LVCBA WDIY

TRAINING RECORD

Training was conducted on (date)______________ concerning (type of training) ______
__________________________________________________________ by
(name / position of trainer)_____________________________________.

The following individuals were trained:

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

NAME (please print): ______________________________
SIGNATURE ______________________________________

*PLEASE USE ADDITIONAL BLANKS AS NECESSARY*