

# "On-The-Job" Training Record - Data Input Form    SIDE 2

Course /Session Title:

Duration of Training / Contact Hours

Certificate Issued:

Yes  No

	Department	Name (Please Print)	Signature
1			
2			
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**Note:** By signing this document, participants indicate that they have attended this training session as per the learning objectives outlined on the reverse of this document. They understand that techniques and instructions being presented in this training session do not under any circumstances minimize the requirement to ALWAYS defer to and adhere to equipment manufacturers specifications and application guidelines or to applicable Ministry Regulations.

**For Training Services Use Only**

Course/Session Identification #			
Data Entered to Operators records:	Date:	Initial:	

