Ashford Business Services Ltd

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)
Sarah Mitchell	Office Manager		
Sarah Mitchell	Office Manager		
Sarah Mitchell	Office Manager		
Sarah Mitchell	Office Manager		

Topics covered Topic 1

Topic 2

Topic 3

Assessment

Assessment method: _____

Pass mark: _____

Retraining due: _____

Sign-off

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