

SAFETY TRAINING ATTENDANCE RECORD

Training Topic: _____ Date: _____

Training Aids Used: _____ Time: _____

(attach a copy of the training session curriculum)

Instructor: _____ Signature: _____ Title: _____

Attendees – Please print your name and title legibly. Use additional sheets if necessary.

By signing below, I affirm that I have received and understand the content of the training materials presented to me.

	Print Name	Signature	Employee or Student ID # / Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

Training records shall be maintained for 3 years from the date on which the training occurred.