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| **Castle Chemicals** |
| **Attendance Sheet for Chemical Awareness Training**  |
| **Company Name:** |  | **Location:** |   |
| **Company Contact for Training/Certificates:** |  | **Email Address for Certificates:** |   |
| **Trainers Signature:** |  | **Trainers Name:**  |   |
| **PLEASE TYPE NAME OF ALL ATTENDEES CERTIFICATES WILL BE ISSUED FROM THE LIST OF SIGNED ATTENDEES** |
| **ATTENDEES NAME** | **ATTENDEES SIGNATURE** | **TRAINING DATE** | **PASSYes / No** |
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