Employee Training Record *for:* _____

Employee's Name: _____

Job Title(s) _____

Supervisor(s) _____

Evaluations:

	New	Update	Date(s)
Primary Job Training	☐	☐	_____
Additional Training	☐	☐	_____
Annual Renewal(s)	☐	☐	_____

Specific Training Topics:

Emergency Evacuation Plan	☐	☐	_____
Personal Protective Equip.	☐	☐	_____
HazComm/MSDS/Labels	☐	☐	_____
Lock-Out/Tag-Out	☐	☐	_____
PIT (Forklift) Operator	☐	☐	_____
First Aid/CPR Course	☐	☐	_____

Additional Training Topics:

_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____