

Appendix A: TRAINING RECORD

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

Training Performed By: (If not used this section can be deleted)

Printed Name	Signature	Date

☐ Read and Understood (If self-trained – If not self-trained this section can be deleted)

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	Signature	Initials	Date

Print multiple copies of this Training Record Template as needed

Document No.:

Iteration No.: _____

Attachment: _____ Page: ____ of ____

DOCUMENT HISTORY