TRAINING RECORD FORM- Fall Protection Training

Date: _____

Training location: _____

Trainee: a) Employee b) Employer

Trainer: _____

1. No. of trainees who attended this session.

2. Were the evaluation level 1 forms completed?

   ☐ Yes ☐ No

3. Were the pictures of the training session taken?

   ☐ Yes ☐ No

4. Was the level 2 evaluation in form of a group activity completed at the end of the session? If yes, please write the statement "I certify".

5. Were the evaluations questions asked at the end of the training session?

   ☐ Yes ☐ No

Signature of the trainer

It is the responsibility of trainer to complete this form right after the completion of the training session (including evaluation survey) and submit this form to the project PI within one month after the session.