

## Training Safety Plan

| <b>STAFF IN TRAINING SESSION</b><br>HAVE STAFF CHECK YES AND INITIAL THEY HAVE REVIEWED AND UNDERSTAND THE TRAINING SAFETY PLAN: |                   | <b>I UNDERSTAND THIS TRAINING SAFETY PLAN</b>                    |                |
|--|-------------------|--|----------------|
| Workplace Ergonomics-  |                   | YES / NO   | STAFF INITIALS |
| 1  | AZHAR SHAIKH      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | ASh            |
| 2  | PawanKumar sharma | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | PWS            |
| 3  | Mahendra Jadhav   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | MJ             |
| 4  | Ganesh P. Borhade | <input type="checkbox"/> Y <input type="checkbox"/> N            | GB             |
| 5  | Shubham R. Dubey  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | SD             |
| 6  | Asiya Khan        | <input type="checkbox"/> Y <input type="checkbox"/> N            | AK             |
| 7  | Remi Nikam        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | RN             |
| 8  | Manisha Chandatre | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | MC             |
| 9  | Bhakti Jamsutkar  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | BJ             |
| 10   | Raghuendra .      | <input type="checkbox"/> Y <input type="checkbox"/> N            | R              |
| 11   | Muz Handare       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | MH             |
| 12   | Rohan Khan        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | RK             |
| 13   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 14   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 15   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 16   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 17   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 18   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 19   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 20   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |
| 21   |                   | <input type="checkbox"/> Y <input type="checkbox"/> N            |                |

