

ME Annual Safety Training Record

Name: _____

Employee No. _____

Job title: _____

Training Date: August 31, 2017

Length of Training: 3-4:30pm

Instructor and Job title: Zongxuan Sun, Professor

Please select the training session:

- Chemical Safety
- Machine Safety
- Computation/Office Safety

This is to certify that the employee/student named above has completed the above training.

Employee's or student's signature

Date



Supervisor's or advisor's signature

August 31, 2017

Date