EMPLOYEE SAFETY ORIENTATI0N AND TRAINING PROGRAM

SAFETY TRAINING ACKNOWLEDGMENT FORM

DATE OF TRAINING SESSION: _____

PERSON CONDUCTING: Printed Name: _____
Title: _____
Affiliation (if not employee): _____
Signature: _____

TOPIC/SUBJECT MATTER COVERED: _____
_____
_____
_____
_____

ACKNOWLEDGEMENT: By signature below, *"I acknowledge that I have attended this training session. Through the discussion and presentation of the subjects covered and the interaction of this session, I understand how the issues, materials and subjects covered apply to me and the completion of my job duties in a safe manner. I agree to apply the information presented to my job to the best of my abilities."*

ATTENDANCE ROSTER:

PRINTED NAME	SIGNATURE