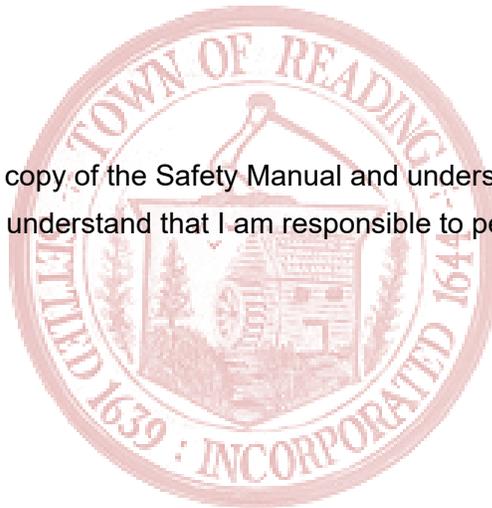


Town of Reading

SAFETY MANUAL RECEIPT

RECOGNIZE, AVOID AND PREVENT ACCIDENTS

I have received and read a copy of the Safety Manual and understand that I am expected to abide by these rules, and further understand that I am responsible to perform my work in a safe manner.



(Print) Last Name

First Name

Middle Initial

Signed

Date

Department

