

## Transferring Lifting Repositioning (TLR<sup>®</sup>) program<sup>©</sup> 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): \_\_\_\_\_

- Modules covered:    ☐ 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.