CAMBRIDGE *Real Estate Services*
Safety

Safety Training Form

Trainer's Full Name(s) (Print)	Subject Ergonomics
Training Aids Used (Check all that apply and enter a description) ☒ Discussion ☐ Handout(s) ☐ Grace Hill Training Safety Series: _____ ☐ Video _____ ☐ PowerPoint Presentation _____ ☐ Demonstration _____ ☐ Test (attach) ☐ Other: _____	

Safety Training Acknowledgement

***Employee**: My signature below confirms I have received the training referenced above.*

Employee's Printed Name	Employee's Title	Employee's Signature

***Trainer**: Complete below for employees who were unable to attend the training.*

Employee's Printed Name	Title	Reason for Absence
Notes		

***Trainer**: My signature below confirms I have provided the training referenced above.*

Trainer's Signature(s)

***Scan and Email** to: acooper@cambridgeres.com*