# TOOLBOX TALK ACKNOWLEDGEMENT FORM

Jobsite Name: _____ Date: _____

Jobsite Address: _____

General Contractor: _____

Sub-Contractor: _____

Trainer (Print Name): _____ Signature: _____

My signature below certifies that I attended this Toolbox Talk. I understand the material presented, have no questions. I fully understand and am aware that if I have any questions regarding this training or my personal safety, I may ask my supervisor and/or employer for additional information and explanation.

*Con mi firma certifico que he atendido a este entrenamiento de Toolbox Talk. Entiendo el material presentado y no tengo preguntas. Entiendo completamente y estoy conciente de que si tengo algunas preguntas en cuanto a este entrenamiento ó mi seguridad personal, le puedo preguntar a mi supervisor y/ó empleador información ó explicación adicional.*

| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
|---|---|---|---|---|---|
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |
| Employee (Print Name) | Signature | Date | Empleado (Nombre Impreso) | Firma | Fecha |

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