

Annual Safety Training Record

Training Topics: Illness and Injury Prevention Plan (IIPP)
 Emergency Action Plan (EAP)
 Chemical Hygiene Plan (CHP)
 Chemical Spill Response (Safety Net #13)
 List any additional topics to be covered (use additional sheets if necessary):

(It is recommended to attach a copy of the training session curriculum)

Instructor: _____ Location: _____

Training aids: _____

Attendees – Please print and sign your name legibly. Use additional sheets if necessary.

	Print Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
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