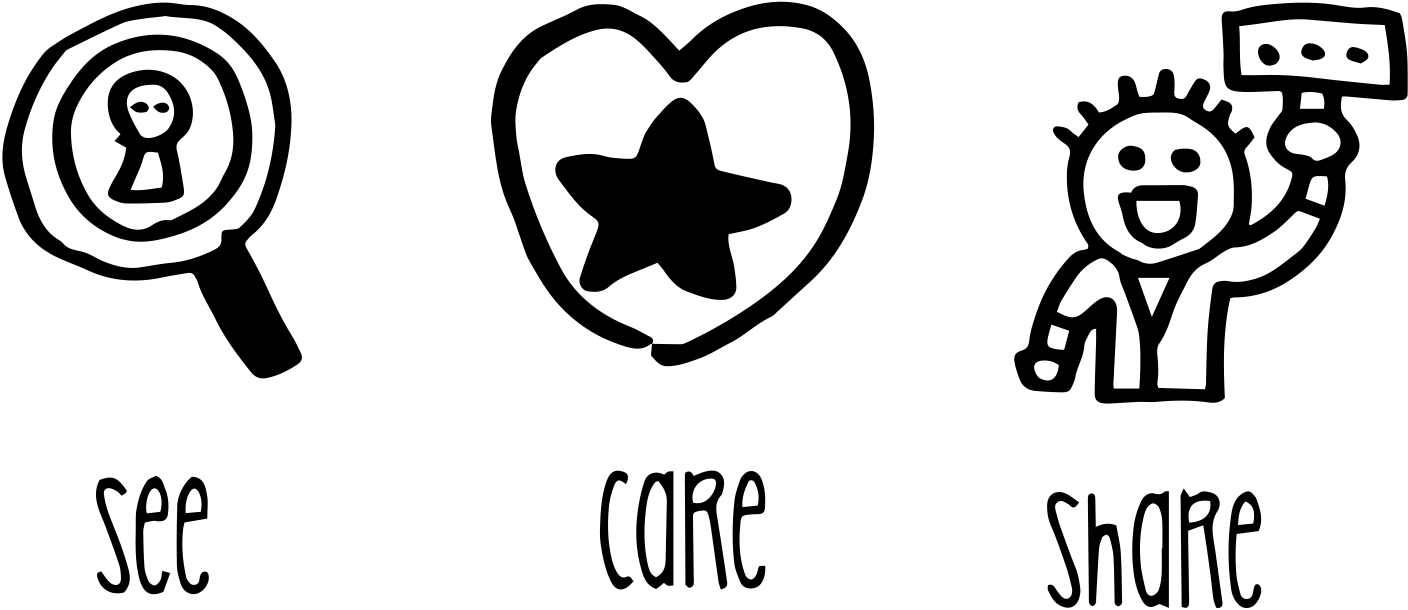
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**SAFETY CONVERSATION**

**GROUP TRAINING RECORD**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Name:** |  | | **Trainers Name:** |  | | **Safety Conversation:** | |  |
| **Unit Number:** |  | | **Trainers Signature:** |  | | **Date of Conversation:** | |  |
| **By signing below, I confirm that I have received the safety conversation on the topic listed above and that I will follow this information as applicable to my job role.** | | | | | | | | |
| **Trainee Name** | | **Trainee Signature** | | | **Trainee Name** | | **Trainee Signature** | |
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