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| --- | --- | --- | --- |
| **Item** | **S** | **US** | **Observations** |
| **Operator (CAR Ref: CAR 92 .190)** |  |
| **1. Are the records of training available when requested?** |  |  |  |
| **2.If No, specify why:** |  |  |  |
| **3.Name of the employee:** |  |  |  |
| **4.The most recent training** |  |  |  |
| **5.Recurrent training within****24 months** |  |  |  |
| **6.A description, copy or reference to training materials used to meet the requirement** |  |  |  |
| **7.Name and address of the organization providing the Training** |  |  |  |
| **8.Certification showing that a test has been completed satisfactorily**  |  |  |  |
| **9.Copy of record of training attached** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Listed item** | **Details of non-conformity** | **Level** | **Target Date** |
| **No in the** |  |  | **for correction** |
| **Checklist** |  |  |  |
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OJT INSPECTOR Name and Signature Date: …………

Qualified inspector Name and Signature Date: …………..