

## Appendix B

### Emergency Action Plan Training Log & Agenda

School District: \_\_\_\_\_

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

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

Purpose: Initial \_\_\_\_\_ Annual Refresher \_\_\_\_\_ Specific \_\_\_\_\_

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I, the undersigned School District employee, have received training and understand my responsibilities under the District's Emergency Action Plan.

#### Attendance Log

Employee Name (Printed)	Employee Signature	Job Title

Trainer (Printed)

Trainer (Signature)

**Note: Please attach agendas of training**