First Aid Training Record

The following employees have completed the indicated training. Photocopies of signed certification cards are on file at:
_____ (location).

Completion Dates:

EMPLOYEE SIGNATURE:	FIRST AID:	CPR:	BLOODBORNE PATHOGENS:

Exact requirements for which employees must complete this training are stated in the NCDOL Logging Operations Interpretive Guide, which is located in the last section of this booklet.