**Personnel Training Record**

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| Date: | |
| Trainer: | |
| Signature of trainer: | |
| Training done: | |
| Materials presented: **[Specify training materials, ex: policy/procedures demonstrations, videos, presentations]** | |
| Employee Name: | Employee Signature:\* |
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| \* The employees’ signature indicates they have received and understand the information presented and will comply with the policies or procedures. | |