INJURY-FREE WORKPLACES. PROSPERING.

SHSA Slip, Trip and Fall Prevention Training Record

Organization: _____

Date: _____

SHSA Poster Posted in Workplace: _____

Please have employees initial the items they have reviewed.

Name (first & last)	**SHSA eCampus Course**	**Pocket Card**	**Info. Sheet Review**	**Quiz & Discussion**	**Slip Trip and Fall Video & Discussion**

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