

On the Job Training Form

General Information

Technician / Student Name:

Date of Instruction:

Company Name & Training Location:

Course / Training Description

Manufacture:

Part Number:

Description:

Instruction received for the following tasks (check all that apply):

Handling & Workmanship

Test Setup

Preliminary Test & Inspection

Disassembly

Troubleshooting & Repair

Cosmetic Refinishing

Reassembly

Acceptance Testing

Other:

Course Design

Performance Objectives

Knowledge Objective:

Application Objective:

Skill Objective:

On the Job Training Form

Description of Training:

Tools:

Test Equipment:

Reference Material:

Duration:

Other:

Results of Training

Observation:

Demonstration:

Quiz:

Follow Up:

Other:

On the Job Training Form

Instructor Information:

Instructor's Name:

Position:

The training described above is significant and appropriate for proper service of articles.

Signature: _____

Date: _____

Training Occurred As Described:

Quality Assurance: _____

Date: _____