

Participant Attendance List

Please check the applicable level: [] initial training or [] re-evaluation

Employer: _____ Date of Session: _____

Trainer(s): _____ Location: _____

Training time (in hours): _____

Check all PPE that apply for this session:

- ☐ gloves ☐ gown ☐ surgical/procedure mask
☐ goggles ☐ face shield ☐ N95 respirator

Participants (please print legibly)

Name	Title/Department	Agency
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

Recommended class size is 1 trainer to 6 participants; increasing the number of participants would require additional trainers and/or increasing the duration of the classroom training time.