

## Appendix B Hearing Conservation Plan Training Log

School District: ST CLOUD SCHOOL DISTRICT ISD # 742

Training Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

Purpose:           Initial    Annual Refresher    Other

I, the undersigned St Cloud School District employee, have received training and understand my responsibilities under the District's Hearing Conservation Plan.

| Attendance Log                 |                           |                  |
|--------------------------------|---------------------------|------------------|
| <b>Employee Name (Printed)</b> | <b>Employee Signature</b> | <b>Job Title</b> |
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Trainer (Printed) \_\_\_\_\_

Trainer (Signature) \_\_\_\_\_