



Employee Name:

Employee Job Title:

Supervisor Name:

Training Topic	Date of Training / Refresher Training	Comments

I hereby acknowledge that I have participated in and completed the provided safety training program on the date listed above. I affirm that I understand the training content and the safety protocols, procedures, and responsibilities outlined during the training.

I agree to apply the knowledge gained from this training in my daily work activities and to adhere to all safety guidelines and regulations established by Trent University. I understand that compliance with these standards is essential to ensuring a safe work environment for myself and others.

By signing below, I confirm my commitment to work in accordance with the safety practices and guidelines communicated to me during this training.

Employee's Signature	Date	Supervisor's Signature	Date