

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

Next Review Date (Automatically calculated)

Enter date...