



**STUDENT DAILY TRAINING RECORD F02\_01**

Date: \_\_\_/\_\_\_/\_\_\_

Shift: Day / Night

Conditions: Wet / Dry

Student / Employee Name:.....

Trainers Name: .....

Competency/Task Being Trained In: .....

Nature of Training:

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**Trainee: (All training hours to be recorded)**

Number of hours receiving instruction \_\_\_\_\_Hrs

Number of hours practicing skill \_\_\_\_\_Hrs

under Close Supervision.....

Ready to be Assessed for Full Authorisation .....

**Trainers Comments:**

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**Trainer to Sign:** \_\_\_\_\_

**Trainee to Sign:** \_\_\_\_\_

**Shift Supervisor to sign:** \_\_\_\_\_

Training record sent to Site Clerk for processing into Trainees' Training File