WAUBONSEE
COMMUNITY COLLEGE

Workforce Development Workplace Safety Program

Host Employers and Staffing Agencies Temp Worker Safety

Date: **Location:**   **Trainer:**

Training Start Time: _____   **Training End Time:** _____

Trainer signature: _____

	Print Name	Print Job Title & Company	Representing
1			❑ Host Employer ❑ Staffing Agency
2			❑ Host Employer ❑ Staffing Agency
3			❑ Host Employer ❑ Staffing Agency
4			❑ Host Employer ❑ Staffing Agency
5			❑ Host Employer ❑ Staffing Agency
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12			❑ Host Employer ❑ Staffing Agency
13			❑ Host Employer ❑ Staffing Agency
14			❑ Host Employer ❑ Staffing Agency
15			❑ Host Employer ❑ Staffing Agency