Yellow text on a black background

Description automatically generated with medium confidenceEmployee Retraining

Documentation

Employee’s Name:

Your safety and the safety of others are extremely important to us. For this reason, we have scheduled retraining with you as a result of a:

Personal Injury  Equipment Accident  Traffic Violation

Vehicle Accident  Observation Concern  Complaint

that occurred on . It is our hopes that this retraining will help you to work safer and prevent a future incident that could result in a more serious and costly situation.

Retraining selected is as follows: (check and explain all that apply)

Professional Truck Driver Course

Video:

Hands-On:

Classroom:

Other:

Training was completed on:

Date:

Trainer:

Trainer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The retraining explained above has been completed.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_