WPS VERIFICATION RECORD

The undersigned agrees that he/she has attended WPS Training which was presented in a language that they understand, and that their questions were answered.

Employee Name (Print)	Employee Signature	Training Date		Training Materials (EPA-Reference Number)		Trainer Name	Certified Trainer Documentation
		Worker	Handler	Electronic Media	Oral or Printed	(Print)	(State of Issuance and License Number)