

Appendix B

Hoist, Jack and Sling Safety Plan
Training Log

School District: St Cloud School District ISD # 742

Training Date: _____

Training Location: _____

Purpose: _____ (initial) _____ (annual)

I, the undersigned St Cloud School District employee, have received training and understand my responsibilities under the District's Hoist, Jack and Sling Safety Plan.

Attendance Log		
Employee Name (Printed)	Employee Signature	Job Title

Trainer (Printed)

Trainer (Signature)