

TRAINING ACHIEVEMENT REPORT

MODULE NAME: **Slip, Trips and Falls**
 MODULE # PSO EHS

CERTIFIER INFORMATION: NAME Gregory Newsome User ID # 4177 PHONE **330-801-8978** PLANT/DEPT Project Safe Ohio

WAS TRAINING DONE AT A FACILITY OUTSIDE OF THE COMPANY? YES NO TOTAL TRAINING HOURS: 0.5

Trainees' Name - (First Middle Initial Last) Print or type	Signature	Dept. & Clock Number	Length of Class (Whole Hours)	Date of Class (mm/dd/yyyy)	Date Class Ended--If more than one day (mm/dd/yyyy)	Knowledge Check Score	Date Performance Check was successfully completed (or N/A)
1.			0.5		Same Day	N/A	N/A
2.			0.5		Same Day	N/A	N/A
3.			0.5		Same Day	N/A	N/A
4.			0.5		Same Day	N/A	N/A
5.			0.5		Same Day	N/A	N/A
6.			0.5		Same Day	N/A	N/A
7.			0.5		Same Day	N/A	N/A
8.			0.5		Same Day	N/A	N/A
9.			0.5		Same Day	N/A	N/A
10.			0.5		Same Day	N/A	N/A
11.			0.5		Same Day	N/A	N/A
12.			0.5		Same Day	N/A	N/A

Please use a separate TAR sheet for each different class DATE.

RECORD ENTERED BY (USER ID): _____

Distribution: Gregg Newsome

Revised: 11/04/23 GN

DATE ENTERED: ____/____/____