**Participant Sign-In Sheet**

**For facilitator use only:**

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| **Course name:** | **Date of training:** |
| **Facilitators:** | **Hours of training:** |
| **Site:** | **Grant: DOE EPA OSHA TOP WMD** |
| **Site address (including city, state, zip code):** | **District/Local Union/Organization:** |

By signing this sheet, the **facilitators** confirm the participants listed on this sign-in sheet demonstrate full proficiency of the learning objectives facilitated in this course and were in full attendance.

**Facilitator signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facilitator signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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