

# SAFETY TRAINING ATTENDANCE RECORD

Department: \_\_\_\_\_

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

*(attach a copy of the training session curriculum & handouts)*

Instructor(s):	Location:	Date:	Time:	Length:
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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	Campus Telephone	Signature
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2.			
3.			
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15.			

Completed copies of this form should be kept in department files for at least three years.

**For questions on any item, please contact your Department Safety Coordinator or call EH&S at 8-7422.**