

# Safety Training Attendance Record

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Trainer: \_\_\_\_\_

Training Topic: \_\_\_\_\_ Duration: \_\_\_\_\_ Department: \_\_\_\_\_

No.	Employee Name	Employee ID	Signature	Remarks
1				
2				
3				
4				
5				

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_