

WORKER PROTECTION STANDARD (WPS) TRAINING SIGN-IN / SIGN-OUT ATTENDANCE SHEET

Date: _____ Time: _____ Location Name / Mailing Address: _____

Title / Subject: _____ Type of Training: Worker Handler Language: _____

Training Method(s): Audiovisual (Provide EPA approval No.): _____ Oral from Written Material

Other Training Aids (include translators if used): _____

Instructor: _____ Cert. No.: _____ Exp. Date: _____

Qualified to Instruct by: _____
(if not a certified applicator)

Farm or Company Name (if applicable): _____

Print Name	Time In	Signature	Time Out	Signature

