

Form#	Company Name and Logo	Revision
XXX	Training Record	X
Employee Name		Hiring Date
Supervisor Name		Job Title
Job description		
Training Requirment	Training date	Evaluation Date completed
1		
2		
3		
4		
5		
6		
7		
8		
9		
Comptency reason (Explain why why the employee consider competent		
Supervisor Signature		Date
Employee Signature		Date