Employee 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_