**SAFETY TRAINING ATTENDANCE RECORD**

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| Training Topic: |  | Date: |  |

(*attach a copy of the training session curriculum*)

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| Instructor: |  | Training Aids: |  |

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| Location: |  | Time: |  |

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

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| **No.** | **Print Name** |  | **Signature/Date** |
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| **IIPP-Appendix E** | Completed copies of this form should be routed to the department Safety Coordinator |
| **January 2016** | and must be maintained in department files for at least three years. |