

Attendance Roster*

Trainer:

Topic:

Module (Circle **all** that apply)

1

2

3

Train-the-trainer

Course Date: _____ Start Time: _____ End Time: _____

Course Location (city/state): _____

Trainer Name (print): _____

#	Student Name	Student Signature	Company	Check if Manager	Check if Worker
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

I certify that the information on this page is accurate. _____

(signature of trainer)

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*If attendance exceeds 16, attach more copies as needed