

**City of Dallas
EMS/QMS/OHSAS Management Systems
TRAINING/MEETING SIGN-IN SHEET**



City of Dallas

Document Number: COD-FRM-012	Reviewed by: ISO/OHSAS HQ	Revision Number: 7	
Effective Date: 01/29/19		Type of Training/Meeting: <input type="checkbox"/> EMS <input type="checkbox"/> QMS <input type="checkbox"/> OHSAS <input type="checkbox"/> OTHER	
Meeting Purpose/Course Name:	Meeting/Course #:	Meeting/Course Duration:	Date:
Facilitator:	Facilitator's Employee #:	Start Time:	Location:

	Name (Please print)	Employee #	City Department/ External Organization	External clients provide email address City Employees provide signature:
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	Name (Please print)	Employee #	Dept./Organization	Email Address/Signature:
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