

Training Log for WasteServ Employees

Note: This form is only to be used for WasteServ Employees. For Contractor's Employees kindly make use of form title

WS030b

Course Title:

Location:

Course Start Time: **Course End Time:**

Overtime Applicable:

Date(s) of Course:

Course session:

Course Attendees:

Note: My signature below implies that I have attended this course, my details (Name, Surname & ID Number) and duty are correct, received the relevant documentation pertaining to this course (if applicable), and that I have understood its content.

Name & Surname	ID Number	OBU	On Duty? (Yes or No)	Signature	Comments
R [REDACTED]	[REDACTED]	4	Yes	[REDACTED]	
M [REDACTED]	[REDACTED]	4	Yes		
R [REDACTED]	[REDACTED]	4	Yes		
N [REDACTED]	[REDACTED]	4	Yes		
S [REDACTED]	[REDACTED]	4	Yes		

Tutor's Full Name:

Tutor's Signature:

Tutor's comments:
(if applicable)

For office use only	Comments:
WS084 updated <input type="checkbox"/>	
Krystal, Root & Payroll Records <input type="checkbox"/>	
HR & Discipline communication <input type="checkbox"/>	
Certificates Received and uploaded <input type="checkbox"/>	