

	QuXAT Quality Management System	Document No:	QUXAT/F/14
	Staff Training Attendance Form	Page No:	Page 1 of 1

Training Topic:

Training Venue:

Trainer Name & Designation:

Duration of training:

Date:

S. No.	Employee Name	Department	Employee Signature

Trainer Name:

Trainer Signature:

Date/Time:

Issue No: 1	Issue Date: 1.1.2024	Amend No: 00	Amend Date:	Copy No: 01
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	