Assembly Line Operator Training Checklist

Operator Name:

Employee ID:

Department:

Trainer Name:

Training Date:

YYYY-MM-DD

Training Modules

Task / Module	Trained	Trainer Initials	Date	Comments
Workplace Safety Procedures	☐		YYYY-MM-DD	
Proper PPE Use	☐		YYYY-MM-DD	
Machine Operation & Controls	☐		YYYY-MM-DD	
Assembly Process Steps	☐		YYYY-MM-DD	
Quality Checks	☐		YYYY-MM-DD	
Reporting Defects & Issues	☐		YYYY-MM-DD	
Cleaning & Maintenance	☐		YYYY-MM-DD	

Notes

Trainee Signature:

Trainer Signature:

Date Completed:

YYYY-MM-DD