

# Safety Training Attendance Form

Name of Business: \_\_\_\_\_ NJTC #: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Participant Group: \_\_\_\_\_ Countable Hours: \_\_\_\_\_

Location of Training - City & State: \_\_\_\_\_

Training Topic(s): \_\_\_\_\_

	Please - PRINT your name	Please - SIGN your name	Telephone #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

*I certify that the information on this sheet is accurate.*

Print Trainer Name: \_\_\_\_\_ Total # of Attendees: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Countable Hours: \_\_\_\_\_

Date: \_\_\_\_\_

Print Trainer Name: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_