Self-Study Health & Safety Training Record



By entering your information you acknowledge that you were present for, attentive to, and participated as necessary in the provided training. For self-study modules, documents of completion (e.g. completed tests or printouts of completion statements should accompany this document. While this form is not mandatory, training documents are required to be maintained by the supervisor.

Name	:		Department:			
Supervisor:						
Role/I	Position:	☐ Undergrad.	☐ Graduate Student	☐ Staff	☐ Faculty	☐ Other
Training title:						
Training Description:						
Date::						
Training mode (e.g. Web-module, review of PDF or Printed Document):						
Employee's role:						
1. 2. 3. 4.	 Follow the processes and procedures that were communicated during training Report any problem to their immediate supervisor where training was deficient or incorrect 					
Supervi	sor's role:					
 Ensure staff attend training programs and complete required training annually Identify training requirements for their employees Contact EHS if there are any questions regarding safety training Provide job-specific training Maintain records of department training Verification of Training Completion						
Trainee Sign	nature		Supervisor S.	ianature	Date	