Oregon State University
Environmental Health and Safety

Employee Training Documentation Form

Training Date and Time:_____Building and Room:_____

Training Topic:_____

Trainer and/or training media used:_____

_____

Content or Outline of Topics Covered:_____

_____

_____

_____

I/we, the undersigned, acknowledge receipt of the above training, have had the opportunity to discuss the training and ask questions, and understand where to find additional information, should the need arise.

Attendees:

Print Name	Signature