

Employee Safety Training Checklist

Employee Information

Employee Name

Position / Department

Supervisor

Training Date

Safety Training Topics

Topic	Completed	Notes
Emergency Procedures	<input type="checkbox"/>	
Fire Safety	<input type="checkbox"/>	
Personal Protective Equipment (PPE)	<input type="checkbox"/>	
Workplace Hazards	<input type="checkbox"/>	
Accident Reporting	<input type="checkbox"/>	
Machine/Equipment Operation	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	

Additional Comments

Signatures

Employee:

Date: _____

Trainer/Supervisor:

Date: _____