

Quality Control Training Record

Operator Name:	Employee ID:	Department:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Training:	Trainer(s):	Location:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Training Topics

Topic	Completed (Yes/No)	Remarks
Introduction to Quality Control		
Inspection Methods and Tools		
Defect Identification and Reporting		
Product Specifications / Standards		
Corrective and Preventive Actions		
Handling Non-Conforming Products		
Documentation & Record Keeping		

Assessment / Comments

Operator Signature:	Trainer Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>