



Acknowledgement

Receipt and Understanding of IIF Data Solutions, Inc. Workplace Safety Briefing

I understand that review of IIF's Workplace Safety Briefing is mandatory for all employees of IIF Data Solutions, Inc. I certify that I have been given a copy of IIF Data Solutions, Inc. Workplace Safety Briefing, and that I have thoroughly read it and understand my responsibilities to adhere to it as condition of my employment.

Date

Employee Name (Printed)

Employee Signature