

Safety Training Form

Trainer's Full Name(s) (Print)	Property	Subject Workplace Housekeeping
Training Aids Used (Check all that apply and enter a description) <input type="checkbox"/> Discussion <input type="checkbox"/> Handout(s) <input type="checkbox"/> Grace Hill Training Safety Series: _____ <input type="checkbox"/> Video _____ <input type="checkbox"/> PowerPoint Presentation _____ <input type="checkbox"/> Demonstration _____ <input type="checkbox"/> Test (attach) <input type="checkbox"/> 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)	Date of Training
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