

## SAFETY TRAINING ATTENDANCE RECORD

Topic of Training Session: \_\_\_\_\_

Instructor(s):	Location:	Date:	Time:
----------------	-----------	-------	-------

We are legally required to maintain records regarding our safety training activities. Please assist us by providing the information indicated below to document your attendance. Thank you.

Name <i>(Please Print)</i>	Department	Title	Supervisor	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				