

# Job-Specific Training Checklist

Employee Name

Job Title

Department

Training Supervisor

Date Started

## Training Checklist

Training Topic / Task	Date Completed	Trainer Initials	Employee Initials	Comments
e.g., Safety Procedures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Additional Notes

Employee Signature

Trainer / Supervisor Signature

Date