

Bainbridge Island Metropolitan Park & Recreation District

**Employee In-Person Safety Training**  
**Documentation Form**

The WA State Dept. of Labor & Industries requires documentation for when training sessions are held for the items below and who attended them. Supervisors will enter attendees into timesheet software following completion of training session and return form to Human Resource Manager. This form for documenting in-person training sessions and is not intended to document online training.

Check Type of Training Held:

Dates of Training\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Fire Extinguisher Safety                    | <input type="checkbox"/> Lock out/Tagout Program                       |
| <input type="checkbox"/> First Aid/CPR                               | <input type="checkbox"/> Safe Equipment Operation                      |
| <input type="checkbox"/> Blood Borne Pathogen Program                | <input type="checkbox"/> Fall Protection Program                       |
| <input type="checkbox"/> Personal Protective Equipment Program (PPE) | <input type="checkbox"/> Respirator Program                            |
| <input type="checkbox"/> Chemical Hazard Communication Program       | <input type="checkbox"/> Other _____                                   |
| <input type="checkbox"/> Confined Spaces Program                     | <input type="checkbox"/> Attach content of training session (required) |

**List of employees who attended and completed this training session:**

<u>Name</u>	<u>Signature</u>	<u>Job Title</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Name Trainer** \_\_\_\_\_ **Job Title** \_\_\_\_\_ **Qualifications** \_\_\_\_\_