Ohio Department of Rehabilitation and Correction

Inmate Training

Institution:	Location of Training:
Inmate Name (Print):	Inmate Number:
Printed Work Area Supervisor's Name(s):	Total Time for Training Session:

Type of Training Received:

☐ Job Specific Job Location: _____

Job Name: _____

☐ Equipment Operation Type of Equipment:

☐ Personal Protective Equipment Type of PPE:

☐ * Chemical Use Type(s) of Chemical:

* I understand that if chemicals/materials are used in the shop/area, I will use all protective equipment supplied; to include but not limited to, gloves, respirators, safety glasses, etc.

Inmate Signature:	Supervisor Signature:

☐ Safety Data Sheets

☐ Other: _____

☐ Other: _____

☐ Other: _____

Materials Provided: _____

Instructor Notes:

My signature indicates that I have completed the training checked above. I have an understanding of the information and materials, to include SDS that were presented and reviewed during this training. I have also been given the opportunity to ask questions for the sake of clarification regarding this information. If I have any additional questions related to this training, I will address the questions with the appropriate staff.

Inmate:	Date:

Work Area Supervisor's Signature:	Date: