



Pharmaceutical Training Records Checklist

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

Enter date...

Document Identifier/Tracking Number

Write something...

Scanned Training Certificate(s)

 Upload File

Storage Location (Physical/Electronic)

Write something...

Record Status

- ☐ Active
- ☐ Archived
- ☐ Inactive

Archiving Date (if applicable)

Write something...

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...