

## OCCUPATIONAL SAFETY AND HEALTH TRAINING REPORT

<b>Reporting Office:*</b>	<b>Fiscal Year:*</b>	<b>Quarter:*</b>
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**INSTRUCTIONS:** RECORD THE NAME OF THE TRAINING AND PERSONNEL PRESENT.

*\*Required fields*

<b>TRAINING SUMMARY</b>						
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Type of Training	Top Management Officials	Official-in-Charge (OIC)	Managers/ Supervisors	Collateral Duty Safety Officer (CDSO)	Safety and Risk Management Program Professionals	Employees Present
<b>Total Attendees:</b>						