SOP TRAINING RECORD

SOP_____ Training Time:_____
Title:_____
_____

My signature indicates that I fully understand the above Standard Operating Procedure as it relates to my job duties

Name (Please Print)	Signature	SSN	Date

Comments:

Trainer's Signature_____ Date_____

Supervisor's Signature_____ Date_____

PLEASE RETURN THIS ORIGINAL FORM TO LINDA PEDERSEN.