_____ Date of Training _____ Employee Signature _____ Trainer Signature EPA approval number for training materials:	**Worker Protection Standard Training** The trainer listed below hereby affirms that the trainee has completed the specified training as required by the Federal Worker Protection Standard. Trainer Name: Employee Name: Worker training / Handler training (circle one)

_____ Date of Training _____ Employee Signature _____ Trainer Signature EPA approval number for training materials:	**Worker Protection Standard Training** The trainer listed below hereby affirms that the trainee has completed the specified training as required by the Federal Worker Protection Standard. Trainer Name: Employee Name: Worker training / Handler training (circle one)

_____ Date of Training _____ Employee Signature _____ Trainer Signature EPA approval number for training materials:	**Worker Protection Standard Training** The trainer listed below hereby affirms that the trainee has completed the specified training as required by the Federal Worker Protection Standard. Trainer Name: Employee Name: Worker training / Handler training (circle one)

_____ Date of Training _____ Employee Signature _____ Trainer Signature EPA approval number for training materials:	**Worker Protection Standard Training** The trainer listed below hereby affirms that the trainee has completed the specified training as required by the Federal Worker Protection Standard. Trainer Name: Employee Name: Worker training / Handler training (circle one)