Individual Instruction/ Training Record

This form is intended to assist NIG customers in maintaining a basic record of the training provided to their employees on health, safety, safe working practice and associated issues. We would recommend that you cross reference this record to documentation detailing the content/key learning points of the training provided, e.g. safe working procedures or certification/details from external training bodies.

Note: It is not intended that this form imply compliance with current legislation, e.g. Health and Safety, Data Protection, Disability Discrimination, etc. It is your duty to ensure you comply with all aspects of current and relevant legislation. Should you have any uncertainties in this regard we recommend that you consult the appropriate regulations or seek expert advice before using this form.

Name of Employer/Company:

Name of Employee:

Address of Employee:

Employees working location:

I confirm that I have received instruction and training on the under noted, on the specified dates, by the instructor or organisation detailed below. I have signed below to confirm the receipt of such instruction, training and information.

Date	Training Received	Provided By	Pass/Fail*	Signature of Employee

*Additional Training That is Identified as a Result of Training Received	Time Scale for Action

You should also note that NIG has a separate 'Personal Protective Equipment (PPE) issue record' tool which also records the receipt of instruction and training in relation to PPE. This can be supplied on request.

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Risk Control Guidance Forms V4. 05.13

NIG000426C/05/13