

## Training Plan

Employee Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Contact Information: (email) \_\_\_\_\_ Phone (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

### Branch Specific Health and Safety Training Required

1. List all of the Certifications, Safe Job Procedures, Safe Work Practices, PPE, Equipment and OHS Act and Regulations that the employee still requires in order to do his job duties in a safe manner, as determined through the "Safety Orientation" process.

<b>Training Required to be Scheduled</b>	<b>Scheduled Training Date</b>	<b>Training Performed by:</b> (Organization or Person)	<b>Certificate Expiry Date or Trainer's Name and Initials:</b>	<b>Employee Initials</b>