Technician Induction Sheet



Nar	me of the Person	Emp No :								
Designation : De			Dept :-			Date :				
#	Competencies	Skills		Days	Check Box	Remark				
1	Safety	1. Safe work on site			🗌 Check					
		2. Safety PPE			🗌 Check					
2	Knowledge	1. 5S			🗌 Check					
		2. Product Awareness		DAY 1	🗌 Check					
		3. Abnormal Situation			🗌 Check					
		4. NC Management			🗌 Check					
		5. Work Instruction			🗌 Check					
	Technical Skill	1. Inspection Skill			🗌 Check					
		2. Product Handling		DAY 2	🗌 Check					
4	Others	1. Check Sheet & Report filling			🗌 Check					
		2. Kaizen			🗌 Check					
Remark / Actions (If Required) :										
Employee Signature :			Sig	Signature of HR Representative :						

TRAINING RECORD



PUN.LCI.HR.FO.04.B

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CONTENT	Г:			PROJECT:						
FACULTY :			UE :	TIME :						
SR.NO.	EMPLOYEE NAME		DATE OF TRAINING :-		SIGN OF PARTICIPANT					
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FACULTY Singature :										
Preapared By :-			Approved By :-							