

General Fall Protection Training Documentation Form for Initial/Annual/Retraining

Trainee: _____

I, the undersigned employee, do agree that the indicated training below was provided. I understand the safety requirements expected of me and have received a copy of the required information.

Safety Bulletin # 02 – Fall Protection General

Employee signature: _____ Date: _____

Trainer signature: _____ Date: _____

Safety Bulletin # 03 – Ladder Safety

Employee signature: _____ Date: _____

Trainer signature: _____ Date: _____

Safety Bulletin # 14 – Guarding Fall Hazards

Employee signature: _____ Date: _____

Trainer signature: _____ Date: _____

Special Note: This form does not document the training provided for Personal Fall Arrest Systems and this form does not document the training provided for Aerial Platforms. The employee must also sign the personal fall arrest systems Aerial platform training documentation forms.

If any one has any questions pertaining to fall protection please contact the Corporate Risk Management @ 402-896-6600.