

City of Alva Employee Equipment Training Record

Employee Name _____

Date of Training _____

List equipment trained on: (be specific)

1. _____
2. _____
3. _____
4. _____
5. _____

By completing this form it means that the employee has received all the proper training needed to operate/ and perform his/her job in a safe manner, and was instructed of the hazards involved in this job function.

Supervisor Name and Title _____

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

Please return this completed form to Safety Coordinator