



# TOWN OF GRAY ANNUAL EMPLOYEE TRAINING

[www.graymaine.org/staff-training](http://www.graymaine.org/staff-training)

VIEWED	REQUIRED	SESSION	TIME	INSTRUCTOR
<input type="checkbox"/>	All	Workplace Harassment	15 Min	<a href="#">EEOC</a>
<input type="checkbox"/>	All	Fire Safety, Fire Extinguisher Use	10 Min	<a href="#">Chief Kurt Elkanich</a>
<input type="checkbox"/>	All	Personal Protective Equipment	15 Min	<a href="#">Maine Department of Labor</a>
<input type="checkbox"/>	All	Video Display Terminal	30 Min	<a href="#">Maine Department of Labor</a>
<input type="checkbox"/>	All	Bloodborne Pathogens	15 Min	<a href="#">Maine Department of Labor</a>
<input type="checkbox"/>	All	First Aid, CPR	30 Min	<a href="#">Sarah Rodriguez</a>
<input type="checkbox"/>	All	AED	20 Min	<a href="#">Asst. Chief Pete Holmquist</a>
<input type="checkbox"/>	All	Emergency Action Plan	40 Min	<a href="#">Sheriff Chandler</a>
<input type="checkbox"/>	All	Hazard Communication	10 Min	<a href="#">Josh Tiffany</a>
<input type="checkbox"/>	All	Stress	20 Min	<a href="#">Chief Kurt Elkanich</a>
<input type="checkbox"/>	Optional	Phone Training	45 Min	<a href="#">TPX</a>
<input type="checkbox"/>	Optional	Retirement	25 Min	<a href="#">ICMA</a>

*I confirm that I viewed the training sessions above. I listened, read, and understood the trainings, and I understand that as an employee, it is my responsibility to abide by the Town of Gray's policies and procedures, in accordance with the training. If I have questions about these trainings, materials presented, or the Town's policies and procedures, I understand it is my responsibility to seek clarification from the Human Resources Department.*

Employee Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_