

Staff Training and Version Update Record

Trainee		Document Title	
Position		Document No:	
Commencement Date		Version	

INITIAL TRAINING VERSION _____	OBSERVED TRAINING			SUPERVISED TRAINING			INDEPENDENT TRAINING		
	Date	Trainee Sign	Trainer Sign	Date	Trainee Sign	Trainer Sign	Date	Trainee Sign	Trainer Sign
• Purpose / Scope / Responsibilities / Definitions									
• Equipment and Supplies									
• Procedure									
• Endpoint (where applicable)									
RETRAINING IF APPLICABLE									
• VERSION _____									
• VERSION _____									

Please sign to acknowledge reading and understanding revisions.

Version	Date	Signature

Reference: Staff Training and Assessment, QS-P-005.