

PURDUE UNIVERSITY
Lockout/Tagout Program
Training Certification

Department: _____

Training Date(s): _____

The following individuals have been trained in the provision of the Purdue University Control of Hazardous Energy Program (Lockout/Tagout).

Name (printed)	Signature	<i>(Check All That Apply)</i>		
		Authorized	Affected	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
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Attach outline of training topics and materials used (videos and etc.).

Trainer: _____ Supervisor: _____

Distribution: Original to Department
 Copy to EHS, HAMP B173