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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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