SAFETY MEETING &TRAINING CERTIFICATION REPORT

School Location:	**Date of Safety Meeting/Training Session:**
Department (Specify the Specific Group/Area in Attendance)	**Meeting/Training Conducted/Certified By: (Print Full Name)**
Major Topic of Safety Meeting/Training Session:	

Safety Meeting/Training Session Minutes

EMPLOYEES WHO ATTENDED SAFETY MEETING/TRAINING SESSION (PRINT FULL NAME)

Distribution: District In-Service Trainer
School/Shop
Safety Specialist