

TRAINING DOCUMENTATION RECORD

Name:	Program:
Program Advisor:	ID number:

REQUIRED SESSIONS	DATE	DATE
Clinical WHMIS		Ergonomics
Infection Prevention and Control Core Competencies (PHO)		Slips , Trip and Falls
Code Awareness		Workplace Violence
FHS Fire Safety		Health and Safety Orientation (MOL)
N95 Education		Incident Reporting and Risk Evaluation
N95 Mask Fit Testing		Mask Size

PLACEMENT TRAINING RECORD

	TRAINING REQUIREMENTS	DATE	TRAINING REQUIREMENTS	DATE
Location	Local Orientation		Local Emergency Codes	
Dates	Local Fire Safety		Infection Control	
Supervisor/Preceptor	Local WHMIS		Scrub (OR) Training	
Supervisor/Preceptor contact	Personal Protective Equipment		Other:_____	

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