CALIFORNIA STATE UNIVERSITY, LONG BEACH
TRAINING ATTENDANCE ROSTER
**** Return to the EHS Office when completed****

Date - Time:	**Location:**	**Department - Division:**
Trainer:	**Signature:**	
Supervisor:	**Signature:**	
Subject(s):		
Work Instruction/Policy # (s):		
Training Objective (s) – (Attach copies of training materials if applicable)		

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CALIFORNIA STATE UNIVERSITY, LONG BEACH
TRAINING ATTENDANCE ROSTER
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