

To be completed by the Instructor/Trainer and filed with the superintendent at the jobsite office.

Company			Job Number	
Masting Logotian				
Meeting Location				
Date of Training/Indoctrination			Total Time of Meeting	
Training Indoctrination Conducted By Position			Number of Employees in Attendan	
hands-on de	resented, duration of trai monstration, etc.), and th erial and/or outline preser	he source of the training ma	of instruction (i.e., audio-visu aterial. If possible, attach a c	ual, lecture, copy of the
Subject	Means of Instruction	Duration of Training	Source	Instructor
Means used to verify emp	bloyee understanding of the	training/indoctrination present	ed. (Attach a copy of means of	verification, if used.)
			· · · · ·	
Safety Items Brought u	ip by Attendees			
Corrective Actions Rec	commended (Who's resp	onsible for follow-up)		
Accident/Incident Inve	stigations Discussed			
Comments				
	Have Instructor and	all Attendees verify atte	ndance by their signature	».
Instructor's Signature		-	Date	
X				



Date ____

Print Name	Contact Number	Signature of Attendee
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