

Format No.:

EMPLOYEE NAME:

DEPARTMENT.....

DATE OF ORIENTATION TRIANING PROGRAM.....

VALUE: _____ TIME _____

SR.NO	SESSION HEADINGS	REMARKS
1.	ENVIORNMENT HEALTH & SAFETY	
2.	SAFETY EQUIPMENT / PERSONAL PROTECTIVE EQUIPMENT USED	
3.	FIRE EXTINGUISHES USED AND TYPES OF FIRE EXTINGUISHERS	
4.	QUALITY MANAGEMENT SYSTEM BASIC	
5.	5S / 6S & IMPLEMENTATION	
6.	QUALITY MANUAL / QUALITY PROCEDURES BASIC	
7.	DEPARTMENTAL HAZARDOUS / ASPECTS MATERIAL IDENTIFICATIONS & NOTES	
8.	DISCIPLINARY PROCEDURES	
9.	LEGAL RULES / ACTS AND COMPLIANCE	
10.	GREEN ENRGY / TREE SAVING / PAPER SAVING CONCEPTS	
11.	LEAN MANUFACTURING BASIC	
12.	MSA / SPC / PPAP BASIC	
13.	FIRST AIDS USED / INSPECTIONS	

REMARKS BY FACULTY:

SIGNED EMPLOYEE _____

DATE _____

SIGNATURE OF FACULTY: _____

DATE _____

SIGNED MANAGER _____

DATE _____