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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** | **PASS Yes / No** |
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