



Alberta Municipal Health & Safety Association Record of WHMIS 2015 Training

Trainer's Name: _____ Exam Date: _____
 Email Address: _____ Phone: _____
 Mailing Address: _____

	Full Name (please print clearly)	Email Address	Employer	Mark (%)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

The above have attended the AMHSA WHMIS program and have completed the examination with a mark of 80% or better. Only those who have successfully completed the course will receive "WHMIS Trained" certification from AMHSA. **This information is confidential and is strictly for AMHSA records only.**

Signature: _____ Date: _____ Page _____ of _____

**UPON SUBMISSION - EVALUATION FORMS MUST ACCOMPANY ALL ROSTERS.
 NOT RETURNING AT THE SAME TIME MAY DELAY PROCESSING.**

Email to: safety@amhsa.net

