

Confined Space Program Training Certification

After reading the Purdue University Confined Space Safety Program, please complete and return a copy of this form to your supervisor or Designated Trained Individual (DTI). By signing below you acknowledge that you are aware of the Purdue Confined Space Safety Program. Your supervisor or DTI will provide additional information and training as appropriate.

_____ Employee name (please print)	_____ Training date
_____ Employee signature	_____ Department
_____ Supervisor's Name	_____ Training given by

Supervisors/DTIs:

Please keep a copy of this certification page and distribute completed forms to:
Radiological & Environmental Management (SB, room SB G48)