Safety Induction Record

Course Details

Course Title*: _____

Date*: _____

Location: _____

Trainer Name*: _____

Participant Details

Participant Name*: _____

Employee ID*: _____

Department: _____

Position: _____

Contact Number: _____

Induction Content

Induction Topics Covered:

Topic	Completed	Comments

Confirmation

☐ **I confirm that I understand the information provided during the induction***

Participant Signature*: _____ *(Sign above)*

Signature Date*: _____