

SPCC

By The Numbers

Acknowledgment of Training

(This top section should be filled in by the trainer)

Signature(s) below are acknowledgment that on date) _____

these individuals participated in a training session at the:

Location Name: _____

Address: _____

Given by: (trainer's name) _____

(title) _____

This training session presented information on spill prevention control and countermeasure.
During this session, the individuals listed below viewed the training video:

SPCC: By The Numbers

The participants' signatures below affirm they were given adequate time to ask questions
about their particular job activities and how they could best conduct these activities.

Please read the above paragraph before signing below.

PRINT NAME HERE

SIGNATURE HERE

_____	_____
_____	_____
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