

**City of Columbus**  
**Department of Public Utilities**  
**Division of Power**  
**Contractor Training Verification**

<b>Contractor Name:</b>	<b>Date:</b>
<b>Contractor Project Manager:</b>	
<b>Supervisor/Manager confirming training has been completed:</b>	

Print Name Legibly (use middle initial, and Sr. or Jr. as necessary)	Signature
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Print and use additional rosters as needed. Scan and send to Jill E Taptich, Safety Manager @ [jetaptich@columbus.gov](mailto:jetaptich@columbus.gov) before your staff is scheduled to be on site. Random checks may be performed by DPU safety staff to ensure compliance.