SAFETY TRAINING AND INDUCTION ATTENDANCE FORM

Training Topic: _____ Date: _____
(*attach a copy of the training session curriculum*)

Instructor: _____ Training Aids: _____

Location: _____ Time: _____

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

No.	Print Name	Signature/Date
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Note:	Completed copies of this form should be routed to the department Safety Coordinator And must be maintained in department files for at least three years.

Conducted by:		Signature:	
Date:			