

Richards Healthcare, Inc.
Verification of Back Safety Tips

Name: _____ Title: _____

SSN: _____ License #: _____

Expiration Date: _____

This is to certify that I, _____, have received from Richards Healthcare, Inc. the information on Body Mechanics. I have read and understand all information given to me.



Signed: _____ Date: _____
Employee

Signed: _____ Date: _____
Agency Representative