WORKER TRAINING AND INSTRUCTION RECORD

Date		**Location**	
Trainer(s)*			
Subject of Training*			
Method of Training (check all that apply)	☐ **Verbal** ☐ **Audio**	☐ **Video** ☐ **Other** _____	

Name (Printed) *	Signature	Employee ID Number

* Mandatory fields: employee name (or other identification), training date, type of training, and training providers