## **Staff Training Record**

Name: Telephone Number: Address:	Under 18? ☐ umber:		Name: Telephone Number: Address:		
Subject	Date	Initials	Subject	Date	Initials
Procedures/Policy			Procedures/Policy		
Health and Safety			Health and Safety		
Policy/Statement			Policy/Statement		
Accident reporting			Accident reporting		
First Aid at work			First Aid at work		
Fire			Fire		
Electricity/Gas Safety			Electricity/Gas Safety		
Protection			Protection		
Asbestos			Asbestos		
Chemical Safety			Chemical Safety		
Dermatitis			Dermatitis		
Work related asthma			Work related asthma		
Legionella			Legionella		
Radon			Radon		
Good Practices			<b>Good Practices</b>		
Slips and trips			Slips and trips		
Working at height			Working at height		
Manual handling			Manual handling		
Violence and aggression			Violence and aggression		
Staff working alone			Staff working alone		
Workplace transport			Workplace transport		
Machinery safety			Machinery safety		
Other Training			Other Training		