## EMPLOYEE SAFETY TRAINING RECORD NORTH SAF-T-GRAB<sup>TM</sup> LADDER SLEEVE

| Team: Source   | (7                                  |                                       |
|--|-------------------------------------|---------------------------------------|
| Team: Source 67 Team Leader: John Huston                             |                                     |                                       |
| This completed form should be reto<br>this required safety training. | nined in the individual's personnel | file & the 4D database as evidence of |
| On   |                                     |                                       |
| Print Name   | Signature                           | Employee #                            |
| Jacob Voorhies   |                                     | 55.1                                  |
| Andrew Chargene  | AL                                  | 534                                   |
| Co65 Wa  | 6                                   | 472                                   |
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|  |                                     |                                       |
| I certify that the above trainin                                     | /                                   |                                       |
| Frainer Signature  |                                     | 2-11-07                               |
| Trainer Signature Date   |                                     |                                       |

For questions on any item, please contact your Team Leader or call Corporate Safety @ 847-654-4526