Basic Safety Precautions, Emergency Procedures & Infection Control

3 HOURS ENTRY-LEVEL BASIC HEALTH & SAFETY TRAINING SIGN-IN RECORD

DATE:		TIME:	

Personnel Present

NAME - PLEASE PRINT	HCA PERSONAL ID #	SIGNATURE

I (we) certify that all attendees listed above attended this training course in its entirety as indicated above. HCO's standard training materials were used and the attendees were given an opportunity to ask questions.

Name of Instructor Responsible for Training

Title

Signature of Instructor Responsible for Training

Date

Maintain original at HCO

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Sign-In Record

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