



Head Office:

Rm 410 Manila Astral Tower
1330 Taft Avenue cor. Padre Faura St.
Ermita, Manila, Philippines 1000
Telefax No.: +63 2 5671105
Phone No.: +63 2 6660280
E-mail: info@altamedica.com.ph

Branch Office:

2nd Floor Masonic Temple,
JM Basa St., Iloilo City
Philippines 5000
Telefax No.: +63 33 508 0208
Phone No.: +63 33 333 1769
Mobile No.: +63 922 872 5268

Website: www.altamedica.com.ph

TRAINING FORM

(TECH-FM-MATR Rev. 0)

Company:		Date:	
Equipment Type:		Serial Number:	
Brand:	Model:	Installation Date:	
Objectives			
<input type="checkbox"/> Proper machine usage <input type="checkbox"/> Daily Maintenance	<input type="checkbox"/> Weekly Maintenance <input type="checkbox"/> Monthly Maintenance	<input type="checkbox"/> Annual Maintenance <input type="checkbox"/> Troubleshooting	<input type="checkbox"/> Others
Statement			
I confirm that I attended the training class listed above. I listened, read, and understood the training, and I understand that as an employee, it is my responsibility to abide by Altamedica Inc. policy and procedures, in accordance with the training.			
If I have questions about the training, materials presented or Altamedica Inc. policy and procedures, I understand it is my responsibility to seek clarification from the Technical Department.			

Trainees			
No.	Name	Position	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I confirm that I performed the training class listed above, I have discussed all the needed topics for the user to operate and maintain the machine and it is my responsibility to abide by Altamedica Inc. policy and procedures, in accordance with the training.

Name	Signature	Position	Date