

# Schulungsnachweis

|                     |  |                                    |                    |                              |   |
|---------------------|--|------------------------------------|--------------------|------------------------------|---|
| Begin Date          | <u>05-Sep-2022</u>                                 | End Date                           | <u>07-Oct-2022</u> | Duration of training (Hours) | <u>2 hours</u>  |
| Reason for Training | <input type="checkbox"/> Learning Plan Requirement | <input type="checkbox"/> Audit     | # _____            | Training Method              | <input type="checkbox"/> Instructor-Led/1-on-1          |
|                     | <input type="checkbox"/> Retraining                | <input type="checkbox"/> CAPA      | # _____            |                              | <input checked="" type="checkbox"/> On the Job Training |
|                     | <input type="checkbox"/> Train-the-Trainer         | <input type="checkbox"/> NCR       | # _____            |                              |   |
|                     | <input checked="" type="checkbox"/> Other          | <u>Required for ADMIN accounts</u> |                    |                              |   |

## Add/Remove additional lines as necessary

| Course Code | Revision | Training Title                       |
|-------------|----------|--------------------------------------|
| SE_532571   | AD       | Agile admin User Management          |
| SE_545354   | AP       | Dokumenten- Und Unterschriftenmatrix |
| SE_519012   | AA       | Agile User Management                |

This section Must be completed for any training other than document training. Briefly describe material/session information:

☐ Check if a copy of agenda and/or Training Materials is attached

N/A ☐

## Add/Remove additional lines as necessary

|   | Personal Number<br>(e.g WWID) | PRINTED NAME | EMPLOYEE<br>LOCATION | SIGNATURE** |
|---|-------------------------------|--------------|----------------------|-------------|
| 1 | 643042870                     | Bhanja Makut | Bhubaneswar          |             |
| 2 |                               |              |                      |             |
| 3 |                               |              |                      |             |
| 4 |                               |              |                      |             |
| 5 |                               |              |                      |             |

**\*\*An employee signature on a training record indicates that the employee has been trained and that he/she understands the material presented as they apply to the employee's job.**

**Note:** If the N/A box is checked it is not necessary to cross out, N/A and initial/date the blank spaces in that section.

## Trainer Approval Section (Add additional lines as necessary)

|  |                            |
|--|----------------------------|
| Trainer's Printed Name<br>Shashi Kumar | Trainer's Signature & Date |
|--|----------------------------|

Entered in LMS (Signature & Date):

| Originator             | Date                      | MEZ (UTC+1)                  | Signature                | User   |
|------------------------|---------------------------|------------------------------|--------------------------|--|
| Released               | 11.03.2020                | 13:08:19                     | Zuccagni Giulia          | GZUCCAGN                                       |
| Copyright              | 07.04.2020                | 17:16:44                     | Daly Dominic             | DDALY20  |
| Synthes Europe         | Doc Type<br>QMD-FO        | Department<br>Operation      | Valid From<br>08.04.2020 | Developed From<br>Template Number<br>SE_122332 |
| Change Order<br>128647 | Status<br>300 Freigegeben | Document Number<br>SE_009778 | Revision<br>AM           |  |

# Schulungsnachweis

|                         |  |                                |         |                             |   |
|-------------------------|--|--------------------------------|---------|-----------------------------|---|
| Data di inizio          | _____  | Data di fine                   | _____   | Durata del formazione (Ore) | _____   |
| Motivo della Formazione | <input type="checkbox"/> Requisiti del Piano di formazione | <input type="checkbox"/> Audit | # _____ | Metodo di formazione        | <input type="checkbox"/> Formazione di gruppo / 1 a 1   |
|                         | <input type="checkbox"/> Ri-formazione                     | <input type="checkbox"/> CAPA  | # _____ |                             | <input type="checkbox"/> Formazione sul posto di lavoro |
|                         | <input type="checkbox"/> Train-the-Trainer                 | <input type="checkbox"/> NCR   | # _____ |                             |   |
|                         |  | <input type="checkbox"/> Altro | _____   |                             |   |

## Aggiungere/Rimuovere linee aggiuntive se necessario

| Numero del corso | Revisione | Titolo del corso |
|------------------|-----------|------------------|
|                  |           |                  |
|                  |           |                  |
|                  |           |                  |

Completare questa sezione per qualsiasi attività di formazione diversa dal documento di formazione. Descrivere brevemente le informazioni su materiale/sessione:

☐ Spuntare se la copia dell'agenda e/o materiale di formazione è stata allegata

N/A ☐

## Aggiungere/Rimuovere linee aggiuntive se necessario

|   | Numero personale (a. e. WWID) | NOME IN STAMPATELLO | SEDE DEL DIPENDENTE | FIRMA** |
|---|-------------------------------|---------------------|---------------------|---------|
| 1 |                               |                     |                     |         |
| 2 |                               |                     |                     |         |
| 3 |                               |                     |                     |         |
| 4 |                               |                     |                     |         |
| 5 |                               |                     |                     |         |

**\*\* Tramite la sua firma, il partecipante conferma di aver preso parte all'intera formazione e di averne compreso il contenuto.**  
**Note:** Se la casella N/A è stata spuntata, N/A iniziali e data non sono necessari negli spazi vuoti.

