

Attachment A: TRAINING ATTENDANCE RECORD

Return completed training record to QA

Date of Training		ECR or QN No. (if Applicable)		Required for CI Action or QN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DOCUMENT TRAINING	<input type="checkbox"/> N/A <input type="checkbox"/> YES				
Doc. Number	Rev.		Doc. Number	Rev.	

INSTRUCTOR LED TRAINING	<input type="checkbox"/> N/A <input type="checkbox"/> YES				
		*Attach additional documentation as required.			
Title					
Summary of Training					
Instructor (Print Please)				Duration	

Employee ID	Print Name	Signature

Employee ID	Print Name	Signature