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| **COURSE/ACTIVITY:** | | |
| **LOCATION:** | **DATE:** | **TIME:** |
| **LEAD INSTRUCTOR:** | **SIGNATURE:** | |

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| **GENERAL TOPICS**  **□** Stop signal  **□** Calling for help  **□** Muster area  □ First aid equipment | □ Activity plan  □ Employees  □ Duties  □ Bystanders  □ House rules | □ Hazards and risks  □ Mitigation measures  □ Weather conditions  □ PPE  □ Equipment to be used | □ Is everyone feeling well?  □ Any Questions?  □ Does anyone have anything to add? |
| **OTHER TOPICS** | | | |
| **REMARKS BEFORE/AFTER THE COURSE** | | | |

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| **LEARNERS** | | | |
| NAME AND SURNAME | SIGNATURE | NAME AND SURNAME | SIGNATURE |
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| **EMPLOYEES** | | | |
| NAME AND SURNAME | SIGNATURE | NAME AND SURNAME | SIGNATURE |
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