

# RECORD OF TRAINING for SILICA CONTROL (Sample)

Location: \_\_\_\_\_

Department or Job Site: \_\_\_\_\_

Employee Name	Social Security #	Training Date	Training by	
PRINT _____ SIGN _____				<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP
PRINT _____ SIGN _____				<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP
PRINT _____ SIGN _____				<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP
PRINT _____ SIGN _____				<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP
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PRINT _____ SIGN _____				<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP
PRINT _____ SIGN _____				<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP

For information purposes only.

## GUIDELINES FOR THE RECORD OF TRAINING FOR SILICA CONTROL

**USE** - The Record of Training for Silica Control is used to document training activities performed to inform employees about the hazardous effects of silica exposure, and the company's Silica Control or Silicosis Prevention Program.

- a. **LOCATION.** Enter the location where the training took place.
- b. **DEPARTMENT OR JOB SITE.** Enter the departments or job site for which training was conducted.

At the end of the training session, participants should enter the following information:

- c. **EMPLOYEE NAME.** Employees sign and print their name on the lines provided.
- d. **EMPLOYEE'S SOC. SEC. #.** Employees enter their social security number. If unknown, this can be provided and entered at a later date.
- e. **TRAINING DATE.** Enter the date the training was conducted.
- f. **TRAINING BY.** Enter the name of the trainer conducting the training session.
- g. **INITIAL OR FOLLOW-UP.** Place a checkmark indicating whether this training was initial or annual follow-up training.

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