**TRAINING FORM**

(TECH-FM-MATR Rev. 0)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company:** | | | | | | **Date:** | | | | |
| **Equipment Type:** | | | | | | **Serial Number:** | | | | |
| **Brand:** | | | **Model:** | | | **Installation Date:** | | | | |
| **Objectives** | | | | | | | | | | |
| Proper machine usage  Daily Maintenance | | Weekly Maintenance  Monthly Maintenance | | | Annual Maintenance  Troubleshooting | | | 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** |  | | | | |  | | |  | |
| **11** |  | | | | |  | | |  | |
| **12** |  | | | | |  | | |  | |
| **13** |  | | | | |  | | |  | |
| **14** |  | | | | |  | | |  | |
| **15** |  | | | | |  | | |  | |
| *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** |
|  | | | |  | | |  | | |  |