

# Safety Training Completion Form

Employee Name

Employee ID

Department / Team

Trainer Name

Date of Training

Type of Training

## Training Topics Covered

☐ Emergency Procedures ☐ Equipment/Machine Safety ☐ Personal Protective Equipment (PPE) ☐  
Hazard Communication ☐ Chemical Safety ☐ Housekeeping ☐ Lockout/Tagout ☐ Ergonomics ☐  
Other

Additional Comments / Notes

Employee Signature

Sign here

Trainer Signature

Sign here

Date