

Safety Classes Required by
Virginia Department of Labor

Date: _____ Course _____ Instructor _____

Course Participants

Names	Initials	Completed
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

Summary of Course: _____

