Université Concordia University

ENVIRONMENTAL HEALTH AND SAFETY

TRAINING ATTENDANCE / COMPLIANCE RECORD

TRAINING/ ACTIVITY TITLE: _____

TRAINER: _____

DEPARTMENT: _____

COMPANY: _____

- Training with evaluation ☐
- Training without evaluation ☐
- Self-Training ☐
- Seminar ☐
- Safety Talk ☐
- Coaching/Monitoring ☐
- Proof from Other Institution ☐
- Other activity ☐

Date:	Time:	Duration (minutes):	Location:	Expiration Date:

DESCRIBE KEYPOINTS OR ATTACH TRAINING DOCUMENT: _____

_____

LAST NAME, FIRST NAME	ID NUMBER	EMAIL ADDRESS	DEPARTMENT	SUPERVISOR	SIGNATURE

TRAINING CODE: SESSION ID: EHS Processed by: Date:

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PLEASE RETURN COMPLETED FORM TO EHS – via internal mail to FB 801 or email ehs@concordia.ca

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