

SAFETY TRAINING DOCUMENTATION

EMPLOYEE:

DATE:

SUPERVISOR:

TRAINER:

RULES AND REGULATIONS REVIEWED

DATE:

General Review Of Old/New (Circle One) Safety Rules For All Employees

Specific Safety Procedures for Employees Position

General Maintenance

First Aid

Lifting Procedures

Office Safety

Furniture Use

Equipment Use

Climbing a Step Ladder

Sanitation / Health

All categories have been reviewed with employee.

Supervisor Name, Printed:

Signature: _____

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.

Employee Name, Printed:

Signature: _____