

Training Attendance Record

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TRAINING TOPIC

INSTRUCTOR / FACILITATOR

DATE / SHIFT

LOCATION / DEPARTMENT

COURSE / RESOURCE USED

EMPLOYEE ATTENDANCE

Employee Name	Employee ID / Dept.	Signature	Date

TRAINING COMPLETION NOTES

- ☐ Knowledge check completed
- ☐ Hands-on / practical completed
- ☐ Site-specific instruction completed

INSTRUCTOR SIGNATURE

SUPERVISOR / VERIFIER