Injury and Illness Prevention Program

Attachment **[*number*]**

**[*Company Name*]**

|  |  |
| --- | --- |
| **Employee Name:** | **Company:** |
| **ID Number:** | **Facility:** |
| **Job Title:** | **Supervisor:** |

| **Training Topic Administered** | **Date** | **Trainer Name** | **Type of Training (hands-on, classroom, etc.)** | **Notes** | **Refresher Training Date** |
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