

Training Log

Student: _____ Birth Date: _____
 Phone: _____ Grade: _____
 School: _____ Teacher: _____
 Procedure: _____
 Physician: _____ From: _____ To: _____

Designated person(s) has been properly trained and can satisfactorily perform procedure.
 Documentation of training shall be provided as necessary.

Date:		Yes		No	Trainee Name	
Comments:						
Trainee Signature:					Date:	

Date:		Yes		No	Trainee Name	
Comments:						
Trainee Signature:					Date:	

Date:		Yes		No	Trainee Name	
Comments:						
Trainee Signature:					Date:	

Date:		Yes		No	Trainee Name	
Comments:						
Trainee Signature:					Date:	

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Comments:						
Trainee Signature:					Date:	

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Comments:						
Trainee Signature:					Date:	

Date:		Yes		No	Trainee Name	
Comments:						
Trainee Signature:					Date:	

Date:		Yes		No	Trainee Name	
Comments:						
Trainee Signature:					Date:	

Trainer Signature/date: _____