## Sezione di approvazione del trainer (Aggiungere linee aggiuntive se necessario)

|                                 |                          |
|---------------------------------|--------------------------|
| Nome del Trainer in stampatello | Firma e data del Trainer |
|---------------------------------|--------------------------|

Registrazione nell'LMS (Firma e Data):

|                                    |                                  |                                     |                                 |                |                                     |                               |
|------------------------------------|----------------------------------|-------------------------------------|---------------------------------|----------------|-------------------------------------|-------------------------------|
| Copyright<br><b>Synthes Europe</b> | Doc Type<br><b>QMD-FO</b>        | Department<br><b>Operation</b>      | Valid From<br><b>08.04.2020</b> | Developed From | Template Number<br><b>SE_122332</b> | Template Version<br><b>AE</b> |
| Change Order<br><b>128647</b>      | Status<br><b>300 Freigegeben</b> | Document number<br><b>SE_009778</b> | Revision<br><b>AM</b>           |                |                                     |                               |

# Schulungsnachweis

|                        |   |                                |         |                              |   |
|------------------------|---|--------------------------------|---------|------------------------------|---|
| Startdatum             | _____   | Enddatum                       | _____   | Dauer der Schulung (Stunden) | _____   |
| Grund für das Training | <input type="checkbox"/> Schulungsplananforderung | <input type="checkbox"/> Audit | # _____ | Trainingsmethode             | <input type="checkbox"/> Präsenzs Schulung / 1-on-1 |
|                        | <input type="checkbox"/> Nachschulung             | <input type="checkbox"/> CAPA  | # _____ |                              | <input type="checkbox"/> Training am Arbeitsplatz   |
|                        | <input type="checkbox"/> Train-the-Trainer        | <input type="checkbox"/> NCR   | # _____ |                              |   |
|                        | <input type="checkbox"/> Sonstiges                | _____                          |         |                              |   |

## Bei Bedarf zusätzliche Zeilen hinzufügen/entfernen

| Dokumenten-Nummer | Revision | Titel des Dokuments |
|-------------------|----------|---------------------|
|                   |          |                     |
|                   |          |                     |
|                   |          |                     |

Diesen Abschnitt für andere Schulungen als Dokumentschulungen ausfüllen. Bitte beschreiben Sie kurz das Material und die Sitzungsinformationen.:

☐ Anwählen falls eine Kopie der Agenda und/oder der Schulungsunterlagen beigelegt ist.

N/A ☐

## Bei Bedarf zusätzliche Zeilen hinzufügen/entfernen

|   | Mitarbeiter Nr.<br>(z.B. WWID) | Name in Druckbuchstaben | Arbeitsort | Unterschrift** |
|---|--------------------------------|-------------------------|------------|----------------|
| 1 |                                |                         |            |                |
| 2 |                                |                         |            |                |
| 3 |                                |                         |            |                |
| 4 |                                |                         |            |                |
| 5 |                                |                         |            |                |

**\*\*Eine Unterschrift des Mitarbeiters auf einem Schulungsnachweis zeigt an, dass der Mitarbeiter geschult wurde und dass er/sie das präsentierte Material versteht, da es auf die Arbeit des Mitarbeiters zutrifft.**

**Hinweis:** Falls die "N/A" Box angekreuzt ist, ist durchstreichen der leeren Felder nicht nötig, bitte N/A und Initialen/Datum in diese Felder einfüllen.

## Abschnitt für Trainerbestätigung (bei Bedarf zusätzliche Zeilen hinzufügen/entfernen)

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| Name des Trainers in Druckbuchstaben | Unterschrift und Datum des Trainers |
|--------------------------------------|-------------------------------------|

Eingetragen im LMS (Unterschrift & Datum):

|                             |                           |                              |                          |                |                              |                        |
|-----------------------------|---------------------------|------------------------------|--------------------------|----------------|------------------------------|------------------------|
| Copyright<br>Synthes Europe | Doc Type<br>QMD-FO        | Department<br>Operation      | Valid From<br>08.04.2020 | Developed From | Template Number<br>SE_122332 | Template Version<br>AE |
| Change Order<br>128647      | Status<br>300 Freigegeben | Document number<br>SE_009778 | Revision<br>AM           |                |                              |                        |