

TRAINING RECORD

Training Record No: _____ **Date:** _____

Employee Name: _____

Designation: _____ **Department:** _____

Assigned Task: _____

Observation _____

Training Effectiveness – Observations / Comments / Status _____

Observed By: _____ **Signature:** _____

Supervisor: _____ **Signature:** _____

Report File No. : _____ **Location:** _____

Handled By: _____ **Signature:** _____
