

# Departmental Training Checklist Template

Staff Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_

## Training Modules

Training Topic / Task	Completed (Yes/No)	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: \_\_\_\_\_