



**TAILGATES TRAINING RECORD**  
**To Be Kept in the Program Safety Binder for 2 Years (current and previous)**

*/not valid without employee's signature/*

Name (print):	
Dept/Site:	

Date:	Hours:	Signature:	Tailgate:	Month
			General Workplace Safety	Jan
			Chemical Hazard Communication	Feb
			Bloodborne Pathogens (Annual Refresher)	Mar
			Panic Button Procedures	Apr
			Trips, Slips and Falls	May
			Workplace Violence and Active Shooter	June
			Earthquake & Ash	July
			Fire Safety	Aug
			Reporting Injuries	Sep
			Food Safety	Oct
			Stress Management	Nov
			Disease Prevention	Dec

I have been trained on the tailgate as signed above, received a copy of materials, and had an opportunity to ask questions. I understand and will abide by Janus Youth expectations. I understand that I can request copies of agency policies from my manager or human resources office.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Trainer's Name: \_\_\_\_\_

Supervisor/Trainer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*When current year is completed, send a copy to HR for file - HR Confidential Fax: 503.542.4623*