	IND	IVIDUAL TR	RAINING REC	ORDS	
Format No	0:				
Employ	ree Name:				
Job Titl	e:				
Department:		Shift:			
Date	Task	Training Completed	Effectiveness Checking	Observations	Trainer Signature

I certify that the above named employee is fully trained and capable for performance for trained subjects

Manager – Works

Signature Date: