APPENDIX D

Training Documentation Log

Topic: _____

Name of Instructor or Agency: _____

Please attach agenda or course outline

			Refresher Training								
Employee Name	**Signature**	**Initial Training Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**	**Initials & Date**