

# Pharmaceutical Training Records Checklist

 Show only Checklist

Display Style  
Default 

## Employee Information

Details of the employee undergoing training.

**Employee ID**

Write something...

**Employee Name**

Write something...



### Job Title

Write something...

### Date of Hire

Enter date...

### Department

- Manufacturing
- Quality Assurance
- Research & Development
- Warehouse
- Other

### Employee Email

Write something...

## Training Program Details

Information about the specific training program completed.

### Training Program Name

- GxP Fundamentals
- Data Integrity Training
- Cleanroom Procedures
- Pharmacovigilance Awareness
- Equipment Qualification

### Training Start Date

Enter date...

### Training Completion Date

Enter date...

### Training Duration (Hours)

Enter a number...

### Brief Description of Training Content

Write something...

### Training Delivery Method

- Instructor-Led
- eLearning
- Webinar
- Self-Study

### Training Materials (e.g., Presentation Slides)

 Upload File

## Training Completion Verification

Confirmation of training completion and assessment results.

**Training Completion Date**

Enter date...

**Assessment Score**

Enter a number...

**Assessment Result**

- Pass
- Fail
- Conditional Pass

**Trainer Comments (if applicable)**

Write something...

**Trainee Signature**

**Trainer Signature**


# Documentation & Record Keeping

Verification of proper record storage and accessibility.

## Record Creation Date

## Document Identifier/Tracking Number

## Scanned Training Certificate(s)

 Upload File

## Storage Location (Physical/Electronic)

## Record Status

- Active
- Archived
- Inactive

## Archiving Date (if applicable)

# Review and Approval

Sign-off confirming the accuracy and completeness of the training record.

### Review Date

Enter date...

### Review Status

- Approved
- Rejected
- Needs Revision

### Review Comments (if applicable)

Write something...

### Reviewer Signature

### Reviewer Name

Write something...

### Reviewer Employee ID

Enter a number...

## Periodic Review

Schedule and documentation of periodic reviews for training effectiveness.

### Last Review Date

Enter date...

### Review Interval (Months)

Enter a number...

### Summary of Review Findings

Write something...

### Areas Reviewed/Updated

- Training Materials
- Assessment Methods
- Regulatory Changes
- Job Descriptions
- Feedback from Trainees

### Reviewer Signature

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### Next Review Date (Automatically calculated)

Enter date...