



## CERTIFICATE SAFETY TRAINING SIGN IN SHEET

I hereby certify that I have watched and understood the training video titled \_\_\_\_\_ with the purpose of preventing accidents at work and reinforcing the Safety in my area of employment. I also understand that it is my duty to report any direct or indirect incidents to carry out investigation.

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Trainer: \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

### SCMG CORP DBA Canales Furniture

2002 E Abram St Arlington, TX 76010

Phone: (817) 303-7735 Fax: (817) 459-3580

Email: [arlington@canalesfurniture.com](mailto:arlington@canalesfurniture.com)