

Appendix A: TRAINING RECORD

Document #	735002236	Document Title	Aux CM-A Test Procedure	Version	09
				Revision	F

Training Performed By:

Printed Name	Signature	Date

By signing you acknowledge that you have reviewed, understand, and agree to comply with the policies and practices of the procedure defined above.

Printed Name (Employee ID)	Signature	Initials	Date

Print multiple copies of this Training Record Template as needed

Document No.: _____
 Iteration No.: _____
 Attachment: _____ Page: ____ of ____