Appendix I-C-10

Confirmation of Training Completion Form

Community Name: _____

Complete this form as follows:

1. Employees to sign that have received a copy of the Signs and Symptoms of Musculoskeletal Injury (MSI) Handout
2. Employees at risk to sign that they have received training on control measures implemented as a result of the assessment (PowerPoint presentation)

Employee Name (Please Print)	Employee Signature	Date MSI Handout Provided (1)	Date Training Provided (2)

Records must be signed and filed in the designated WSH filing system and kept indefinitely to ensure accountability.