Date:

RE: Injury and Illness Prevention Program

The University of California Cooperative Extension (UCCE), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County office hereby adopts the Injury and Illness Prevention Program of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County to apply to the UCCE employees based in this County.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Director

Note: please send a copy of this form to Brian Oatman ([baoatman@ucanr.edu](mailto:baoatman@ucanr.edu)), Director Risk & Safety Services