

[organization name]

Appendix 4 – Competence Approval and Authorization Record

Employee's name _____

Task	Training provided	Competence criteria	Training/ Authorization period	Person who delivered the training	Competence criteria	Evaluation	Authorized person
e.g. Calibration of Calipers	e.g. Metrology Institute		e.g. 5/2/2018 to 12/2/2018	e.g. John White		e.g. Competent.	QM
	e.g. Senior Chemist		e.g. Feb 5, 2019 to March 5, 2019	e.g. Mary Smith		e.g. Competent.	Lab Manager

Commented [170251]: Full name and the employee number where applicable.

Commented [170252]: Name or initials of the person in authority that gives this person the approval and authority to perform the task identified.

[organization name]

[job title]

[name]

[signature]

[signature]

Commented [170253]: Laboratory manager, quality manager or a member of upper management if required.

Only necessary if document is in paper form.