SSD-009

EMPLOYEE TRAINING RECORD

Document the instruction. Evaluate competency. Maintain a clear and reliable training record.

1 Company Information		**4 Employee ID (optional)**	
2 Project Information		**10 Training Date**	
Company Name		**12 Instructor Name and Qualifications**	Time: _____ Duration: _____
5 Job Title		**6 Department**	
3 Employee Information		**18 Instructor Signature**	

1–3 Company, Project, and Employee Information *Complete all applicable identification fields.*

8 Training Description	9 OSHA Standard/Reference (if applicable)
Course scope / objectives: _____ Topics covered: _____ Materials / handouts: _____ Prerequisites: _____ Restrictions / limitations: _____ Additional description: _____	Standard / regulation: _____ Section / citation: _____ Company procedure: _____ Manufacturer reference: _____ Permit / qualification requirement: _____ Reference materials provided: ☐ Yes ☐ No Other: _____ ☐ Other: _____

7–14 Training Course Details *Describe the course, method, instructor, and applicable requirements.*

DETAIL	7 Training Course Title	8 Description	9 OSHA Reference	10 Training Date	11 Training Location
DETAIL	12 Instructor	13 Training Method	14 Qualifications	15 Competency Evaluation	16 Expiration/Retraining

Evaluation result: C - COMPETENT F/U - FOLLOW-UP N/A - NOT APPLICABLE R - RETRAIN

Training record: Document the instruction delivered, evaluation method, result, restrictions, and follow-up. Do not authorize affected work when required training, qualification, competency, or supervision is incomplete.

15 Competency Evaluation

Record evaluation criteria, employee performance, and required follow-up.

#	EVALUATION CRITERION	OBSERVATION / PERFORMANCE	RESULT / FEEDBACK / REQUIRED ACTION	RESULT	DUE	INSTRUCTOR / VERIFIER
1				C / F/U / N/A / R	C / F/U / N/A / R	
2				C / F/U / N/A / R	C / F/U / N/A / R	
3				C / F/U / N/A / R	C / F/U / N/A / R	
4				C / F/U / N/A / R	C / F/U / N/A / R	
5				C / F/U / N/A / R	C / F/U / N/A / R	
6				C / F/U / N/A / R	C / F/U / N/A / R	
7				C / F/U / N/A / R	C / F/U / N/A / R	

Result Key: C = Competent F/U = Follow-Up N/A = Not Applicable R = Retraining Required

Evaluation reminder: Use a method appropriate to the course and task, document objective evidence, identify restrictions, assign follow-up instruction, and verify competency before independent work when required.

13–17 Delivery, Evaluation, and Renewal Details

13 Training Method (Classroom, Hands-On, Online, Other)	15–17 Evaluation, Renewal, and Comments
☐ Classroom ☐ Hands-On ☐ Online ☐ Other: _____ Method details: _____ Equipment / simulator used: _____ Knowledge check: ☐ Written ☐ Verbal Practical demonstration: ☐ Yes ☐ No Result: ☐ C ☐ F/U ☐ N/A ☐ R Instructor notes: _____ Instructor initials: _____ Date: _____ ☐ Other: _____	15 Competency Evaluation completed 16 Expiration/Retraining Date identified 17 Comments recorded Employee restrictions documented Follow-up training assigned Supervisor notified of restrictions Supporting records attached Practical demonstration: ☐ Yes ☐ No Result: ☐ C ☐ F/U ☐ N/A ☐ R Instructor notes: _____ Instructor initials: _____ Date: _____ ☐ Other: _____

18 Instructor Signature

12 Instructor Name and Qualifications		**11 Training Location**	
Employee Questions Resolved?		**Course / Assignment**	
Follow-Up Training Required?	☐ No ☐ Yes - topics: _____	**Language / Accessibility Support?**	☐ No ☐ Yes - details: _____
17 Comments / Restrictions		**Training Date / Time**	Date: _____ Time: _____

19 Supervisor Approval

☐ Course objectives completed	☐ Required content delivered	☐ Employee participation documented	☐ Competency evaluated
☐ Restrictions documented	☐ Questions answered	☐ Follow-up assigned	☐ Other: _____

17 Employee Signature

Before closing the record, confirm the course content, training method, employee participation, competency result, restrictions, follow-up requirements, and expiration or retraining date are documented. The employee and instructor sign the record, and the supervisor approves authorization or restrictions as applicable.

Evaluation / Follow-Up No.		**Date / Time**	
Evaluation Criterion / Follow-Up Requirement		**Completed / Verified By**	

18 Employee and Instructor Signatures *Signatures document participation and certification; they do not waive employee rights.*

SIGNATURE / APPROVAL	PRINTED NAME	SIGNATURE	DATE / TIME
17 Employee Signature			
18 Instructor Signature			
19 Supervisor Approval			
Additional Approval (if required)			

15 Competency Evaluation: Document criteria, result, and follow-up.

Use one line per evaluation criterion or follow-up item. The instructor records performance and required action; the verifier confirms completion before the employee performs affected work independently when competency is required.

EVALUATION / FOLLOW-UP ITEM	INSTRUCTOR / OWNER	DUE / COMPLETED	VERIFIED / CLOSED

18 Signatures | 19 Supervisor Approval | 20 Record Retention

17 Employee Signature	☐ Training received ☐ Questions answered	Date / Time	
18 Instructor Signature	☐ Content delivered ☐ Evaluation completed	19 Supervisor Approval / Restrictions	
20 Record Retention Location / Period		Record Filed / Retained By	

IMPORTANT: This record documents training but does not replace required licenses, certifications, competent-person instruction, manufacturer requirements, site rules, or regulatory training. The employer remains responsible for qualified instructors, course suitability, competency evaluation, work authorization, retraining, and secure record retention.