

Meeting Title:

Date:

Facilitator:

Location/
Dept:

Time/Shift:

#	EMPLOYEE NAME (PRINT)	COMPANY / DEPARTMENT	WET SIGNATURE / INITIALS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Compliance Verification Statement: By providing a wet signature above, participants acknowledge their physical presence, active engagement, and receipt of all technical materials, safety parameters, or structural policies outlined during this operational session. This sheet serves as permanent proof of training/attendance for regulatory auditing workflows.