

Departmental Training Checklist Template

Staff Name: _____

Department: _____

Position: _____

Supervisor: _____

Date: _____

Training Modules

Training Topic / Task	Completed (âœ“/âœ—)	Trainer Initials	Date Completed
Department Orientation			
Workplace Health & Safety			
Role-Specific Procedures			
Use of Equipment/Software			
Policies & Compliance			
Customer Service Protocols			
Other: _____			
Other: _____			

Comments / Notes

Staff Signature
Date: _____

Supervisor Signature
Date: _____