

**GILES CHEMICAL ~ PREMIER MAGNESIA****Company Form**Title: **On-the-Job Training Roster - Individual** Number: **Q14-FM-100-011b**Owner: **Lee Cagle**Revision: **0**Effective Date: **08/12/2014**Page: **1 of 1**

<b>Trainee's Name:</b>		<b>Trainee's Title:</b>	
<b>Trainer's Name:</b>		<b>Trainer's Title:</b>	
<b>Training Period:</b>	From:	To:	

Description of Training	Type of Training	Observed Employee Performing Task	Demonstrated Proficiency for Task	Trainers Signature	Date Completed
	<input type="checkbox"/> Procedure <input type="checkbox"/> Hands-on <input type="checkbox"/> Show and Tell <input type="checkbox"/> Competency Based	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Procedure <input type="checkbox"/> Hands-on <input type="checkbox"/> Show and Tell <input type="checkbox"/> Competency Based	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Procedure <input type="checkbox"/> Hands-on <input type="checkbox"/> Show and Tell <input type="checkbox"/> Competency Based	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Procedure <input type="checkbox"/> Hands-on <input type="checkbox"/> Show and Tell <input type="checkbox"/> Competency Based	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	<input type="checkbox"/> Procedure <input type="checkbox"/> Hands-on <input type="checkbox"/> Show and Tell <input type="checkbox"/> Competency Based	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three or more times <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No		

❖ Once training has been completed, please turn this form into the Quality Department to be filled with the employee's training records.

**Controlled Document**

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