



# TOWN OF GRAY ANNUAL EMPLOYEE TRAINING

[www.graymaine.org/human-resources](http://www.graymaine.org/human-resources)

Rev 9/13/2023

VIEWED	REQUIRED	SESSION	TIME	INSTRUCTOR/DEPARTMENT
<input type="checkbox"/>	All	Vigilance Training	20 Min	<a href="#">IT</a>
<input type="checkbox"/>	All	Workplace Policies/Harassment	45 Min	<a href="#">KMA Consulting/HR</a>
<input type="checkbox"/>	Supervisors	Discrimination and Harassment Training for Supervisors <i>*See also MMA Online University course</i>	10 Min	<a href="#">Michael Wiley</a>
<input type="checkbox"/>	All	Fire Safety, Fire Extinguisher Use	10 Min	<a href="#">Public Safety</a>
<input type="checkbox"/>	All	Hearing Protection	10 Min	<a href="#">Public Works</a>
<input type="checkbox"/>	All	Personal Protective Equipment	10 Min	<a href="#">Maine Department of Labor</a>
<input type="checkbox"/>	All	Video Display Terminal	5 Min	<a href="#">Maine Department of Labor</a>
<input type="checkbox"/>	All	First Aid, Bloodborne Pathogens	10 Min	<a href="#">Public Safety</a>
<input type="checkbox"/>	All	CPR	20 Min	<a href="#">Recreation Department</a>
<input type="checkbox"/>	All	AED	10 Min	<a href="#">Public Safety</a>
<input type="checkbox"/>	All	Active Shooter / Emergency Action	30 Min	<a href="#">Public Safety</a>
<input type="checkbox"/>	All	Hazard Communication	15 Min	<a href="#">Facilities</a>
<input type="checkbox"/>	All	“First Amendment Audit” Response	15 Min	<a href="#">Human Resources</a>
<input type="checkbox"/>	All	Cybersecurity	15 Min	<a href="#">Communications &amp; IT</a>
<input type="checkbox"/>	All	Employee Wellness, EAP	20 Min	<a href="#">Recreation Department</a>
<input type="checkbox"/>	<i>Optional</i>	Phone Training	45 Min	<a href="#">TPX</a>
<input type="checkbox"/>	<i>Optional</i>	Retirement	25 Min	<a href="#">MissionSquare</a>

*I confirm that I viewed/attended 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: \_\_\_\_\_