

# Safety Protocol Training

Agency Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Field Instructor Name: \_\_\_\_\_

I certify that I have provided the above named student with an orientation regarding our agency standards for safety in the field.

\_\_\_\_\_  
Field Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date