

Training Safety Plan

STAFF IN TRAINING SESSION <small>HAVE STAFF CHECK YES AND INITIAL THEY HAVE REVIEWED AND UNDERSTAND THE TRAINING SAFETY PLAN:</small>		I UNDERSTAND THIS TRAINING SAFETY PLAN	
PPEs and its importance.		YES / NO	STAFF INITIALS
1	Ganesh P. Borhade	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Gorhade
2	.Shubham. R. Dubey	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	S
3	Manisha Chandrati	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Manisha
4	AZHAR SHAIKH	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ashaiikh
5	Mahendra Jadhav	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	M. Jadhav
6	Pawan Kumar Sharma	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	P. Sharma
7	Roni, Nikam	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	R. N.
8	Bhakti Jamsutkar	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	B. J.
9	Asiya Khan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Khan
10	FRANK Jeshmukh	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	F. J.
11	Rohan Khan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	R. K.
12		<input type="checkbox"/> Y <input type="checkbox"/> N	
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	

