

**Annual Safety Training Record**

**Training Topics:** Illness and Injury Prevention Plan (IIPP)  
 Emergency Action Plan (EAP)  
 Chemical Hygiene Plan (CHP)  
 Chemical Spill Response (Safety Net #13)  
 List any additional topics to be covered (use additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(It is recommended to attach a copy of the training session curriculum)*

Instructor: \_\_\_\_\_ Location: \_\_\_\_\_

Training aids: \_\_\_\_\_

Attendees – Please print and sign your name legibly. Use additional sheets if necessary.

	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
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20.	_____	_____	_____