



Return to MedSource Travelers

TRAINING ACKNOWLEDGEMENT

I have reviewed and acknowledged the Joint Commission 2019 Chapter: National Patient Safety Goals. I understand that if I have any questions about the material covered or require further information; I should contact the MedSource Safety Officer at (800) 440-1909 or (727) 469-8940.

REPORTING CONCERNS REGARDING PATIENT CARE & SAFETY

If employee has any concerns about patient care or unsafe practice in the work place, MedSource encourages and highly recommends for you to contact our Safety Officer. If at any time employee feels that their concerns are not being addresses please do not hesitate to contact any member of our Quality Assurance Team, **Ashley Sullivan** or **Jennifer Nowak** (e-mail: qa@medsourcetravelers.com)

We also encourage you to contact the **Joint Commission**, if you feel that your concerns are not being addressed or are beyond the control of our staffing firm’s capabilities.

Web: <http://www.jointcommission.org/GeneralPublic/Complaint/>

E-Mail: complaint@jointcommission.org

Fax: Office of Quality Monitoring - (630) 792-5636

Phone: 800-994-6610

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

POLICY AND PROCEDURE ACKNOWLEDGEMENT

I have read the policy and procedure on reviewing the specific Exposure Control Plan for each client’s facility in which I work and understand that I must follow the guidelines outlined in their specific plan. I understand my responsibility for obtaining the information I need to safely work with hazardous chemicals in the work place as outlined in the procedure on hazardous chemicals.

Employee Name: _____

Employee Signature: _____

Date: _____