

**Transferring Lifting Repositioning (TLR®) program®
 Participant Attendance List**

Please check the applicable session: client moving or object moving

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

Employer: _____ Date of Session: _____

TLR Certified Trainer(s): _____ Location: _____

Training time (in hours): _____ full classroom training split classroom training

- Modules taught:
- Good Posture and Safe Body Mechanics
 - Risk Assessment
 - General (object) Moving Techniques
 - Client 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 TLR trainer.