



Training Documentation Form

ENVIRONMENT, HEALTH AND SAFETY PROGRAM
 501 STANYAN STREET ♦ SAN FRANCISCO, CA 94117-1898 ♦ 415.831.2780 P ♦ 415.831.2098 F

DIRECTIONS: Complete the form below. Return completed to EHS.

1. Trainer Information

Name of Trainer		Date Training Conducted
Division/Section	Location	Name of Supervisor (if different than trainer)
Reason for Completion (REQUIRED TO RECEIVE CREDIT FOR A CORRECTIVE ACTION)		
<input type="checkbox"/> Done as a corrective action for case _____ (Employee Name and Date of Injury)		

2. Topics Covered

If more topics were covered, please list on back and check here .

Topic	Source*
	<input type="checkbox"/> SAM/SWP <input type="checkbox"/> SSH <input type="checkbox"/> Other (list) _____
	<input type="checkbox"/> SAM/SWP <input type="checkbox"/> SSH <input type="checkbox"/> Other (list) _____
	<input type="checkbox"/> SAM/SWP <input type="checkbox"/> SSH <input type="checkbox"/> Other (list) _____
	<input type="checkbox"/> SAM/SWP <input type="checkbox"/> SSH <input type="checkbox"/> Other (list) _____

3. Employee's Signature

By signing your name below, you are acknowledging that the information above was presented to you, and that you had a full understanding of the contents.

PRINT NAME	INITIAL/SIGNATURE	PRINT NAME	INITIAL/SIGNATURE
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

*SAM – Safety Awareness Meeting SWP – Safe Work Practice