

# Store Staff Training Completion Checklist

Employee Name:

Position:

Trainer Name:

Date:

 YYYY-MM-DD

## Checklist

Training Topic	Completed	Trainer Initials	Comments
Store Policies and Procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Health & Safety Introduction	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Customer Service Training	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cash Handling Procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Product Knowledge	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Emergency Procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Opening & Closing Procedures	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Additional Comments:

Employee Signature:

Trainer Signature:

