



GRAY FIRE RESCUE EMPLOYEE TRAINING

Employee Name (please print): _____

** My signature below certifies that my online training sessions were monitored on the date indicated below. I certify I was given the opportunity to ask questions, and by signing this form I certify I fully understand the content that was covered.*

*COMPLETED	SESSION	TIME	INSTRUCTOR	INSTRUCTOR SIGNATURE
<input type="checkbox"/>	Welcome	2 Min	Mike Barter	
<input type="checkbox"/>	Bloodborne Pathogens / Infectious Control	9 Min	Mike Barter	
<input type="checkbox"/>	Emergency Action Plan	2 Min	Chief Kurt Elkanich	
<input type="checkbox"/>	Fire Extinguishers	10 Min	Maine Dept. of Labor	
<input type="checkbox"/>	Harassment / Standards of Conduct	8 Min	Galen Morrison	
<input type="checkbox"/>	Hazardous Materials Awareness	10 Min	Maine Dept. of Labor	
<input type="checkbox"/>	Hazardous Materials / Global Harmonization	10 Min	Haskell Corporation	
<input type="checkbox"/>	Lock Out/Tag Out	2 Min	Nick Hutchins	
<input type="checkbox"/>	Personal Protective Equipment	5 Min	Shaun Hadlock	
<input type="checkbox"/>	Respiratory Policy	3 Min	Mike Barter	
<input type="checkbox"/>	Site Specific Hazardous Materials	2 Min	Chief Kurt Elkanich	
<input type="checkbox"/>	Traffic Safety	16 Min	Nathan Tsukroff	

Employee Signature: _____

Monitored by: _____ Date: _____