



TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

- 1) Introduction
 - a) Standards
 - b) Why Training?
- 2) Slips
 - a) High-Risk Slip Areas
 - b) Preventative Methods
- 3) Trips
 - a) Clear Walkways
 - b) Clean Workspace
 - c) Floor Mats
 - d) Visibility
 - e) Uneven Floors
- 4) Employer Responsibility
 - a) Housekeeping
 - b) Injured Employee
- 5) Employee Responsibility
 - a) Physical Consequences
 - b) Legal Consequences
 - c) Injured Co-Worker
- 6) Conclusion