

Technician Induction Sheet

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

