#### STANFORD UNIVERSITY – SHOP TRAINING ROSTER Attachment 6B – Shop Safety Program

## [ENTER TIME AND DATE OF TRAINING HERE]

### [ENTER SHOP NAME, OWNER DEPARTMENT, BUILDING NAME AND ROOM NUMBER]

### TRAINING SUBJECT(S) COVERED:

[SHOP MANAGER / TRAINER: LIST ALL SUBJECTS DISCUSSED, AND ATTACH ANY TRAINING MATERIALS USED DURING TRAINING TO THE COMPLETED ATTENDANCE ROSTER. SEND COPY OF ROSTER TO EH&S, FILE FOR REFERNCE IN SHOP USER TRAINING FILE.]

PRINT YOUR NAME	SIGN YOUR NAME	SUNET ID
		[OVER]

[OVER]

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PRINT YOUR NAME	SIGN YOUR NAME	SUNET ID