

# Quality Control Training Record

Operator Name:

Employee ID:

Department:

Date of Training:

Trainer(s):

Location:

## Training Topics

| Topic                               | Completed<br>(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: <input type="text"/> | Trainer Signature: <input type="text"/> | Date: <input type="text"/> |
|--|---|----------------------------|