

Training Documentation

Type of Meeting: _____ Meeting Location: _____

Departments Participating: _____

Date and Time: _____ Duration: _____ Hours _____ Minutes

Instructors/Facilitators: _____

Topics of Discussion: _____

Videos Shown: _____

Exercises Performed: _____

Handouts: _____

	PARTICIPANTS NAME (PRINT)	PARTICIPANTS SIGNATURE	DEPARTMENT	Employee ID #
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#	PARTICIPANTS NAME (PRINT)	PARTICIPANTS SIGNATURE	DEPARTMENT	EMPLOYEE ID #
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NOTES:

#	PARTICIPANTS NAME (PRINT)	PARTICIPANTS SIGNATURE	DEPARTMENT	EMPLOYEE ID #
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