

SAFETY TRAINING ATTENDANCE RECORD

Department: _____

Topic of Training Session: _____

(attach a copy of the training session curriculum)

Instructor(s):	Location:	Date:	Time:	Length:
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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	Campus Phone	Employee I.D. (if available)	Official Payroll Title	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

IIPP - Form 6
Rev. 10/02/01

Completed copies of this form must be kept in the department files for at least one year.

For questions on any item, please contact your Department Safety Coordinator or call EH&S at 642-3073.