

Date:	Location:
Facilitator:	Site Supervisor:
Safety Rep:	Start Time: Finish:
Topics/Outcomes:	
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Content: Documents attached? No / Yes:	
Commonto /Suggestions	
Comments/Suggestions:	
Review/Evaluation: Discussion / Demonstration / Oral quiz / Written quiz / Other:	
Allowed a set (maintenant initial)	
Attendees: (print and initial)	