

LVCBA WDIY
TRAINING RECORD

Training was conducted on _(date)_____ concerning (type of training) _____
_____ by
(name / position of trainer)_____ .

The following individuals were trained:

NAME (please print): _____

SIGNATURE _____

NAME (please print): _____

SIGNATURE _____

NAME (please print): _____

SIGNATURE _____

NAME (please print): _____

SIGNATURE _____

NAME (please print): _____

SIGNATURE _____

NAME (please print): _____

SIGNATURE _____

•PLEASE USE ADDITIONAL BLANKS AS NECESSARY•