

# New Operator Training Completion Record

Manufacturing Department

Operator Name

Employee ID

Date of Hire

Trainer Name

Job Title

Department

Training Modules Completed

Module/Topic	Date Completed	Trainer Initials	Remarks
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Comments / Additional Notes

Operator Signature

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Date

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_