Document shop safety training sessions. Place a copy with your departmental training records.

Refresher/Review Check all that apply				
Annual Shop Safety Compliance and Training Review \square		Other 🛛		
Training Details				
Video Conference (e.g., Zoom) 🗖	In-Person 🛛	Toolbox 🛛		
Shop Manager Name			Date	
Trainer Name			Date	
Location (If applicable)			Duration	

I hereby certify that the information provided is correct to the best of my ability: \Box

Trainer Signature

USC University of Southern California

Name	Email	10-Digit USC ID#