Supervision staff's signature for confirmation

Form 13 (Full Name of Training Unit) Trainee Roll Call Records

○○○○○○○○○○(Category) ○○○ Session of Safety and Health Education and Training Class

Month Date, Year to Month Date, Year

Full attendance:

Absence exceeding 1/5 of course hours:

Absence without leave application:

Leave for more than 3 hours:

No. / Student Name / Number of Hours of Absence / Course Name / Class Date																					
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List of trainees with absence exceeding 1/5 of course hours
List of trainees requiring make-up classes and hours