

**WORKERS' COMPENSATION MEMORANDUM**



**TO:** \_\_\_\_\_  
(Volunteer)

**FROM:** Kathleen A. Smith  
Public Defender

**DATE:** \_\_\_\_\_

**I am aware and concerned about the need for safety in the office. I recognize that personal injuries and illnesses related to the work environment are detrimental to you, your family, to our office and the clients we serve. Therefore, I am asking you to be conscious of the need for the practice of safety and a healthy work environment. I encourage you to recognize potential safety, health and fire hazards, reporting the same to your supervisor or directly to Mary McColloch and/or Human Resources.**

**By working together and being aware, we can achieve and maintain a safe and healthy office environment.**

**PLEASE READ, INITIAL AND DATE** \_\_\_\_\_