

Staff Training Record

Name: _____ Under 18?
 Telephone Number: _____
 Address: _____

Subject	Date	Initials
Procedures/Policy		
Health and Safety		
Policy/Statement		
Accident reporting		
First Aid at work		
Fire		
Electricity/Gas Safety		
Protection		
Asbestos		
Chemical Safety		
Dermatitis		
Work related asthma		
Legionella		
Radon		
Good Practices		
Slips and trips		
Working at height		
Manual handling		
Violence and aggression		
Staff working alone		
Workplace transport		
Machinery safety		
Other Training		

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