ER INCIDENT SAFETY PLAN (ISP)  
WORKER ACKNOWLEDGEMENT FORM

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>2. Site Location:</th>
<th>3. Attachments:</th>
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</thead>
</table>

4. Type of Briefing:  
- Safety Plan/Emergency Response Plan  
  - Start Shift  
  - Pre-Entry  
  - Exit  
  - End of Shift  
  Specify Other:  

5. Presented By:  

6. Date:  

7. Time:  

8. Worker Name (Print):  

Signature:*  

Date:  

Time:  

*By signing this document, I am stating that I have read and fully understand the plan and/or information provided to me.