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**	**B**	**C**	**D**	**E**

Uncontrolled Document

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