



Workplace Violence Training Record*

Name: _____

Department & Division: _____

Job Title: _____

College Employee ID: _____

Supervisor Name: _____

Completion Date: _____

I was informed about:

- Workplace Killer Profile—Be Informed
- Do People Just “Snap”?
- Unwillingness to Ask for Help
- Impact on the Workplace
- Warning Signs from Potentially Violent People
- Your Personal Conduct May Prevent Things from Blowing Up
- Things to Avoid
- Reporting! Threat of Imminent Danger
- Possible Violence If Certain Conditions Exist
- Strong Threat
- What Should You Report?

This is to certify that the employee named above has completed the above training.

Employee's Signature

Date

Supervisor's Signature

Date

*One (1) Copy to **Administrative Services, AD 050** or Mail Stop **ADM**

*One (1) Copy to **Supervisor**

*One (1) Copy for **Employee File**

Keep this record for at least three years. Store with other training records. This record must be made available upon request by County, State, and Federal Inspectors.