



TRAINING SIGN IN SHEET

Subject		Date	
Instructor Name			
Department			
Course Level	<input type="checkbox"/> Safety Moment	<input type="checkbox"/> General Hazard Awareness	<input type="checkbox"/> Competent Person
			<input type="checkbox"/> Certified Person
			<input type="checkbox"/> Other
Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual-Refresher
			<input type="checkbox"/> Process Change
			<input type="checkbox"/> Post Incident

The attendees listed have satisfactorily participated and been tested per applicable Regulation/University training requirements.

	PRINT NAME	STATUS (Staff, Faculty, Student)	SIGNATURE
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Retain Original at Department Level & Submit Copy to Risk Management