

TRAINING/ORIENTATION RECORD - IF TRAINING IS NOT AVAILABLE ON-LINE

Attach all information provided to the employee/student (i.e. power point presentation, safe work procedures, policy, etc)							
Instructor/Facilitator:							
Department/Contractor Group:							
Employee Name/Student Employee/S Name Signatu		tudent Date Training Completed Competency Tests					
Name	Signature			attach	Completed (if yes, attach the record) YES NO N/A		
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Cc: Safety Office – scan and send via email to safety@uwinnipeg.ca

Topic: