Process Safety Management Training Record	Facility:
Date of training:	Location:
Type of training and the method used to verify successful completion and understanding of the training (write course name, attach course description, and describe method of delivery):	
Location of training:	Instructor:
	Initial Training:
	Refresher:

Employees Trained

Employee name	Training understood (Yes/No)	Employee name	Training understood (Yes/No)

	Written Test	**Prepared By**	
	On-the-Job	**Title:**	
	Demonstration	**Date:**	
	Other (explain)		