Risk Management Process Safety Management Training Record		Facility:
Date of training:	Location:	
Type of training (attach agenda):		
Location of training:	Instructor:	
	Initial Training	
	Refresher	

Employees trained

Employee name	**Training understood ? (Yes/No)**	**Employee name**	**Training understood (Yes/No)**

	Written test	Prepared by:
	On-the-job	Title:
	Demonstration	Date:
	Other (explain) _____	

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