

## Appendix A

### SAFETY TRAINING ATTENDANCE RECORD

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

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

Instructor(s):	Location:	Date:	Time:
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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	Title	Signature
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