

# Employee Training Report

Employee name: \_\_\_\_\_

Job title: \_\_\_\_\_

Training title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Training location: \_\_\_\_\_

Training notes:

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

_____	_____
Employee signature	Date
_____	_____
Trainer signature	Date