

# Compliance Training Attendance List

Hospitality Industry

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

Location: \_\_\_\_\_

#	Name	Department / Role	Signature	Time In	Time Out
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Trainer/Facilitator: \_\_\_\_\_

Notes: \_\_\_\_\_