

Example* of Group Training Form

Trainer Name: _____ Phone: _____ Email: _____

Trainees Place of Employment (Name): _____

Premises ID _____ Training Date: _____

	Trainee First and Last Name	Training Topic	Trainee Signature Upon Completion of Training
1			
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*Note that this form is just an example and may not necessarily meet the requirements of the Responsible Regulatory Official or the needs of the producer.

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