

TRAINING MEETING ATTENDANCE RECORD

NAME OR SUBJECT OF COURSE OR CLASS

SAFETY MEETING

DATE 10-26-77

INSTRUCTOR(S)

Butch Bryan & Jerry Roberts

LOCATION

Safety Training Room

NUMBER OF HOURS

1 hour

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

Respiratory Protective Equipment Training

SIGNATURE

John H. Williams

TRAINEES - 74

[illegible]