

Town of Long Lake, NY
Safety Training Documentation

Training Topic		Date and Time of Training:			
Method: (circle)	Instructor Lead	On-the Job	Read and Understand	Video	Online
	Webinar	Other:			
Instructor:			Instructor's Signature:		
Location:					
Resources Used: (List)					

Name	Department	Signature	Email

INSTRUCTIONS
Complete for all Safety Training conducted.
Send completed form to Town Offices for recordkeeping.