A

SAFETY/TRAINING MEETING ATTENDANCE RECORD

I-27

TOPIC: Update of Eyewash Station DATE: 4/14/87

LOCATION: Tool room NUMBER OF HOURS: 1/2

OUTLINE OF PRESENTATION (Major points, demonstrations, what was practiced, slide/tape, film, etc.). Attach separate sheet if necessary.

Work area Eyewash Station Layout.

EMPLOYEE SUGGESTIONS AND PLANNED CORRECTIVE ACTION:

W. Sullivan
Instructor/Supervisor

TRAINEES

DEPT.	CLOCK NO.	NAME (Print)	DEPT.	CLOCK NO.	NAME (Print)
		C. Little			
		[illegible]			
		[illegible]			
		[illegible]			
		S. Stiles			
		[illegible]			
		[illegible]			
		[illegible]			
		[illegible]			
		[illegible]			