Safety Training Log Policy



Instructions: *This form must be completed any time a training session is held. It must be signed by each employee who attends the session. Send one copy of the completed form to the Human Resources department for filing in each listed employee's personnel file. A second copy should be sent to the [Safety Coordinator] for entry into the ABC Training Database.*

1. SESSION

Topic of the Training Session:

Date: [line] **Start Time: [line]** **End Time: [line]**

Location: [line]

Required Frequency: [line] **Next Training Date: [line]**

2. PRESENTER/TRAINER

Name: [line]

Title: [line]

Department: [line]

FILL IN THE FOLLOWING IF PRESENTER IS FROM AN OUTSIDE COMPANY

Company Name: [line]

Address: [line]

3. ATTENDEES [see chart on following page]

EMPLOYEE NAME, TITLE, DEPARTMENT

SIGNATURE, DATE

Supervisor Name:

Date: