



# Record of Safety Training

revised 09/23/09

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Training Topic(s)\*:** \_\_\_\_\_

\*Attach copies of any additional supporting documentation for above items **PLEASE PRINT CLEARLY!**

**Last** \_\_\_\_\_ **First** \_\_\_\_\_

Status: \_\_\_ Faculty \_\_\_ Staff \_\_\_ Post-doc \_\_\_ Grad Student \_\_\_ other: \_\_\_\_\_

Research Group/Administrative Unit: \_\_\_\_\_

UC employee Id#: \_\_\_\_\_

**Signature:** \_\_\_\_\_

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**Signature:** \_\_\_\_\_

**Presented by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Record of Safety Training Continuation Form Page \_\_\_\_ of \_\_\_\_**

**Topic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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