

STAFF TRAINING AND ORIENTATION RECORD

Project: _____ Date: _____ Prepared by: _____

System or Equipment: _____

Trainee Signature ² and Position	Total Req'd Hrs ¹	Hrs Done	Training Date	General Topics Covered	Trainer Signature and Company	CA Initials/ Note ID
1. _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

¹The hours of required training have been filled out from the *Specifications*. Refer to the *Specifications* for additional details regarding the training requirements.

²Trainee signs after the training session is completed.

Notes attached. (Y/N) _____

Final Approval of Training Completion
According to the Contract Documents:

Owner's Representative

Date

Commissioning Agent

Date