



Safety Training Attendance Record

Department: _____

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

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 /Phone #	Supervisor	Official Payroll Title	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

For questions on any item, please contact your Department/Divisional Safety Coordinator or call EHS and Insurance Office 223-1015.