



Employee Training Record

Employee Name: _____ Number: _____

Department: _____ Date of Training: _____

If Training is CAPA related enter CAPA number: _____

Training on: _____

Component Function: (circle one) *Inspect / Teardown / Reassembly*

Type Training: (circle one) *Indoctrination / Initial / Recurrent / Remedial / Specialized*

Method of Training: (circle one) Classroom / Self Training / OJT

Hours Trained: _____

Trainee: _____ Print Name: _____
(Signature)

Trainer: _____ Print Name: _____
(Signature)

Employee Name: _____ Number: _____

Department: _____ Date of Training: _____

If Training is CAPA related enter CAPA number: _____

Training on: _____

Component Function: (circle one) *Inspect / Teardown / Reassembly*

Type Training: (circle one) *Indoctrination / Initial / Recurrent / Remedial / Specialized*

Method of Training: (circle one) Classroom / Self Training / OJT

Hours Trained: _____

Trainee: _____ Print Name: _____
(Signature)

Trainer: _____ Print Name: _____
(Signature)