



JOB SPECIALTY TRAINING RECORD

Facility _____

Shop/Office _____

Job specialty training will be provided for all machinery, industrial equipment, and special use vehicles the worker uses. Training will be documented on the following training log, which will be retained in the worker(s) training file.

TRAINING LOG

Date	Name of Industrial Equipment/Machinery	Supervisor's Signature	Worker's Initials

Name _____

Signature _____

DOC number _____

Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Work Training File