## RECORD OF TRAINING FORM

| **Date:** |  | **Location:** |  |
| --- | --- | --- | --- |
| **Session/Topic:** |  | **Facilitator:** |  |
|  |  |  |  |

**The signatures below signify that the employees have participated in, and have understood the above listed training session information.**

| **Name** | **Position**  | **Signature** |
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