



## EMPLOYEE PROFILE AND TRAINING RECORD

NAME:		S.I.N.:		
TRAINING	Date	Provided by (Union, CSAO, etc.)	Certificate Received? Yes/No	Expiration Date
Fall Protection				
W.H.M.I.S.				
First Aid/C.P.R.				
Fire Extinguisher				
Rigging				
Confined Space				
Lockout & Tag				
Explosive Actuated Fastening Tool				
Elevating Work Platform				
Dangerous Goods Handling				
P. P. E.				

Copy to: Worker, Coordinator