



DATE: 7/17/2014

TITLE: Safety Training Documentation Form

Form ID: D001

**Training Information:**

- |  |   |
|--|---|
| <input type="checkbox"/> Arc Welder                          | <input type="checkbox"/> Power Hand Tools                       |
| <input type="checkbox"/> Chop Saw                            | <input type="checkbox"/> Power Washer                           |
| <input type="checkbox"/> Drill Press                         | <input type="checkbox"/> Radial Arm Saw                         |
| <input type="checkbox"/> Grinders                            | <input type="checkbox"/> Sand Blaster                           |
| <input type="checkbox"/> Hand Tools                          | <input type="checkbox"/> Specialized Machinery/Equipment        |
| <input type="checkbox"/> Horizontal Band Saw                 | <input type="checkbox"/> Spot Welder                            |
| <input type="checkbox"/> Iron Work                           | <input type="checkbox"/> Table Saw                              |
| <input type="checkbox"/> Lathe                               | <input type="checkbox"/> Tractors/Related Agriculture Equipment |
| <input type="checkbox"/> Oxy-acetylene cutting/welding torch | <input type="checkbox"/> Trucks and Trailers                    |
| <input type="checkbox"/> Oxy-acetylene Pattern Cutter        | <input type="checkbox"/> Vertical Band Saw                      |
| <input type="checkbox"/> Paint Spray Gun                     | <input type="checkbox"/> Winches                                |
| <input type="checkbox"/> Portable Grinder                    | <input type="checkbox"/> 50-ton Press                           |
| <input type="checkbox"/> Other _____                         |   |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completion Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

**Employee Information:**

Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Department / Section: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Acknowledgement:**

I acknowledge that I have been provided training in, and understand the content of, the subject(s) listed in "Training Information" above. Further, I agree to follow the safety information provided in the trainings.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**Certification:**

I certify that the above named employee has been provided training on the subject(s) listed in "Training Information" above, and has demonstrated an understanding of the information.

Date: \_\_\_\_\_ Trainer Signature: \_\_\_\_\_