



TRAINING
Test Answer Sheet
Virtual Classroom Test or Home Test

Course Title _____ Training Date(s) _____

Trainee Name _____ Trainee Email _____

Employer _____ Supervisor Name _____

Supervisor Email _____ Supervisor Phone _____

Job Site _____

If attending Recipient Rights Training: Code#1 _____ Code#2 _____ Code #3 _____

- a b c d e**
- 1.
 - 2.
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- a b c d e**
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