Risk Assessment Training Register – Installation of Ceiling Insulation

Name of company (corporation / partnership / individual): _____

Name of company senior representative: _____

Name of trainee	Type of training given	Date training undertaken	Name of trainer

Declaration:
In accordance with the *Electrical Safety (Installation of Ceiling Insulation) Notice 2009*, the above persons - being person/s conducting a business or undertaking, employees or persons engaged by the company - have been trained in carrying out an assessment of the electrical risk from the installation of ceiling insulation.

Signature of company senior representative:_____ Name: _____ Date: _____