IBX Lumber, LLC Position Training Sign Off Sheet

Use this form to verify that the employee has completed the necessary training for the machine he will operate.

Position	Date Validated	Comments
Bull Edger		
Chipper		
Gang Saw		
Head Saw		
Junior Saw		
Multi-Cut Off Saw		
Notcher		
Recovery Saw		
Scragg Saw		
Stacker		
Trim Saw		

Comments

Employee's Signature	Date:	Print Name:
Trainer's Signature:	Date:	Print Name:
Trainer's Signature:	Date:	Print Name: