

HUMBOLDT STATE UNIVERSITY
Environmental Health & Occupational Safety

Injury and Illness Prevention Training

Training Title: _____

Name (Print): _____ Date: _____

Dept.: _____ Instructor: _____

The scope of this training consisted of: _____

The following topics or modules were covered during this training session.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Trainee's certification of understanding: *I certify that I attended the above described training that took place on the date indicated and covered the material listed. I understand that I will be responsible for this information as part of my work:*

Comments: _____

Trainee Signature Date

Supervisor Signature Date
(Verification that employee was released for training)

Trainer Signature Date