Supervisor

I acknowledge receipt of the Louisiana Department of Transportation and Development’s Accident Investigation training, Supervisor Responsibilities training, and Job Safety Analysis training. I also understand that it is my responsibility to know, understand and follow these training guidelines when needed in my everyday job duties.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_