

Course Name:

Date:

Location:

Instructor:

**RECORD of TRAINING**  
**PLEASE PRINT CLEARLY**

Attendee (Last, First)	Email Address	USC ID (10-digit)	PI/Supervisor	Signature

Instructions for Trainer: 1 copy -- Retain for your record  
1 copy -- Department HR Training Coordinator  
1 copy -- [injuryprevention@usc.edu](mailto:injuryprevention@usc.edu)