

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

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

Print Name Legibly (use middle initial, and Sr. or Jr. as necessary)	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Print and use additional rosters as needed. Scan and send to the Safety Manager at AJColosimo@columbus.gov before your staff is scheduled to be on site. Random checks may be performed by DPU safety staff to ensure compliance.