

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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