

Safety training roster

Organization name: _____

Date/time/location: _____

Safety topic: _____

Discussion leader: _____

Please note: Employees must print and sign their own names. Typed names without signatures are not acceptable.

Print name

Signature

Employee comments and suggestions: _____

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.