**Employee Training Record**

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| **Employee Name** |  |
| **Certificate Number (Repairman)** |  |
| **Type of Training** |  |
| **Method of Training (Classroom, Factory, OJT, ETC.)** |  |
| **Length of Training (Hours)** |  |
| **Location of Training** |  |
| **Name of Instructor** |  |
| **Date of Training** |  |
| **Qualified** |  |
| **Employee Signature** |  |
| **Supervisor’s Signature** |  |
| **Training Records** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |