

Equipment Handling Certification Record

Employee Name

Employee ID

Position

Department

Supervisor

Date

Certified Equipment List

Equipment Name	Equipment ID/Serial	Certification Date	Trainer	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes

Employee Signature

Supervisor Signature

Date