

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>	

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