

TRAINING MEETING ATTENDANCE RECORD

NAME OR SUBJECT OF COURSE OR CLASS VCM Tape + Slide ShowDATE 1-26-79 INSTRUCTOR(S) Jerry RobertsLOCATION Training Room NUMBER OF HOURS one hr.

DESCRIBE WHAT HAPPENED (Major points covered, what was demonstrated, what was practiced, what training aids were used, etc.) Attach separate sheet if necessary.

Plant Wide Training, to be conducted on
the use (safety) of VCM.

Jan. safety meeting per Dennis Knight

SIGNATURE

TRAINEES E.E.

DEPT.	CLOCK NO.	NAME (PRINT)	DEPT.	CLOCK NO.	NAME (PRINT)
Lab		<i>[Signature]</i>			
Com	565	James B. Puckett			
LAB	1335	JAMES M. GRAY			
Comp	1787	THOMAS GILBERT			
Comp	1895	James Howell			
LAB		DAVID S. COX			
Comp	1847	Robert Lockman			
Comp	720	Lyle Lawrence			
Comp	1746	F.A. Sutton			
"	1479	C.L. Davis			
"	1916	Q.C. Torres			
PA	1159	Ernest H. Dabrowski			
Com	1337	Pamela			
Lab		R.B. Martin			