[Company name]

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Safety training record

Proof of who was trained, in what, and when - the record inspectors ask for first.

Training topic	[e.g. manual handling]
Date	[Date]
Trainer	[Name]
Duration	[Hours]
Location	[Room / site]

Attendees

Name	Role	Signature	Understood (Y/N)
[Name]	[Role]		
[Name]	[Role]		
[Name]	[Role]		
[Name]	[Role]		

Topics covered

- [Topic 1]
- [Topic 2]
- [Topic 3]

Assessment

Assessment method	[e.g. practical demo, quiz]
Pass mark	[e.g. 80%]
Retraining due	[Date]

Sign-off

[Company name]

Trainer	Manager	Date