

RECORD OF TRAINING

(If training provided on different dates, record each date and training separately, use more than one form if needed.)

INMATE NAME: _____ DIN: _____

SHOP/WORK AREA: _____

The above named inmate was trained/instructed in the safe and proper use of the below listed caustic materials, tools and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above named inmate, was trained/instructed in the safe and proper use of the above listed caustic materials, tools and equipment.

INMATE'S SIGNATURE: _____ DATE: _____

The above named inmate was trained/instructed in the safe and proper use of the below listed caustic materials, tools and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above named inmate, was trained/instructed in the safe and proper use of the above listed caustic materials, tools and equipment.

INMATE'S SIGNATURE: _____ DATE: _____

The above named inmate was trained/instructed in the safe and proper use of the below listed caustic materials, tools and equipment:

EMPLOYEE TRAINER (NAME AND TITLE): _____

SIGNATURE: _____ DATE: _____

I, the above named inmate, was trained/instructed in the safe and proper use of the above listed caustic materials, tools and equipment.

INMATE'S SIGNATURE: _____ DATE: _____