

Safety Meeting / Training Session Sign-up Sheet

Company Name:

Name of Trainer:

Date:

Subject(s) Covered: _____

Your initials in this last column is your assurance you haven't been injured at work since the last safety meeting.
Sus iniciales en esta última columna aseguran que usted no ha sido lastimado en el trabajo desde la última reunión de seguridad.



| Name/Nombre (printed) | Signature/Firma | Date/Fecha | |
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