

Appendix B  
Playground Safety Plan  
Training Log

School District: St Cloud School District # 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 Playground Safety Plan.

Attendance Log		
Employee Name (Printed)	Employee Signature	Job Title

\_\_\_\_\_  
Trainer (Printed)

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