition set forth therein.

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE