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| Trainee Name *(printed)*: | David Krishfield | Title: |  |
| Trainee Signature: |  |

*\*Additional lines and pages may be added as needed.\**

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| Document Number | Topic | Revision | Training Type: (e.g., Instruction; Read Only; OJT) | Risk (Low, Moderate,  High) | Trainee Initials/Date Completed | Effectiveness Verification Method | Training Assess-ment (P/F) | Trainer Initials |
| SOP-6000-005 | Software Tool Validation | 01 | Read Only | Low |  |  |  |  |
| SOP-6000-007 | Software Lifecycle Process | 01 | Read Only | Low |  |  |  |  |
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*\*\*Please return completed training record, along with a copy of all training presentation and effectiveness verification materials to QA.*

*These may be either hardcopy or electronic file(s).\*\**

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| Document Number | Topic | Revision | Training Type: (e.g., Instruction; Read Only; OJT) | Risk (Low, Moderate,  High) | Trainee Initials/Date Completed | Effectiveness Verification Method | Training Assess-ment (P/F) | Trainer Initials |
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