

LABORATORY SAFETY & HEALTH STANDARD TRAINING ATTENDANCE SHEET
MUST BE KEPT AT THE SITE AND ON FILE FOR 3 YEARS

Trainer's Name:		Affiliation/Title			
Training Location:		Site Address:			
Target Group:		Date:		Time:	
Training Package Attached To Training Attendance Sheet:			Yes		No

Please Print All Information

EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19	
1.		/ /				
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EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19	
12.		/ /				
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EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE
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27.		/ /				
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42.		/ /				
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57.		/ /				
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61.		/ /				
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EMPLOYEE NAME	EMPLOYEE TITLE	SOC. SEC. #	WORK LOCATION	REGION	DISTRICT	SIGNATURE
Sample: John/Jane Doe	Health Aide	123 /45/ 6789	PS 123 Q	5	19	
72.		/ /				
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75.		/ /				
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87.		/ /				
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