

City of Alva (Inmate) Equipment Training Record

Inmate Name _____

Date of Training _____

List equipment trained on: (be specific)

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

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

Supervisor Name and Title _____

Supervisor Signature _____ Date _____

Inmate Signature _____ Date _____

Witness Printed Name _____

Witness Signature _____ Date _____

Please return this completed form to Safety Coordinator