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| --- | --- | --- | --- | --- |
| **Date, Location & Time Start & End of Participation:** |  | | | |
| **Facilitator/Prepared (Name & Title):** | Jordan Walker (Compliance & Logistics) | | **Date:** |  |
| **Management Signature:**  **(Name and Title)** |  | | **Date:** |  |
| **Interpreter Signature:** |  | | **Date:** |  |
| **Description of Participation:**   |  |  |  | | --- | --- | --- | | **Monthly Safety Topic** | **WPS Topics** | **Lifting Safety** | | **GMP Topics** | **Personal Protective Equip.** | **General Ag Safety** | | **Ladder Safety** | **Chemical Storage/Chemical Safety** | **Fire Drill/Emergency Evacuation Drill** | | **Forklift Safety** | **Worker Hygiene** | **Supervisor/Manager Training** | | **Worker Wellness** | **Tractor Safety (ROPS, PTO, etc)** | **Security Training** | | **General Ag Equipment** | **Pruning Safety** | **Hazard Communication** | | **Emergency Procedure** | **Platform Safety** | **Other:** |   **Notes (Include location of training meeting):** | | | | |
| **By Signing Below I Understand The Training Al Firmar Abajo Entiendo La Capacitacion** | | | | |
| **Employee Name (Print)**  **Nombres De Empleados (Nombre Impresso)** | | **Employee Name (Print)**  **Nombres De Empleados (Nombre Impresso)** | | |
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Where applicable, supporting documentation should be attached (e.g., minutes of meetings, etc.).