

Appendix B

Personal Protective Equipment (PPE) Training Log

School District: St Cloud School District

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 PPE Plan.

Attendance Log		
Employee Name (Printed)	Employee Signature	Job Title

Trainer (Printed)

Trainer (Signature)