

EMPLOYEE TRAINING DOCUMENTATION FORM

Name of Employee: _____ Date: _____

Name of Trainer: _____

Job Name:		Job #
<u>Training required for newly hired employees:</u>		
<input type="checkbox"/> The COMPANY Injury and Illness Program and Code of Safe Practices.		
<input type="checkbox"/> Disciplinary procedures: Discipline Policy and Substance Abuse Policy.		
<input type="checkbox"/> Injury reporting requirements and the Company's Medical Provider Network.		
New Hire Orientation Videos and specific training for:		
<input type="checkbox"/> Confined Spaces Awareness	<input type="checkbox"/> Fall Protection awareness	
<input type="checkbox"/> PPE / Appropriate Clothing	<input type="checkbox"/> Fire Protection / Prevention	
<input type="checkbox"/> Ergonomics / Proper Lifting	<input type="checkbox"/> Hazardous Communication: SDS & GHS	
<input type="checkbox"/> Heat Illness		
<u>Annual Refresher Training</u>		
<input type="checkbox"/> Overview of our IIPP Program	<input type="checkbox"/> Emergencies / Medical Services	
<input type="checkbox"/> Confined Spaces Awareness	<input type="checkbox"/> Fall Protection awareness	
<input type="checkbox"/> PPE / Appropriate Clothing	<input type="checkbox"/> Fire Protection / Prevention	
<input type="checkbox"/> Ergonomics / Proper Lifting	<input type="checkbox"/> Hazardous Communication: SDS & GHS	
<input type="checkbox"/> Heat Illness	<input type="checkbox"/> Scaffolding	
<input type="checkbox"/> Noise issues	<input type="checkbox"/>	
<u>Training Required for Workers Newly Assigned to Jobs</u>		
<input type="checkbox"/> The site evacuation and emergency warning procedures.		
<input type="checkbox"/> The hazards of any chemicals on site, the right to information on Safety Data Sheets		
<input type="checkbox"/> The use of personal protective equipment required for this work.		
<input type="checkbox"/> The potential hazards this jobsite and for the specific job assignment		
<input type="checkbox"/> The right to ask any questions or talk about Safety without any fear of reprisal.		
<u>Specific Training for work assignments:</u>		
<input type="checkbox"/> Topic:	Training Material	
<input type="checkbox"/> Topic:	Training Material	
<input type="checkbox"/> Topic:	Training Material	
<input type="checkbox"/> Topic:	Training Material	

I acknowledge this training and agree to comply with the Russell Hinton IIPP and Code of Safe Practices.

Employee Signature: _____ Date _____

Sample Employee Training Documentation Form