

Training Sign-in Sheet

INITIAL/ANNUAL TRAINING

****All Employees need to have annual documented training ****

I have read and reviewed this Injury and Illness Prevention Program and am aware and understand its provisions and content.

Training Topic: Injury and Illness Prevention Program

Instructor/Trainer: _____	Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

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Instructor/Trainer: _____	Date
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____
31. _____	_____
32. _____	_____
33. _____	_____
34. _____	_____
35. _____	_____
36. _____	_____
37. _____	_____
38. _____	_____
39. _____	_____
40. _____	_____

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Instructor/Trainer: _____	Date
41. _____	_____
42. _____	_____
43. _____	_____
44. _____	_____
45. _____	_____
46. _____	_____
47. _____	_____
48. _____	_____
49. _____	_____
50. _____	_____
51. _____	_____
52. _____	_____
53. _____	_____
54. _____	_____
55. _____	_____
56. _____	_____
57. _____	_____
58. _____	_____
59. _____	_____
60. _____	_____