

WORKFORCE SERVICES

sdjobs.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

SAFETY CHECKLIST-REVIEW VERIFICATION

NAMES

Training Site: _____

Host Agency Supervisor: _____

Participant: _____

Employment Specialist: _____

By signing below you are indicating Training Site Safety Checklist ([Form 85B](#)) from the orientation was reviewed. Indicate in the space below if any "Action Required" is needed with a deadline agreed upon the Employment Specialist and Host Agency Supervisor.

Participant: _____

Date: _____

Host Agency Supervisor: _____

Date: _____

Employment Specialist: _____

Date: _____