

INDIVIDUAL EMPLOYEE TRAINING REPORT

EMPLOYEE NAME: _____

JOB TITLE: _____

TITLE OF TRAINING: _____

DATE: _____ TIME: _____ AM/PM

LOCATION OF TRAINING: _____

TRAINING NOTES: _____

I understand the training that was provided to me and agree to observe all safety rules and requirements. I further understand that non-compliance with the company's safety rules will result in disciplinary action.

Employee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____