



VILLELAS CORP

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



836 WEST 7TH AVENUE CORSICANA, TX 75110