



Registration Form: Occupational Risks and Hazards Training

Factory _____ Department _____

No.	Name and Surname	ID No.	Training Topics	Training Institution	No. of Academic Hours	Training Location	Date	Employee Signature	Notes
.1									
.2									
.3									
.4									
.5									
.6									
.7									
.8									
.9									

Details of the Training Topics: _____

<ul style="list-style-type: none">I hereby declare that the abovementioned employees have undergone annual safety training on their occupational hazards.I hereby undertake to employ, within the HPC grounds, only employees that have undergone annual safety training on their occupational hazards.	<p>Name and surname: _____</p> <p>Company Name: _____</p> <p>Date: _____</p> <p>Signature and stamp: _____</p>
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אנשים אוהבים לעשות עסקים עם אנשים שאוהבים את העסק שלהם