

City of Dallas
EMS/QMS/OHSAS Management Systems
TRAINING/MEETING SIGN-IN SHEET



Document Number: COD-FRM-012		Reviewed by OHSAS - <u>RMD (signature on file)</u>		Revision Number: 4	
Effective Date: 05/20/10		Approved By: Kris Sweckard		Type of Training/Meeting: <input checked="" type="checkbox"/> EMS <input type="checkbox"/> QMS <input type="checkbox"/> OHSAS <input type="checkbox"/> OTHER	
Meeting/Course Name:		Meeting/Course Number:		Meeting/Course Duration: Date:	
Trainer:		Trainer's Employee Number:		Start Time: Location:	

	Employee Name	Employee #	Department	Signature
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	Employee Name	Employee #	Department	Signature
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