



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

Division of Public Health Safety

Training Session Participation

By signing below, I _____ (print name) hereby acknowledge that I have reviewed the training information listed, and further confirm that I understand the information provided to me.

Training	Date Completed
Fire and Life Safety Training	
Workplace Precautions against Bloodborne Pathogens	

Employee Signature

Date