

**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	Job Title	Signature

**Disclaimer:** This material was produced under **grant number SH-05032-SH8** 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.

#	Print Name	Company	O =Owner S =Supervisor E =Employee	Job Title	Signature

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#	Print Name	Company	O =Owner S =Supervisor E =Employee	Job Title	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: _____

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