

Employee/Supervisor Safety Training Record

Date: _____

Employee Name: _____

Job Duties: _____

Supervisor or Trainer Name: _____

The following safety training and instruction was provided:

Comments _____

THIS IS TO CERTIFY that I have participated in and understand the safety training noted above. I understand my responsibility for safety in the workplace and am familiar with the organization's Illness and Injury Prevention Program.

Employee Signature

Supervisor or Trainer Signature

cc: Employee Personnel File