

# Health and Safety Training

Location –

Trainer 1:

Date:

Trainer 2:

NAME	ADDRESS, CITY, STATE, ZIP	CELL PHONE	ALTERNATE PHONE	LIKE TO BE CONTACTED VIA TEXT MESSAGE OF UPCOMING EVENTS?	EMAIL	AGENCY	What is your current involvement in workplace safety?	What do you do to stay safe at work?
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1.								
2.								
3.								

As trainer, I certify the accuracy of this sign-in sheet. X \_\_\_\_\_

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4.								
5.								
6.								

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7.								
8.								
9.								

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**Health and Safety Training**  
**Susan Harwood Grant 2016-2017**  
**Agency/Location Name – City, NM**

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10.								
11.								
12.								

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