Appendix B

Compressed Gas Cylinder Plan
Training Log

School District: St Cloud School District ISD # 742

Training Date: _____

Training Location: _____

Purpose: Initial _____ Annual Refresher _____ Other

I, the undersigned School District employee, have received training and understand my responsibilities under the District's Compressed Gas Cylinder Plan.

Attendance Log

Employee Name *(Printed)*	**Employee Signature**	**Job Title**

_____
Trainer *(Printed)*

_____
Trainer *(Signature)*