

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

| Company | | | Job Number | |
|---|---|---------------------------------|--|------------------------------|
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| 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 |
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| 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 | | | |
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| Corrective Actions Rec | commended (Who's resp | onsible for follow-up) | | |
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| Accident/Incident Inve | stigations Discussed | | | |
| | | | | |
| Comments | | | | |
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| | | | | |
| | 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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