

CERTIFICATE OF INJURY AND ILLNESS PREVENTION PROGRAM

This will certify that I have an Injury and Illness Prevention Program in place for my company in accordance with Labor Code 6401.7 (SB-198).

This Plan is available for review at my office.

Company Name *(Please Print)*

Signature

Date

Please return to: Preferred Property Managers
10650 Treena Street #208
San Diego, CA 92131

Fax: 858-569-8782