**Personnel Training Record**

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