# [Company name]

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## Safety training record

Proof of who was trained, in what, and when - the record inspectors ask for first.

**Training topic:** _____

**Date:** _____

**Trainer:** _____

**Duration:** _____

**Location:** _____

**Attendees**

| Name | Role | Signature | Understood (Y/N) |
|---|---|---|---|
| [Name] | [Role] | | |
| [Name] | [Role] | | |
| [Name] | [Role] | | |
| [Name] | [Role] | | |

**Topics covered** [Topic 1]

[Topic 2]

[Topic 3]

**Assessment**

**Assessment method:** _____

**Pass mark:** _____

**Retraining due:** _____

**Sign-off**

**Trainer:** _____ **Manager:** _____ **Date:** _____