

Documentation of Training

Facility Name _____

Name of Training (e.g., Handwashing): _____

Method	Name (e.g., name of video, poster, protocol, etc.)	Source (e.g., CDC, Facility Protocol, Etc.)
<input type="checkbox"/> Video		
<input type="checkbox"/> Written Material		
<input type="checkbox"/> Posters		
<input type="checkbox"/> Facility Protocol		
<input type="checkbox"/> Other		
<input type="checkbox"/> Staff Demonstration		Staff able to demonstrate (e.g., putting on/taking off PPE)

Attach training materials when appropriate.

Date Completed	Name of Employee (Print)	Signature	Title

Person Facilitating/Providing the Training

Date	Name of Facilitator (Print)	Signature	Title