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## TRAINING ACKNOWLEDGEMENT for the Competent Person

Training Module/Class: IIS/OSHA Scaffolding Safety

Date of Attendance:

*I confirm that I attended the training class listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by all OSHA protocols as well as Industrial Insulation Supply, LTD policies and procedures, in accordance with this training and applicable laws.*

*If I have questions about the training, materials presented or Industrial Insulation Supply, LTD policies and procedures and/or OSHA protocols, I understand it is my responsibility to seek clarification from my immediate supervisor.*

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Do not include with employee forms. This page serves as Office only instructions for this form.**

**HR Office Staff or Training Coordinator Instructions:** Place a copy of this signature page in the employee's personnel file. To audit compliance with any required training period, track the training using local reporting systems. Make sure that the employee, supervisor, or manager is scheduled and attends refresher training within the follow-up period.