

Annual Operator Refresher Training Record

Operator Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Training Date: _____

Trainer Name: _____

Training Topics Covered

#	Topic	Covered (Yes/No)	Comments
1			
2			
3			
4			
5			

Operator Comments / Feedback

Operator Signature: _____

Date: _____

Trainer Signature: _____

Date: _____