

Subaru of Indiana Automotive Safety Orientation Certification

Name Of Company: _____

Training Date: ____ / ____ / ____

	Name(s) Of Attendee(s) (Print legibly.)	Driver's License #	Safety Badge #	Vided	ISO
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The following information was covered in this safety orientation session.

- | | |
|---|---|
| <input type="checkbox"/> SIA's Safety Rules | <input type="checkbox"/> SIA's Lockout/Tagout Program |
| <input type="checkbox"/> SIA's Emergency Procedures | <input type="checkbox"/> SIA's Welding/Cutting/Burning Permit |
| <input type="checkbox"/> SIA's Evacuation/Shelter Locations | <input type="checkbox"/> SIA'S Confined Space Program |
| <input type="checkbox"/> SIA's Hazard Communication Program | <input type="checkbox"/> SIA's Hearing Conservation Program |

Certification

I understand the information provided to me and my responsibility to follow SIA's Safety Rules & Policies.
I also understand that failure to follow these rules, or policies will result in my removal from SIA premises, and may jeopardize future work at SIA.

Attendee(s) Signature(s)

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Witness Signature

Badge #

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Security Initials & Badge #
