



# GILES CHEMICAL ~ PREMIER MAGNESIA

## Company Form

Title: **On-the-Job Training Roster - Individual** Number: **Q14-FM-100-011b**

Owner: **Rick Hall** Revision: **01**

Effective Date: **05/08/2017** Page: **1 of 1**



<b>Trainee's Name:</b>		<b>Trainee's Title:</b>	
<b>Trainer's Name:</b>		<b>Trainer's Title:</b>	

Description of Training	Type of Training	Observed Employee Performing Task	Demonstrated Proficiency for Task	Trainers / Trainee 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"/> N/A	Trainer Trainee	
	<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"/> N/A	Trainer Trainee	
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❖ 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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