



## EMERGENCY ACTION PLAN TRAINING RECORD

Print, complete and return this form to the Training Department

### TRAINEE INFORMATION

Trainee Name : \_\_\_\_\_ Emp. No.: \_\_\_\_\_

Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Supervisor       Key Role, specify: \_\_\_\_\_

### TRAINEE ACKNOWLEDGEMENT

I have read and understand my responsibilities required by the Emergency Action Plan and I have been provided with the opportunity to review the contents of this plan with my manager/supervisor and have my questions addressed.

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