



Training and Education Sheet

no.: _____ year: 2025

REFERENCES

Title:	Monitoring Plan DELTA Revision		
Objectives:	H-34 DELTA Revision_ V1.1 15/Sept/2021		
Subjects:	All content for the Monitoring Plan : H-34 DELTA Revision_ V1.1 15/Sept/2021		
Operating Procedures / Instructions of ref.:	NA		
Start/End Date:	04 June 2025 / 04 June 2025	Duration [hours]:	0.5
Teacher/s:	Last Name and First Name: Self-Training		
	Signature: NA		

EFFECTIVENESS ASSESSMENT METHOD

<input type="checkbox"/> Pratical Test (attach) ⁽¹⁾
<input type="checkbox"/> Observation on the job ⁽¹⁾
<input type="checkbox"/> Written Test (attach)
<input type="checkbox"/> Interview
<input checked="" type="checkbox"/> Not required ⁽²⁾
⁽¹⁾ Describe the pratical test or the observation in the appropriate "Note" section
⁽²⁾ Exclusively for interventions of an informational nature or awareness interventions.



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Key: E=Effective; NE: Non-Effective; PE: Partially Effective.

PARTICIPANTS					
LAST NAME and First Name	Date	Signature	Effectiveness assessment		
			E	NE	PE
Bartosz Mikolajczak	05 Jun 25	Bartosz Mikolajczak	X		

EFFECTIVENESS ASSESSMENT	
Notes:	
Corrective Actions (mandatory in case of NE or PE training)	
LAST NAME and First Name:	
Date:	Signature: