Audit

General Evaluation

Click "Add" button to include training Metrics

Metric

Training Metrics/KPI

Enter text

Did the employee perform well in this metric?

☐ Yes  ☐ No  ☐ N/A
Please provide your observation(s)

Enter text

_____ Completion _____

Recommendation(s)

Enter text

_____ Trainer's Name and Signature _____

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace health and safety advice, medical advice, diagnosis, or treatment, or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.