Employee Name (first and last):

By my signature below, I acknowledge that [company name] has provided me with a face mask to be used [at my discretion / at all times] while working during the COVID-19 pandemic.

I also acknowledge continued signage, training and enforcement of regular hand washing (with warm water and soap for a minimum of 20 seconds) and maintaining social distance of 6 feet from others.

Employee Signature: Date:

Management Review: Date: