TRAINING SIGN IN SHEET

Course Title: _____

Date: _____ Start Time: _____ AM /PM End Time: _____ AM / PM Total Instructional Hours: _____

Location: _____ Location Address: _____

Instructor(s): _____

#	Print Name	Company	O =Owner S =Supervisor E =Employee	Morning Signature	Afternoon Signature
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

Instructor(s) signature: The following signature(s) certify the above trainees attended the training session and completed the requirements of the training, which include attendance, participation, a pre-test, worksheet, post-test with review, and exit survey. All instructors must sign.

Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____

Disclaimer: This material was produced under **grant number SH-31228-SH7** from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U. S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U. S. Government.

TRAINING SIGN IN SHEET

#	Print Name	Company	O =Owner S =Supervisor E =Employee	Morning Signature	Afternoon Signature
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

Instructor(s) signature: The following signature(s) certify the above trainees attended the training session and completed the requirements of the training, which include attendance, participation, a pre-test, worksheet, post-test with review, and exit survey. All instructors must sign.

Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____

Disclaimer: This material was produced under **grant number SH-31228-SH7** from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U. S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U. S. Government.

TRAINING SIGN IN SHEET

#	Print Name	Company	O =Owner S =Supervisor E =Employee	Morning Signature	Afternoon Signature
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

Instructor(s) signature: The following signature(s) certify the above trainees attended the training session and completed the requirements of the training, which include attendance, participation, a pre-test, worksheet, post-test with review, and exit survey. All instructors must sign.

Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____

Disclaimer: This material was produced under **grant number SH-31228-SH7** from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U. S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U. S. Government.

TRAINING SIGN IN SHEET

#	Print Name	Company	O =Owner S =Supervisor E =Employee	Morning Signature	Afternoon Signature
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

Instructor(s) signature: The following signature(s) certify the above trainees attended the training session and completed the requirements of the training, which include attendance, participation, a pre-test, worksheet, post-test with review, and exit survey. All instructors must sign.

Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____
Signature: _____ **Printed name:** _____ **Date:** _____

Disclaimer: This material was produced under **grant number SH-31228-SH7** from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U. S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U. S. Government.