## Harley-Davidson Contractor (Supplier) Employee Training Tracking Form

Place an "X" in each column under "Required Training" after each employee completes the training identified below.

Contractor Company Name:			Required training*				
Employee Name	Signature	Date of Training (MM/DD/YR)	A	В	C	D	E

<sup>\*</sup>Required training expectations (Mark with an "X" when completed; Use NA where not applicable):

- A Contractor Safety Video
- B Contractor Safety Presentation
- C Contractor Safety Rules and Practices Work Instruction
- D Site-Specific Waste Disposal & Environmental Review Work Instructions
- E COVID-19 Visitor Expectations