

## Example\* of Group Training Form

Trainer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Trainees Place of Employment (Name): \_\_\_\_\_

Premises ID \_\_\_\_\_ Training Date: \_\_\_\_\_

	<b>Trainee First and Last Name</b>	<b>Training Topic</b>	<b>Trainee Signature Upon Completion of Training</b>
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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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