

SAFETY TRAINING ATTENDANCE FORM

The undersigned have received the following Safety Training:

Training Topic: _____

Date: _____ Training Conducted By: _____

Location of Training: _____

INDIVIDUALS IN ATTENDANCE

	<u>PRINT NAME</u>	<u>SIGNATURE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

CHURCH MUTUAL INSURANCE COMPANY WISHES TO POINT OUT THAT NO WARRANTY ATTACHES TO THIS DOCUMENT, AND IN FACT, THIS DOCUMENT MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR ENTITY. THERE IS NO GUARANTEE THAT THIS DOCUMENT WILL PROTECT ANY FACILITY THAT CHOOSES TO USE IT. BEFORE USING THIS DOCUMENT OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THE DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.