



Catholic Diocese of Arlington

Ladder Safety Training

Location Name _____

Address _____

CITY

STATE

ZIP

Name _____

Please Print

FIRST

LAST

I, _____, have completed the ladder safety training.
I will implement all training and safety measures taught and abide by all parish guidelines and other administrative responsibilities to request and use ladders.

Signature _____

Date: _____

**** This training expires one year after completion.
Participants may retake the course multiple times. ****

A COPY OF THIS FORM IS TO BE ON FILE IN THE ADMINISTRATIVE OFFICE AT YOUR LOCATION.