

# Machine Operator Training Record

Employee Name

Employee ID

Job Title

Department

Date of Training

Trainer Name

Machine(s) Trained On

Training Topics Covered

Topic	Completed	Comments
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Trainer’s Remarks

Trainer Signature

Date

Employee Signature

Date