## Training Attendance Log

## FORKLIFT OPERATOR SAFETY TRAINING

Date: \_\_\_\_\_ Time: \_\_\_\_ Location: \_\_\_\_

Printed Name	Employee ID Number	Signature
Training materials for this session were prov National Safety Compliance. www.osha-safety-	ided by	
rvational Salety Compliance. www.osna-salety-	naming.net	(Signature of Instructor)