CSPP EMERGENCY PREPARDENESS TRAINING SIGN-IN SHEET

Legal Company Name _____ **DBA** _____

LAX Authorized Signer Name _____ **Phone Number / Email** _____

LAWA Approved Trainer Name _____ **Phone Number / Email** _____

Training Date	Training Type	Training Hours	Employee Name (Print full name)	Employee Signature	Date Hired	Trainer Signature