

**TRAINING RECORD FORM**

Date:

Topic:

Company's name:

Training location:

Trainee: a) Worker b) Employer

Trainer:

1. No. of trainees who attended this session.
2. Were the evaluation forms completed?
3. Were the pictures of the training session taken?
4. Was the level 2 evaluation completed at the end of the session? If yes, please write the statement "I certify".
5. Were the questions asked at the end of the training session?

Signature of the trainer

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It is the responsibility of trainer to complete this form right after the completion of the training session (including evaluation survey) and submit this form to the project PI within one month after the session is conducted.