

CERTIFICATE OF TRAINING
for
USM Fall Protection Policy
in compliance with OSHA 1926.503(b)(1)

Employee Name _____

USM Department _____

Employee Trade/Job Title _____

Date of Training _____

Training Facilitator _____

SIGNATURE VERIFICATIONS

Employee Trained _____

Training Facilitators _____

Employer _____

NOTE: Copies of all certificates are kept on file in the USM Office of Campus Environmental Safety and Health. Copy to personnel file and DFM employee file.