PERSONAL PROTECTIVE EQUIPMENT

TRAINING LEDGER

As an employee of Western Oregon University, I understand that I am to adhere to the Personal Protective Policy/Procedure as defined in OR-OSHA rules.

In compliance with OAR 1910.147, I understand the following information has been covered in training provided by my supervisor, I also acknowledge that if I do not understand part or all of the points covered, it is my responsibility to seek clarity from my supervisor.

 Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

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