

	Title	Protocol Number
	<b>Installation/Operational Qualification for the New Blending Suite in Building 1</b>	<b>IQOQ2020-020 Rev 0</b>

## Attachment 2 – Training Log

### Objective:

This sheet represents a record of each individual that performed operations associated with this protocol to have read and understood this document and understand their job specific functions prior to the protocol being executed and date.

### Procedure:

- 1 Fill out the table below for each individual trained in the IQ/OQ protocol.

### Acceptance Criteria:

Each individual who received training is identified by typed or printed name, full signature, written initials and date.

### Result:

Have the acceptance criteria been met? (Y/N) \_\_\_\_\_ If Not, Deviation No: \_\_\_\_\_

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Title****Protocol Number****Installation/Operational Qualification  
for the New Blending Suite in Building 1****IQQQ2020-020  
Rev 0****Attachment 2 – Training Log (Cont.)**Page 1 of     

<b>Print Name / Initials</b>	Print Name Neffali Perez	Initials NP
<b>Sign Name / Date</b>	Sign Name [Signature]	Date 10/01/2020
<b>Print Name / Initials</b>	Print Name HARJIT SINGH	Initials HS
<b>Sign Name / Date</b>	Sign Name [Signature]	Date 10/01/2020
<b>Print Name / Initials</b>	Print Name Shovanny Lara	Initials SL
<b>Sign Name / Date</b>	Sign Name [Signature]	Date 10/07/2020
<b>Print Name / Initials</b>	Print Name	Initials
<b>Sign Name / Date</b>	Sign Name	Date
<b>Print Name / Initials</b>	Print Name	Initials
<b>Sign Name / Date</b>	Sign Name	Date
<b>Print Name / Initials</b>	Print Name	Initials
<b>Sign Name / Date</b>	Sign Name	Date
<b>Print Name / Initials</b>	Print Name	Initials
<b>Sign Name / Date</b>	Sign Name	Date
<b>Print Name / Initials</b>	Print Name	Initials
<b>Sign Name / Date</b>	Sign Name	Date