# SAFETYWALLET

EMPLOYEE INDUSTRY CERTIFICATION SAFETY WALLET

(424) - 342 - SAFE
(424) - 342 - 7233
safetywallet.org

## TRAINING CLASS ROSTER

**Course Title** Heat Stress **Date:** _____

CLASS DESCRIPTION: _____

_____

INSTRUCTOR NAME (PRINT): _____

LOCATION: _____ ORGANIZATION: _____

| FIRST NAME<br>Please print clearly | LAST NAME<br>Please print clearly | CELL NUMBER | Last four of SSN |
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