



BEACON
Beekeeping & Apiculture

Training Summary Form

I. **Employee:** Bridget Olson **Topic:** Summer Ombudsman **Credit Hours:** 1.0 hours

II. **Description of Training Content:** Review of Summer Ombudsman Information including Insect Stings, Summer Alert, Water Safety, and Heatstroke.

III. **Training Procedures:**

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Demonstrated Competency</u>
<input checked="" type="checkbox"/> Self Study	Written: _____	Knowledge Testing (Quiz) _____
_____ Individualized Training	Oral Presentation and Dialogue _____	Observed Skill Assessment _____
_____ Team Meeting	Guided Observation _____	Other: Star training _____
_____ Inservice	Guided Practice _____	
_____ Other: _____	Other: _____	

IV. **Dates(s):** 09-08-2020 **Trainer/Position:** DM
Time(s): (M/D/Y) 9am-10am **Trainer Signature:** 
(AM or PM)

I understand the information received and my responsibilities for implementation with this company and persons served.

Employee Signature: 

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.