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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** |
| [x]  **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** |
| [x]  **Worker Wellness** | [ ]  **Tractor Safety (ROPS, PTO, etc)** | [x]  **Security Training** |
| [ ]  **General Ag Equipment** | [ ]  **Pruning Safety** | [ ]  **Hazard Communication** |
| [ ]  **Emergency Procedure**  | [ ]  **Platform Safety** | [x] **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.).