

INSTRUMENT TRAINING FORM

FORM I-2

Name of the Trainee:
Name of the Instrument:
Project/Department:
Training Approved by (Signature of SMITA Coordinator):
Date of Training:

General Lab training requirements: Fulfilled/ Not Fulfilled
Signatures of Chemical Lab in-chargeInstrument lab in-charge

Type of training: Basic/ Advanced

Level 1 : Basic Training

S.N.	Training Program	Trainer(name)	Date	Remarks
1.	Demonstration of the instrument			
2.	Reading of manuals/SOP			
3.	Web training/Video training			
4.	Hands on training			
5.	Sample preparation training			

Level 2: Advanced Training

S.n.	Training Program	Trainer	Date	Remarks
1.	Basic Training			
2.	Training by technical person			
3.	Reading of technical papers			

The **basic/ advanced** training of Mr/Ms..... on the instrument..... was **completed/not completed** on.....given by..... He/ She is **capable/ not capable** of handling the instrument independently and **require/do not require** the supervision of instrument in-charge.

Signature of Trainee

Signature of Trainer

Counter signature of instrument lab in-charge