

## Specialized Safety Training Record

**Instructions:** The supervisor or designee will retain this completed form in the employee's personnel file as confirmation of safety training conducted – please do not send a copy to the Safety and Environmental Management Office. Specifically, the supervisor must ensure that this record indicates who was trained, who did the training, when the training occurred, and the topic of training.

Note that the University of Maine System (UMS) Safety and Environmental Management (SEM) does not rely solely on this documentation in assessing compliance with safety and environmental standards. Safety personnel and agency compliance officers apply professional judgment and utilize employee and employer interviews, and observation of work practices to determine whether employers have met the intent of the standard that workers have the necessary knowledge and skills to perform their assigned duties without danger to themselves or others.

UMS/SEM ultimate concern is that workers are competent to perform their assigned duties. This is achieved through Annual Basic Safety Training, Department Annual Safety Training, and job specific training (Specialized Safety Training) programs that are required in various regulatory standards and policies. Supervisors should assess the training needs of workers on an ongoing basis and adjust both training schedules and training topics accordingly.

| Employee's Name ( <i>print</i> ): | Supervisor's Name ( <i>print</i> ): |
|-----------------------------------|-------------------------------------|
| Department:                       |                                     |
| Phone:                            | Date of Training:                   |
| Training Topic / Course           | Notes                               |
|                                   |                                     |
|                                   |                                     |
|                                   |                                     |
|                                   |                                     |
| Employee Signature:               |                                     |
| Trainer Signature:                |                                     |