Verification	Originator	Approved	Issued
Initials	ST	ST	ST
Date	8/29/2014	12/11/2014	12/15/2014

Title: TITLE: COFL-FF-ED-4.4.2-2(F) Training Sign-in Sheet

Refer to COFL-FF-EP-4.4.2-1 Competence, Training & Awareness Procedure for detailed instructions regarding this ESMS form/record.

Training Class Subject:

Instructor / Supervisor:

Date and Time:

	Print Name	Employee ID	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Completed forms and related attachments are records maintained in the ESMS; route to the ESMS Coordinator.