TRAINING REPORT
Triangle Internet Training

DATE _____

SUBJECT Proper Lifting and Back Safety

COMPANY NAME _____ PH# _____

MAIN LOCATION CITY: _____ STATE _____

BRANCH LOCATION CITY: _____ STATE _____

Please complete the above information, have all employees who complete the training print and sign their name below, and fax the completed form to 580.233.4847. Keep a copy for your training records.

PRINT NAME	SIGN NAME