

**Safe Moving And Repositioning Techniques (SMART®) program®
 Participant Attendance List**

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

Employer: _____ Date of Session: _____

SMART Trainer(s): _____ Location: _____

Training time (in hours): _____

- Modules covered: Safe Posture and Safe Body Mechanics
 Risk Assessment
 General (object) Moving Techniques

Participants (please print legibly)

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

A copy of this attendance list should be retained and readily available in the event it is requested by SASWH. Successful completion requires the participant to demonstrate an understanding of the program through a hands-on return demonstration to the SMART trainer.