

EMPLOYEE NAME
I have completed the following required Lafayette Safety Trainings:
☐ Blood Bourne Pathogens
☐ Current Good Manufacturing Practices
☐ Emergency Procedures
☐ Hazardous Communication
☐ PPE – Personal Protective Equipment
☐ Eye Protection
□ Lock out/Tag out
☐ Slips, trips and falls
☐ Personal Hygiene
Date Completed Training
Guardian Signature