

Safety Training Documentation

(For Individual Employee)

Date:

Employee:

Job title/class:

Date of hire/transfer/reassignment:

Training conducted by:

Subjects Covered (attach or refer to materials used):

I, _____ (employee's name), hereby certify that I received training as described above. I understand this training and agree to comply with the Code of Safe Practices developed for my job classification and with other aspects of general workplace safety.

Signature of Employee

Date