

Lead Course Attendance Form

Agency Name	Agency No.	Day of Course	Course ID No.	Date
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Type of Course <input type="checkbox"/> Initial <input type="checkbox"/> Refresher	Discipline <input type="checkbox"/> Worker-HPB <input type="checkbox"/> Supervisor-HPB	<input type="checkbox"/> Worker-CBS <input type="checkbox"/> Supervisor-CBS	<input type="checkbox"/> Inspector/Risk Assessor <input type="checkbox"/> Planner/Project Designer
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	Morning Sign-in			After Lunch Sign-In		End of Day Sign out	
	Print Name	Signature	Time	Signature	Time	Signature	Time
1							
2							
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25							

Instructor Name (print): _____ Signature: _____

Instructor Name (print): _____ Signature: _____

Instructor Name (print): _____ Signature: _____

*Instructor must note absence of students in the sign-in area for each student not attending today's session