



New Worker Safety Orientation:

The workers who have signed their names below have received basic training on new worker safety.

INSTRUCTOR NAME(S) _____

DATE(S) OF TRAINING _____

Safety Excellence Initiative

EMPLOYEE/TRAINEE

Print Name

Sign Name

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____