

Appendix I-C-8
Confirmation of Assessment Completion Form

Community Name: _____

| | | | |
|------------------------------|--------------------|---------------------------|-------------------------|
| Employee Name (Please Print) | Employee Signature | Date Assessment Completed | Assessment Completed By |
| _____ | _____ | _____ | _____ |

WPSH Management Representative Signature: _____

WPSH Employee Representative Signature: _____

Control Measure Required: Yes or No

| | | | |
|------------------------------|--------------------|---------------------------|-------------------------|
| Employee Name (Please Print) | Employee Signature | Date Assessment Completed | Assessment Completed By |
| _____ | _____ | _____ | _____ |

WPSH Management Representative Signature: _____

WPSH Employee Representative Signature: _____

Control Measure Required: Yes or No

Make additional copies as required. Records must be signed and filed in the designated WSH filing system and kept indefinitely to ensure accountability.