Verification of Well Logging Supervisor/Assistant/RSO training

Company: _____

Employee Name	RSO Training Date	49 CFR HAZMAT Training Date	Well Logging Assistant Authorization/Training Date	Well Logging Supervisor Authorization/Training Date
				Authorization/ Training Date
□ RSO				

• Enter the name of each RSO and check the box to indication RSO and enter the name of each well logging assistant and supervisor with the box unchecked to indication non-RSO well logging assistant/supervisor.

• Enter the most recent date of training completion in each column (RSO training date is not required to non-RSO well logging assistants/supervisors). If an individual has not yet completed training for a column, enter the future estimated date of completion.

By signing below, I hereby attest that the above is true and complete to the best of my knowledge.