

Town of Long Lake, NY Safety Training Documentation

Training Topic			Date and Time of Training:		
Method: (circle)	Instructor Lead	On-the Job	Read and Understand	Video	Online
	Webinar	Other:			
Instructor:			Instructor's Signature:		
Location:					
Resources Used: (List)					
Name	Department	Signature			
INSTRUCTIONS Complete for all Safety Training conducted. Send completed form to Town Offices for recordkeeping.					