

**DEPARTMENT OF TRANSPORTATION (DOT)  
SUPERVISOR TRAINING  
LOG SHEET**

**Directions:** At the end of the training session, complete this Log Sheet to verify your attendance. Please make sure the form is accurate and complete. Send this Log Sheet to your Drug Program Coordinator (listed in Appendix A).

**Date of Training:** \_\_\_\_\_

**Training Time:** 120 minutes

**Employee's Name:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_