



TRAINING LOG

To be completed by lead instructor.

Date of training: ___ / ___ / 20__

Start time: ___ : ___ End Time: ___ : ___

CLASSROOM LOCATION

Address:

Establishment Name (if any):

Other Location Information:

HANDS-ON LOCATION

Address (if applicable):

GPS / National Grid:

Other Location Information:

INSTRUCTORS

Name	Role
	Lead Instructor

SKILLS COVERED & TIME ALLOCATED

Skill	Time Spent	
	H	M
	H	M
	H	M
	H	M
	H	M
	H	M
	H	M
	H	M

NARRATIVE

Date Entered Into ERS: ___ / ___ / 20__ by :

TRAINING ROSTER

Name (please print neatly)	Role	Time In	Time Out
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			