

Employee Training and Awareness Record

Department	_____	Date	____ / ____ / ____
Instructor/Trainer	_____	Training Topic	_____
Location	_____	Duration	_____

Training Objectives

Employee Attendance & Acknowledgement

#	Employee Name	Employee ID	Signature	Date
1	_____	_____	_____	____ / ____ / ____
2	_____	_____	_____	____ / ____ / ____
3	_____	_____	_____	____ / ____ / ____

Remarks / Comments

Important Notes

- This record should be kept for audit and compliance purposes.
- Ensure all participating employees sign and date this document.
- Update and review training topics regularly to reflect current practices.
- Store completed records securely according to company policy.